

**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: Vision, Voice and Data Systems, LLC

Physical Address of Principal Office: Street: 4621 S. Cooper Street, Suite 131-277

City: Arlington State: TX Zip: 76017

Primary Contact: Name: Scott McClelland Title: President

Phone: 844-542-2157 Fax: _____

E-Mail: smcclelland@ask-vision.com

Person Responsible for Answering Consumer Complaints:	Name: <u>Scott McClelland</u> Title: <u>President</u>
	Address (if different from above) Street: <u>Same as above</u>
	City: _____ State: _____ Zip: _____
	Phone: <u>844-542-2157</u> Fax: _____

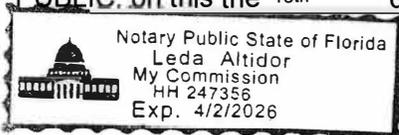
In accordance with KRS 278.542 (2), which requires telephone utilities operating pursuant to 2006 KRS 278.541 through KRS 278.544 to file with the Commission certain information, I, Mark Lammert, on behalf of Vision, Voice and Data Systems, LLC do hereby certify that the foregoing information is true and correct to the best of my knowledge, as of this 18th day of December, 2024.

UTILITY: Vision, Voice and Data Systems, LLC

BY: *Scott McClelland*

STATE OF Florida
COUNTY OF Seminole

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



Leda Altidor
NOTARY PUBLIC

My Commission Expires: 04/02/2026

