

### 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: **Stratus Networks, Inc.**

Physical Address of Principal Office: **Street: 416 N. Main Street, Suite 601  
City: Peoria State: IL Zip: 61602**

Primary Contact: **Name: Tyler Evans Title: Vice President, Operations  
Phone: 309-417-3291 Fax: 309-345-8909  
E-Mail: tevens@stratusnet.com**

Person Responsible for Answering Consumer Complaints:	Name: Tyler Evans Title: Vice President, Operations
	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, Tyler Evans, on behalf of Stratus Networks, Inc. do hereby certify that the foregoing information is true and correct to the best of my knowledge, as of this 18<sup>th</sup> day of December, 2024.

UTILITY: **Stratus Networks, Inc.**

BY: *Tyler Evans*

STATE OF Illinois  
COUNTY OF Peoria

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

*Leslie A. Kibler*  
NOTARY PUBLIC

My Commission Expires: 04/18/2028

RECEIVED

12/27/2024

Official Seal  
LESLIE A KIBLER  
Notary Public, State of Illinois  
Commission No. 989654  
My Commission Expires April 18, 2028

PUBLIC SERVICE  
COMMISSION  
OF KENTUCKY