## FAMILY VIOLENCE SHELTER CONFIDENTIALITY PROTECTION AFFIDAVIT

| OFFICER OR ATTORNEY/ AGENT: | | | | | |
|---|---|---|---|---|---|
| COMPANY | ComSouth Telecommunications, LLC d/b/a Sparklight | | | | |
| NAME | Jane Shanley | | | | |
| TITLE | Vice President | | | | |
| ADDRESS 1 | 210 E. Earll Drive | | | | |
| ADDRESS 2 | | | | | |
| CITY | Phoenix | STATE | AZ | ZIP CODE | 85012 |

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

January 21, 2025
DATE

SUBSCRIBED AND SWORN TO ME THIS

21st DAY OF January, 2025.

Pamela Keith
NOTARY PUBLIC

