

### Commonwealth of Kentucky Public Service Commission

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

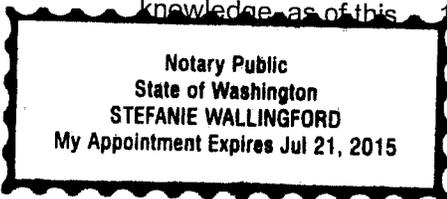
Complete Name of Telephone Utility: Solavei, LLC

Physical Address of Principal Office: Street: 10500 NE 8th Street Suite 1300  
 City: Bellevue State: WA Zip: 98004-4312

Primary Contact: Name: David Van Ness Title: Director, State & Local Tax  
 Phone: 425-628-6342 Fax: 425-453-5067 (not preferred)  
 E-Mail: dave.vanness@solavei.com

Person Responsible for Answering Consumer Complaints:	Name: <u>Linda Berry</u> Title: <u>Dir., Member Experience</u>
	Address (if different from above)
	Street: _____
	City: _____ State: _____ Zip: _____
	Phone: <u>425-628-6376</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, David Van Ness, on behalf of Solavei, LLC do hereby certify that the foregoing information is true and correct to the best of my knowledge as of this 1st day of May, 2014.



UTILITY: Solavei, LLC

BY: David W. Van Ness  
 David W. Van Ness, Director, State & Local Tax

STATE OF Washington  
 COUNTY OF King

The foregoing was signed, sworn to and acknowledged before me, the NOTARY PUBLIC, on this the 1 day of May, 2014.

[Signature]  
 NOTARY PUBLIC

My Commission Expires: 7/21/15

