FAMILY VIOLENCE SHELTER CONFIDENTIALITY PROTECTION AFFIDAVIT

OFFICER OR ATTORNEY/ AGENT:					
COMPANY	Parker FiberNet, LLC				
NAME	David Parker				
TITLE	Owner/Manager				
ADDRESS 1	PO Box 688				
ADDRESS 2	10005 Commerce Street				
CITY	Summerville	STATE	GA	ZIP CODE	30747

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

1/3/2024
DATE

SUBSCRIBED AND SWORN TO ME THIS

3 DAY OF January, 20 25.

April W Shelton
NOTARY PUBLIC

(SEAL)
APRIL W SHELTON
NOTARY PUBLIC
CHATTOOGA COUNTY, GEORGIA
COMMISSION EXPIRES
APRIL 30, 2027