FAMILY VIOLENCE SHELTER CONFIDENTIALITY PROTECTION AFFIDAVIT

OFFICER OR ATTORNEY/ AGENT: **Leslie Brown**					
COMPANY	**FiberLight, LLC**				
NAME	**Leslie Brown**				
TITLE	**CLO**				
ADDRESS 1	**7500 Dallas Pkwy**				
ADDRESS 2	**Suite 450**				
CITY	**Plano**	STATE	**TX**	ZIP CODE	**75024**

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.

Leslie J. Brown
SIGNATURE OF AFFIANT

1-15-2025
DATE

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

Alessandra Garrison
NOTARY PUBLIC

