FAMILY VIOLENCE SHELTER CONFIDENTIALITY PROTECTION AFFIDAVIT

OFFICER OR ATTORNEY/ AGENT:					
COMPANY	Encartele, Inc.				
NAME	Mark Lammert				
TITLE	Attorney-in-Fact				
ADDRESS 1	8210 S. 109th Street				
ADDRESS 2					
CITY	LaVista	STATE	NE	ZIP CODE	68128

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.

Mark Lammert

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