FAMILY VIOLENCE SHELTER CONFIDENTIALITY PROTECTION AFFIDAVIT

OFFICER OR ATTORNEY/ AGENT:					
COMPANY	Waverly Hall Telephone, LLC				
NAME	Deborah Crowder				
TITLE	Controller				
ADDRESS 1	1791 OG Skinner Drive				
ADDRESS 2					
CITY	West Point	STATE	Georgia	ZIP CODE	31833

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.

Deborah Crowder

SIGNATURE OF AFFIANT

1/9/2026

DATE

SUBSCRIBED AND SWORN TO ME THIS

9th DAY OF January, 2026.

Staci N. Harper

NOTARY PUBLIC

(SEAL)

STACI N HARPER NOTARY PUBLIC TROUP COUNTY GEORGIA EXPIRES MAY 28, 2028