

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: AccessLine Communications Corporation

Physical Address of Principal Office: Street: 1050 Enterprise Way, Suite 200
 City: Sunnyvale State: CA Zip: 94089

Primary Contact: Name: Susan Desgrouilliers Title: Regulatory
 Phone: 650-352-4216 Fax: 650-965-7791
 E-Mail: sdesgrouilliers@intermedia.net

Person Responsible for Answering Consumer Complaints:	Name: <u>Susan Desgrouilliers</u> Title: <u>Regulatory</u>
	Address (if different from above)
	Street: <u>Same as above</u>
	City: _____ State: _____ Zip: _____
	Phone: <u>877-357-0750</u> Fax: <u>650-965-7791</u>

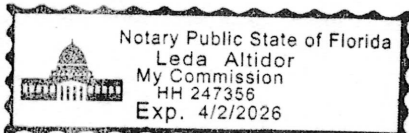
In accordance with KRS 278.542 (2), which requires telephone utilities operating pursuant to 2006 KRS 278.541 through KRS 278.544 to file with the Commission certain information, I, Mark Lammert, on behalf of AccessLine Communications Corporation do hereby certify that the foregoing information is true and correct to the best of my knowledge, as of this 14th day of January, 2025.

UTILITY: AccessLine Communications Corporation

BY: [Signature]

STATE OF Florida
 COUNTY OF Seminole

The foregoing was signed, sworn to and acknowledged before me, the NOTARY PUBLIC, on this the 14th day of January, 2025.



My Commission Expires: 04/02/2026

[Signature]
 NOTARY PUBLIC

