FAMILY VIOLENCE SHELTER CONFIDENTIALITY PROTECTION AFFIDAVIT

OFFICER OR ATTORNEY/ AGENT:					
COMPANY	Airespring, Inc.				
NAME	Mark Lammert				
TITLE	Attorney-in-Fact				
ADDRESS 1	600 Cleveland Street, Suite 226				
ADDRESS 2					
CITY	Clearwater	STATE	FL	ZIP CODE	33755

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

02/26/25
DATE

SUBSCRIBED AND SWORN TO ME THIS
26th DAY OF February, 2025.

Leda Altidor
NOTARY PUBLIC

(SEAL)

Notary Public State of Florida
Leda Altidor
My Commission
HH 247356
Exp. 4/2/2026