FAMILY VIOLENCE SHELTER CONFIDENTIALITY PROTECTION AFFIDAVIT

OFFICER OR ATTORNEY/ AGENT:	Cora Payne, Asst. Secretary				
COMPANY	Ellijay Telephone Company and ETC Communications, LLC				
NAME	Cora Payne				
TITLE	Asst. Secretary, Administration Dept. Manager				
ADDRESS 1	P.O. Box O				
ADDRESS 2	224 Dalton Street				
CITY	Ellijay	STATE	GA.	ZIP CODE	30540

THE INDIVIDUAL NAMED ABOVE (HEREINAFTER, "AFFIANT") PERSONALLY APPEARED BEFORE THE UNDERSIGNED, AN OFFICER DULY AUTHORIZED TO ADMINISTER OATHS. THE AFFIANT, AFTER FIRST BEING DULY SWORN, DEPOSES AND CERTIFIES THAT HE OR SHE HAS READ COMMISSION RULE 515-12-1-.37 FAMILY VIOLENCE SHELTER CONFIDENTIALITY PROTECTION AND WILL COMPLY WITH THE REQUIREMENTS CONTAINED THEREIN.

THIS AFFIDAVIT SHALL CONSTITUTE THE PLAN FOR PROTECTION OF THE CONFIDENTIALITY OF FAMILY VIOLENCE SHELTERS REQUIRED BY COMMISSION RULE 515-12-1-.37 FAMILY VIOLENCE SHELTER CONFIDENTIALITY PROTECTION AND O.C.G.A. § 46-5-7.

Cora Payne
SIGNATURE OF AFFIANT

Jan. 19, 2023
DATE

SUBSCRIBED AND SWORN TO ME THIS
19th DAY OF January, 2023.

Judy Smith Bates
NOTARY PUBLIC

(SEAL)

JUDY SMITH BATES NOTARY PUBLIC Exp Sept 15, 2023 GILMER COUNTY, GA