

Commonwealth of Kentucky Public Service Commission

INFORMATION FORM FOR TELEPHONE UTILITIES OPERATING PURSUANT TO KRS 278.541 through 278.544

Complete Name of Telephone Utility: Gabbit, LLC

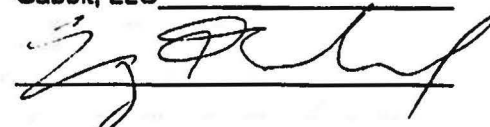
Physical Address of Principal Office: Street: 9415 Dielman Rock Island Industrial Dr.
 City: St. Louis State: MO Zip: 63132

Primary Contact: Name: Harry Orchard Title: Co-Founder
 Phone: 314-898-0007 Fax: 800-506-8289
 E-Mail: harry@gabbit.net

Person Responsible for Answering Consumer Complaints:	Name: <u>Harry Orchard</u> Title: <u>Co-Founder</u>
	Address (if different from above)
	Street: <u>same as above</u>
	City: _____ State: _____ Zip: _____
	Phone: <u>855-542-2248</u> Fax: <u>800-506-8289</u>


In accordance with KRS 278.542 (2), which requires telephone utilities operating pursuant to 2006 KRS 278.541 through KRS 278.544 to file with the Commission certain information, I, Harry Orchard, on behalf of Gabbit, LLC do hereby certify that the foregoing information is true and correct to the best of my knowledge, as of this 13th day of February, 2020.

UTILITY: Gabbit, LLC

BY: 

STATE OF Missouri
 COUNTY OF St. Louis

The foregoing was signed, sworn to and acknowledged before me, the NOTARY PUBLIC, on this the 13th day of February, 2020.


 NOTARY PUBLIC

My Commission Expires: 08.20.2022

JUSTIN BURCHFIELD
 Notary Public - Notary Seal
 St. Louis City - State of Missouri
 Commission Number 16533015
 My Commission Expires Aug 20, 2022

RECEIVED
 3/2/2020
 PUBLIC SERVICE
 COMMISSION
 OF KENTUCKY