FAMILY VIOLENCE SHELTER CONFIDENTIALITY PROTECTION AFFIDAVIT

OFFICER OR ATTORNEY/ AGENT:					
COMPANY	Communication Telefonicas Latinas Corp				
NAME	Rodney Harrison				
TITLE	President				
ADDRESS 1	9165 Mainsail Dr				
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

May 3, 2023
DATE

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

NOTARY PUBLIC

KELLY WERNICK
NOTARY PUBLIC
(SEAL)
EXPIRES
GEORGIA
July 7, 2026
GWINNETT COUNTY