



LOUISIANA DEPARTMENT OF INSURANCE
JAMES J. DONELON
COMMISSIONER

AFFIDAVIT OF PUBLICATION OF PUBLIC NOTICE

(ATTACH A CORRECT COPY OF THE PUBLICATION
BELOW)

STATE OF _____

PARISH OF _____

I, _____
(Name)

as _____
(Job Title)

of _____
(Name of Publication)

do solemnly swear that the advertisement, as per clipping
attached, was published in the regular and entire issue of said
publication, and not in any supplemental thereof for
insertions commencing with the issue dated _____
and ending with the issued dated _____.

Signature of Witness

Printed Name of Witness

Signature of Witness

Printed Name of Witness

Signature of Affiant

Printed Name of Affiant

SWORN TO and subscribed before me this _____ day of _____, 20__.

Signature of Notary

Printed Name of Notary

Commission Expires _____