FAMILY VIOLENCE SHELTER CONFIDENTIALITY PROTECTION AFFIDAVIT

OFFICER OR ATTORNEY/ AGENT:					
COMPANY	Conexon Connect LLC				
NAME	Teresa L Hannay				
TITLE	SVP, Telecommunications Services				
ADDRESS 1	2001 Grand Blvd.				
ADDRESS 2	Suite 700				
CITY	Kansas City	STATE	MO	ZIP CODE	64108

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.

Teresa Hannay
SIGNATURE OF AFFIANT

January 16, 2025
DATE

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

Robin Elizabeth Casey
NOTARY PUBLIC

(SEAL)

