

Exhibit E

Information Form for Telephone Utilities

RECEIVED

3/12/2024

PUBLIC SERVICE
COMMISSION
OF KENTUCKY

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: Accelecom GA LLC

Physical Address of Principal Office: Street: 1470 Riveredge Pkwy
 City: Sandy Springs State: GA Zip: 30328

Primary Contact: Name: Gregory Mayes Title: General Counsel
 Phone: 502-550-5582 Fax: N/A
 E-Mail: gregory.mayes@accelecom.net

Person Responsible for Answering Consumer Complaints: Name: Tommie Farrington Title: Sr NOC Manager
 Address (if different from above)
 Street: _____
 City: _____ State: _____ Zip: _____
 Phone: 404-997-0094 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, Greg Mayes, on behalf of Accelecom GA LLC

do hereby certify that the foregoing information is true and correct to the best of my knowledge, as of this 8th day of March, 2024.



UTILITY: Accelecom GA LLC

BY: _____



STATE OF Kentucky
 COUNTY OF Jefferson

The foregoing was signed, sworn to and acknowledged before me, the NOTARY PUBLIC, on this the 8th day of March, 2024.

My Commission Expires _____
 My Commission Expires July 13, 2025



Kelley Alexis Lopez
 NOTARY PUBLIC

