FAMILY VIOLENCE SHELTER CONFIDENTIALITY PROTECTION AFFIDAVIT

OFFICER OR ATTORNEY/ AGENT:					
COMPANY	Long Distance Consolidated Billing Co				
NAME	Andrew A Lowe				
TITLE	President				
ADDRESS 1	4010 W. Walton Blvd				
ADDRESS 2	Suite B.				
CITY	Waterford	STATE	MI	ZIP CODE	48329

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

9-20-2023
DATE

SUBSCRIBED AND SWORN TO ME THIS
20th DAY OF September, 2023.

Susan A. Jackson
NOTARY PUBLIC

(SEAL)

SUSAN A JACKSON
Notary Public - State of Michigan
County of Macomb
My Commission Expires Dec 15, 2028
Acting in the County of Macomb