

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: Affiliated Technology Solutions, LLC

Physical Address of Principal Office: Street: 777 New Durham Rd
 City: Edison _____ State: NJ _____ Zip: 08817 _____

Primary Contact: Name: Mark Lammert Title: Attorney-in-Fact
 Phone: 407-260-1011 Fax: 407-260-1033
 E-Mail: mark@csilongwood.com

Person Responsible for Answering Consumer Complaints:	Name: <u>Thomas Welsh</u> Title: <u>General Manager</u>
	Address (if different from above)
	Street: <u>P.O. Box 3300</u>
	City: <u>Edison</u> State: <u>NJ</u> Zip: <u>08818-3300</u>
	Phone: <u>866-692-5844</u> Fax: <u>732-429-1299</u>

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, Thomas Welsh, on behalf of Affiliated Technology Solutions, LLC do hereby certify that the foregoing information is true and correct to the best of my knowledge, as of this 1st day of November, 2016.

UTILITY: Affiliated Technology Solutions LLC
 BY: [Signature]

STATE OF New Jersey
 COUNTY OF Middlesex

The foregoing was signed, sworn to and acknowledged before me, the NOTARY PUBLIC, on this the 1st day of November, 2016.

[Signature]
 NOTARY PUBLIC

My Commission Expires: 3/1/17