FAMILY VIOLENCE SHELTER CONFIDENTIALITY PROTECTION AFFIDAVIT

OFFICER OR ATTORNEY/ AGENT:			
COMPANY			
NAME			
TITLE			
ADDRESS 1			
ADDRESS 2			
CITY	STATE	ZIP CODE	

& LMK Communication dba Segra
Jennifer Anthony
Regulatory manager
11295 N. Community House Rd
Suite 1000
Charlotte, NC 28277

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.

SIGNATURE OF AFFIANT

1/31/23
DATE

SUBSCRIBED AND SWORN TO ME THIS
31 DAY OF January, 20 23.

NOTARY PUBLIC

(SEAL)

ALVARO ANDRES MORALES
NOTARY PUBLIC
STATE OF COLORADO
NOTARY ID 20224033724
MY COMMISSION EXPIRES AUGUST 26, 2026