

### 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: ACS Technologies Group, Inc.

Physical Address of Principal Office: Street: 180 Dunbarton Dr.  
 City: Florence State: SC Zip: 29501

Primary Contact: Name: Carl Wagner Title: Director, Managed IT  
 Phone: 800-669-2509 Fax: \_\_\_\_\_  
 E-Mail: carl@acst.com

Person Responsible for Answering Consumer Complaints:	Name: <u>Carl Wagner</u>	Title: <u>Director, Managed IT</u>
	Address (if different from above)	
	Street: <u>Same as above</u>	
	City: _____	State: _____ Zip: _____
	Phone: <u>800-669-2509</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, Joe Koehling, on behalf of ACS Technologies Group, Inc. do hereby certify that the foregoing information is true and correct to the best of my knowledge, as of this 26 day of AUGUST, 2024.

UTILITY: ACS Technologies Group, Inc.

BY: [Signature]

STATE OF South Carolina  
 COUNTY OF Florence

The foregoing was signed, sworn to and acknowledged before me, the NOTARY PUBLIC, on this the 26th day of August, 2024. 9/13/2024



[Signature]  
 NOTARY PUBLIC

My Commission Expires: August 7, 2027