FAMILY VIOLENCE SHELTER CONFIDENTIALITY PROTECTION AFFIDAVIT

OFFICER OR ATTORNEY/ AGENT:					
COMPANY	Citizens Communications				
NAME	Jessica Molina				
TITLE	Co-President				
ADDRESS 1	PO Box 85				
ADDRESS 2					
CITY	Leslie	STATE	GA	ZIP CODE	31764

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.

Jessica Molina
SIGNATURE OF AFFIANT

1/9/25
DATE

SUBSCRIBED AND SWORN TO ME THIS
9th DAY OF January, 20 25.

Marsha L Cox
NOTARY PUBLIC

MARSHA L. COX NOTARY PUBLIC SUMTER COUNTY, GA EXPIRES GEORGIA February 13, 2028