

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: Pinnacle Communications Corp.

Physical Address of Principal Office: Street: 19821 Executive Park Circle

City: Germantown State: MD Zip: 20874

Primary Contact: Name: Mark Lammert Title: Attorney-in-Fact

Phone: 407-794-3488 Fax: 407-260-1033

E-Mail: regulatory@csilongwood.com

Person Responsible for Answering Consumer Complaints: Name: Philip Duckworth Title: Controller

Address (if different from above) Street: Same as above

City: _____ State: _____ Zip: _____

Phone: 800-644-9101 Fax: 301-601-9322

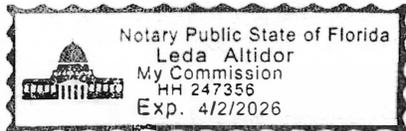
In accordance with KRS 278.542 (2), which requires telephone utilities operating pursuant to 2006 KRS 278.541 through KRS 278.544 to file with the Commission certain information, I, Mark Lammert on behalf of Pinnacle Communications Corp. do hereby certify that the foregoing information is true and correct to the best of my knowledge, as of this 13th day of January, 2025.

UTILITY: Pinnacle Communications Corp.

BY: [Signature]

STATE OF Florida
COUNTY OF Seminole

The foregoing was signed, sworn to and acknowledged before me, the NOTARY PUBLIC, on this the 13th day of January, 2025.



[Signature]
NOTARY PUBLIC

My Commission Expires: 04/02/2026

