FAMILY VIOLENCE SHELTER CONFIDENTIALITY PROTECTION AFFIDAVIT

OFFICER OR ATTORNEY/ AGENT:					
COMPANY	Campus Communications Group, Inc.				
NAME	William Clavey				
TITLE	Secretary				
ADDRESS 1	601 N. Country Fair Dr.				
ADDRESS 2					
CITY	Champaign	STATE	Illinois	ZIP CODE	61821

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.

Will Clavey

SIGNATURE OF AFFIANT

1-25-2024

DATE

SUBSCRIBED AND SWORN TO ME THIS

25th DAY OF January, 20 24.

Emilee Reifsteck

NOTARY PUBLIC

(SEAL)

EMILEE REIFSTECK
OFFICIAL SEAL
Notary Public - State of Illinois
My Commission Expires
May 11, 2025