

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: Glotelecom, Inc.

Physical Address of Principal Office: Street: 2085 Old Boonesboro Rd.
 City: Richmond State: KY Zip: 40475

Primary Contact: Name: Bob Stamper Title: President
 Phone: 859-200-0428 Fax: 407-260-1033
 E-Mail: bob@isafecomplete.com

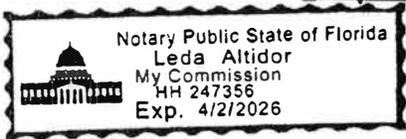
Person Responsible for Answering Consumer Complaints: Name: Bob Stamper Title: President
 Address (if different from above):
 Street: Same as above
 City: _____ State: _____ Zip: _____
 Phone: 859-200-0428 Fax: 407-260-1033

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, Mark Lammert, on behalf of Glotelecom, Inc. do hereby certify that the foregoing information is true and correct to the best of my knowledge, as of this 27th day of February, 2025.

UTILITY: Glotelecom, Inc.
 BY: [Signature]

STATE OF Florida
 COUNTY OF Seminole

The foregoing was signed, sworn to and acknowledged before me, the NOTARY PUBLIC, on this the 27th day of February, 2025.



[Signature]
 NOTARY PUBLIC

My Commission Expires: 04/02/2026

