## **DIRECTOR'S OATH**

## **STATE OF LOUISIANA**

PARISH OF	Date:	
I, the undersigned director of	the	
ocated at	, Parish of	
Louisiana, do solemnly swear:		
	estly administer the affairs of the institution; that I ted, any of the provisions of the statutes of the State institution.	
LA domiciliary □Yes □No	LA domiciliary □Yes □No	
LA domiciliary □Yes □No	LA domiciliary □Yes □No	
LA domiciliary □Yes □No	LA domiciliary □Yes □No	
LA domiciliary □Yes □No	LA domiciliary □Yes □No	
LA domiciliary □Yes □No	LA domiciliary □Yes □No	
LA domiciliary □Yes □No	LA domiciliary □Yes □No	
LA domiciliary □Yes □No	LA domiciliary □Yes □No	
LA domiciliary □Yes □No	LA domiciliary □Yes □No	
LA domiciliary □Yes □No	LA domiciliary □Yes □No	

Please <u>type</u> names under the signatures.