

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: MVNO Connect LLC

Physical Address of Principal Office: Street: 7901 4th Street N, Suite 12861
City: St Petersburg State: FL Zip: 33702

Primary Contact: Name: Cory Van Arsdale Title: Chief Legal Officer
Phone: (307) 220-9309 Fax: _____
E-Mail: coryv@mvnoc.com

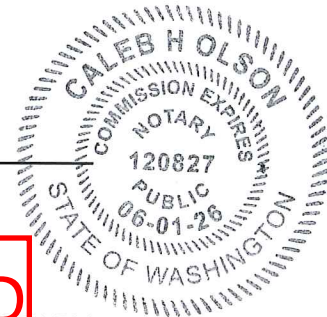
Person Responsible for Answering Consumer Complaints:	Name: <u>Cory Van Arsdale</u> Title: <u>Chief Legal Officer</u>
	Address (if different from above)
	Street: _____
	City: _____ State: _____ Zip: _____
	Phone: _____ Fax: _____

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, CORY VAN ARSDALE, on behalf of MVNO CONNECT, LLC do hereby certify that the foregoing information is true and correct to the best of my knowledge, as of this 23rd day of August, 2023.

UTILITY: MVNO Connect LLC

BY: _____

STATE OF Washington
COUNTY OF King



The foregoing was signed, sworn to and acknowledged before me, the NOTARY PUBLIC, on this the 23rd day of August, 2023.



Caleb H. Olson
NOTARY PUBLIC OF KENTUCKY

My Commission Expires: 06-01-2026