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OFFICE OF THE STATE REGISTER

EMERGENCY RULE NOTICE OF INTENT RULE POTPOURRI

REFER TO INSTRUCTIONS ON REVERSE SIDE

This is your authority to publish in the (month) September, 20 15 Louisiana Register the document indicated above.

Office of Tourism

Office/Board/Commission promulgating this document

Kyle Edmiston Assistant Secretary

(name) (title)
Name and title of person whose signature will appear in the publication (at the end of the document)

Dept of Culture, Recreation and Tourism

Department under which office/board/commission is classified

Nancy Watkins 225 342-5693 225 342-1051

(name) (phone) (fax)
Name, phone number, and FAX number of person to contact regarding this document

nwatkins@crt.la.gov

E-mail address of contact person

Provide a short descriptive listing for this document to be used in the *Louisiana Register's* TABLE OF CONTENTS/INDEX (note: this description should match the fiscal statement title, if sending a Notice of Intent:

Welcome Centers

*If sending a diskette, indicate the name of the file on diskette:

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:

Signature of Agency Head or Designee

Kyle Edmiston, Assistant Secretary

Print Name and Title of Agency Head or Designee

CERTIFICATION OF AVAILABLE FUNDS

DOCUMENT # _____

ISIS AGENCY: I certify the availability of fiscal year 15-16 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.

267 6785 4940 7617
AGENCY ORGANIZATION # OBJECT SUB-OBJECT REPORTING CATEGORY

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.

Billing Address for Agencies:

Louisiana Office of Tourism

Agency Name

P O Box 94291

Street Address or Post Office Box

Baton Rouge LA 70804

City State Zip Code

Kyle Edmiston (225) 342-8125
Signature of Agency Head or Designee - Phone #

Lines/Other Charges _____ Typesetting \$ _____ TOTAL \$ _____