FAMILY VIOLENCE SHELTER CONFIDENTIALITY PROTECTION AFFIDAVIT

OFFICER OR ATTORNEY/ AGENT:					
COMPANY	Communication Telefonicas Latinal Corp				
NAME	Rodney Harrison				
TITLE	President				
ADDRESS 1	9165 Mainsail Drive				
ADDRESS 2					
CITY	Gainesville	STATE	GA	ZIP CODE	30506

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

4/21/2022
DATE

SUBSCRIBED AND SWORN TO ME THIS

21 DAY OF April, 2022.

NOTARY PUBLIC

RODNEY HARRISON FULTON COUNTY, GEORGIA
NOTARY PUBLIC
MY COMMISSION EXPIRES JANUARY 28, 2025