

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: Grasshopper Group, LLC

Physical Address of Principal Office: Street: 197 1st Avenue, Suite 200
 City: Needham State: MA Zip: 02494

Primary Contact: Name: Dominic Schiavone Title: COO
 Phone: 617-395-5700 Fax: 866-466-1618
 E-Mail: dschiavone@grasshopper.com

Person Responsible for Answering Consumer Complaints:	Name: <u>Dominic Schiavone</u> Title: <u>COO</u>
	Address (if different from above)
	Street: _____
	City: _____ State: _____ Zip: _____
	Phone: <u>617-395-5700</u> Fax: <u>866-466-1618</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, Dominic Schiavone, on behalf of Grasshopper Group, LLC do hereby certify that the foregoing information is true and correct to the best of my knowledge, as of this 12 day of October, 2012.

UTILITY: Grasshopper Group, LLC

BY: [Signature]

STATE OF Massachusetts
 COUNTY OF Norfolk

The foregoing was signed, sworn to and acknowledged before me, the NOTARY PUBLIC, on this the 12 day of October, 2012.

[Signature]
 NOTARY PUBLIC

My Commission Expires: _____



DARREN ROSEBRUGH
 Notary Public
 Commonwealth of Massachusetts
 My Commission Expires
 November 25, 2016

