

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: Approved Contact, LLC.

Physical Address of Principal Office: Street: 561 Keystone Ave., Ste 490
City: Reno State: NV Zip: 89503

Primary Contact: Name: Daron Worth Title: Manager
Phone: (800) 449-7137 Fax: _____
E-Mail: daron.worth@ApprovedContact.com

Person Responsible for Answering Consumer Complaints:	Name: <u>Daron Worth</u> Title: <u>Manager</u>
	Address (if different from above)
	Street: <u>561 Keystone Ave., Ste.490.</u>
	City: <u>Reno</u> State: <u>NV</u> Zip: <u>89503</u>
	Phone: <u>(800) 449-7137</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, Daron Worth behalf of Approved Contact, LLC. do hereby certify that the foregoing information is true and correct to the best of my knowledge, as of this 13 day of Oct., 2023

UTILITY: Approved Contact, LLC

BY: Daron Worth *Daron Worth*

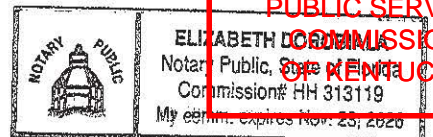
STATE OF Florida
COUNTY OF Palm Beach

The foregoing was signed, sworn to and acknowledged before me, the NOTARY PUBLIC, on this the 13 day of October, 2023

Elizabeth Darobian
NOTARY PUBLIC

RECEIVED
10/25/2023

My Commission Expires: 11/03/26



**PUBLIC SERVICE
COMMISSION
OF KENTUCKY**