FAMILY VIOLENCE SHELTER CONFIDENTIALITY PROTECTION AFFIDAVIT

OFFICER OR ATTORNEY/ AGENT:					
COMPANY	CBTS Technology Solutions LLC				
NAME	Theodore Heckmann				
TITLE	Senior Director – Regulatory & Government Affairs				
ADDRESS 1	221 E. 4th Street				
ADDRESS 2					
CITY	Cincinnati	STATE	Ohio	ZIP CODE	45202

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.

Theodore Heckmann
SIGNATURE OF AFFIANT

2/16/2023
DATE

SUBSCRIBED AND SWORN TO ME THIS
16th DAY OF February, 2023.

Kathleen M. Campbell
NOTARY PUBLIC

(SEAL)



KATHLEEN M. CAMPBELL
Notary Public, State of Ohio
My Commission Expires:
10/14/2023