

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: Blue Casa Telephone, LLC

Physical Address of Principal Office: Street: 114 E. Haley St., Suite A

City: Santa Barbara State: CA Zip: 93101

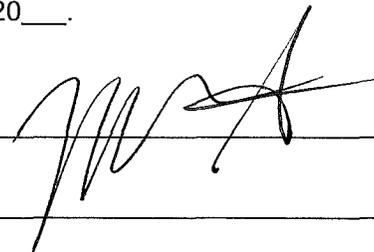
Primary Contact: Name: Jeff Compton Title: President

Phone: 805-886-2862 Fax: _____

E-Mail: jcompton@bluecasa.com

Person Responsible for Answering Consumer Complaints:	Name: <u>Stefanie Edwards</u>	Title: <u>Ops VP</u>
	Address (if different from above)	
	Street: _____	
	City: _____	State: _____ Zip: _____
	Phone: _____	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, Jeff Compton, on behalf of Blue Casa Telephone, LLC do hereby certify that the foregoing information is true and correct to the best of my knowledge, as of this _____ day of _____, 20__.

UTILITY: _____ 

BY: _____

STATE OF _____
COUNTY OF _____ *see attached*

The foregoing was signed, sworn to and acknowledged before me, the NOTARY PUBLIC, on this the _____ day of _____, 20__.

NOTARY PUBLIC

My Commission Expires: _____



JURAT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

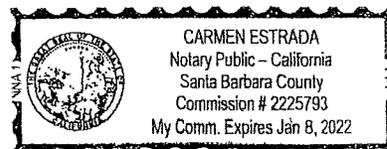
State of California
County of SANTA BARBARA

Subscribed and sworn to (or affirmed) before me on
this 3 day of JANUARY, 20 19,

by JEFF HOWARD COMPTON

proved to me on the basis of satisfactory evidence to be the person(s) who
appeared before me.

Signature C Estrada



(Seal)

RECEIVED
3/8/2019
PUBLIC SERVICE
COMMISSION
OF KENTUCKY