

### Commonwealth of Kentucky Public Service Commission

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PUBLIC SERVICE  
COMMISSION

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

Complete Name of Telephone Utility: PLUG MOBILE LLC

Physical Address of Principal Office: Street: 2000 Walton Road

City: St Louis State: MO Zip: 63114

Primary Contact: Name: Alex Alyatim Title: CEO

Phone: 314-390-3900 Fax: \_\_\_\_\_

E-Mail: management@plug.tech

Person Responsible for Answering Consumer Complaints:	Name: <u>Alex Alyatim</u>	Title: <u>CEO</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, Alex Alyatim, on behalf of PLUG MOBILE LLC do hereby certify that the foregoing information is true and correct to the best of my knowledge, as of this 18 day of December, 2024.

UTILITY: PLUG MOBILE LLC

BY: *[Signature]*

STATE OF Missouri  
COUNTY OF St Louis

The foregoing was signed, sworn to and acknowledged before me, the NOTARY PUBLIC, on this the 18 day of December, 2024.

*Alexandra Thomas*  
NOTARY PUBLIC

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1/6/2025  
PUBLIC SERVICE  
COMMISSION  
OF KENTUCKY

My Commission Expires: 10/26/27

