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EMERGENCY RULE **NOTICE OF INTENT** **RULE** **POTPOURRI**

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This is your authority to publish in the (month) September, 2009 *Louisiana Register* the document indicated above.

Office of Community Services
 Office/Board/Commission promulgating this document

Social Services
 Department under which office/board/commission is classified

Kristy H. Nichols, Secretary
(name) (title)
 Name and title of person whose signature will appear in the publication (at the end of the document)

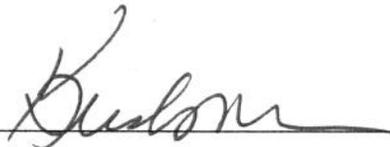
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Signature of Agency Head or Designee

Important: If submitting both an Emergency Rule (ER) and a Notice of Intent (NOI) to be published this month, AND if the rule text in the ER is identical to the rule text in the NOI, check here:

Kristy H. Nichols Secretary
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CERTIFICATION OF AVAILABLE FUNDS

DOCUMENT #

ISIS AGENCY: I certify the availability of fiscal year 2010 appropriated funds for the payment of the above referenced publication and authorize the processing of an Interagency Billing with the following coding on the 30th of the month of the publication. Attach supplemental sheet for additional lines of coding.

<u>370</u> AGENCY	<u>8030</u> ORGANIZATION #	<u>4950</u> OBJECT	<u> </u> SUB-OBJECT	<u> </u> REPORTING CATEGORY
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NON-ISIS AGENCY: I certify the availability of fiscal year appropriated funds for the payment of the above referenced publication and agree to place corresponding invoice in line for payment upon receipt.

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Office of Community Services
 Agency Name

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