

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: AXO COMMUNICATIONS, LLC

Physical Address of Principal Office: Street: 212 N. 2nd ST., SUITE 100

City: Richmond State: KY Zip: 40475

Primary Contact: Name: Brian Shepard Title: CEO

Phone: 212-380-7974 Fax: 347-220-1118

E-Mail: bshepard@axotandem.com

Person Responsible for Answering Consumer Complaints:	Name: <u>Brian Shepard</u> <u>CEO</u>
	Address (if different from above)
	Street: _____
	City: _____ State: _____ Zip: _____
	Phone: <u>212-380-7974</u> Fax: <u>347-220-1118</u>

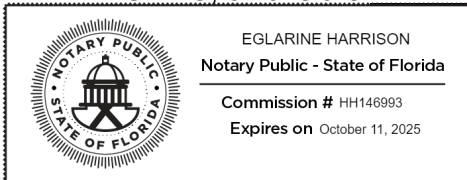
In accordance with KRS 278.542 (2), which requires telephone utilities operating pursuant to 2006 KRS 278.541 through KRS 278.544 to file with the Commission certain information, I, Brian Shepard, on behalf of AXO COMMUNICATIONS, LLC do hereby certify that the foregoing information is true and correct to the best of my knowledge, as of this 16th day of January, 2023.

UTILITY: AXO COMMUNICATIONS, LLC

BY: *Brian E Shepard*
Brian Shepard, CEO

STATE OF Florida
COUNTY OF Palm Beach

The foregoing was signed, sworn to and acknowledged before me, the NOTARY PUBLIC, on this the 16th day of January, 2023.



Eglarine Harrison
NOTARY PUBLIC Eglarine Harrison

My Commission Expires: 10/11/2025

