

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: Carrier Pigeon, LLC

Physical Address of Principal Office: Street: 415 McFarlan Road, Suite 108
 City: Kennett Square State: PA Zip: 19348

Primary Contact: Name: Lesli Rowe Marcee
 Title: VP Compliance & Regulatory
 Phone: 682-246-9734 Fax: _____
 E-Mail: lesli.marcee@carrier-pigeon.com

Person Responsible for Answering Consumer Complaints:	Name: <u>Lesli Rowe Marcee</u> Title: <u>VP Compliance & Regulatory</u>
	Address (if different from above)
	Street: <u>4711 Lyndon B Johnson Fwy, Ste 1065</u>
	City: <u>Dallas</u> State: <u>TX</u> Zip: <u>75234</u>
	Phone: <u>682-246-9734</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, Lesli Rowe Marcee, on behalf of Carrier Pigeon, LLC do hereby certify that the foregoing information is true and correct to the best of my knowledge, as of this 19 day of February 2026.

UTILITY: Carrier Pigeon, LLC

BY: Lesli Rowe Marcee

STATE OF Texas

COUNTY OF Dallas

The foregoing was signed, sworn to and acknowledged before me, the NOTARY PUBLIC, on this the 19 day of February, 2026

Paula Kay Spradling



NOTARY PUBLIC

My Commission Expires: July 14, 2028



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2/20/2026

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OF KENTUCKY