FAMILY VIOLENCE SHELTER CONFIDENTIALITY PROTECTION AFFIDAVIT

OFFICER OR ATTORNEY/ AGENT: Officer					
COMPANY	Conexon Connect LLC				
NAME	Teresa L. Hannay				
TITLE	SVP, Telecommunications Services				
ADDRESS 1	2001 Grand Blvd.				
ADDRESS 2	Suite 700				
CITY	Kansas City	STATE	MO	ZIP CODE	64108

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

2/3/2023
DATE

SUBSCRIBED AND SWORN TO ME THIS
3 DAY OF February, 20 23.

Jessy Meppurathu
NOTARY PUBLIC

(SEAL)

JESSY MEPPURATHU
Notary Public - State of Florida
Commission # HH 096493
My Comm. Expires Feb 23, 2025
Bonded through National Notary Assn.