FAMILY VIOLENCE SHELTER CONFIDENTIALITY PROTECTION AFFIDAVIT

OFFICER OR ATTORNEY/ AGENT:					
COMPANY	TouchTone Communications, Inc.				
NAME	Damon Beasley				
TITLE	Attorney In Fact				
ADDRESS 1	3575 Piedmont RD NE; Building 15 Suite 1550				
ADDRESS 2					
CITY	Atlanta	STATE	GA	ZIP CODE	30305

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.

Damon Beasley

SIGNATURE OF AFFIANT

11-20-2023

DATE

SUBSCRIBED AND SWORN TO ME THIS

20th DAY OF November, 2023.

NOTARY PUBLIC

(SEAL)

JASON TODD CANTRELL
My Commission Expires
NOTARY PUBLIC
February 9, 2027
FULTON COUNTY, GEORGIA