

### 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: First Communications, LLC

Physical Address of Principal Office: Street: 3340 W. Market Street, Floor 3

City: Akron State: OH Zip: 44333

Primary Contact: Name: Shannon Dieringer Title: Paralegal

Phone: (330) 835-2483 Fax: (866) 540-8518

E-Mail: sdieringer@firstcomm.com

Person Responsible for Answering Consumer Complaints:	Name: <u>Jeffrey Giannantonio</u> Title: <u>Regulatory Affairs Analyst</u>
	Address (if different from above) Street: <u>Same as above</u>
	City: _____ State: _____ Zip: _____
	Phone: <u>(330) 835-2459</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, Shannon Dieringer, on behalf of First Communications, LLC do hereby certify that the foregoing information is true and correct to the best of my knowledge, as of this 11<sup>th</sup> day of July, 2016.

UTILITY: First Communications, LLC

BY: Shannon Dieringer

STATE OF Ohio  
COUNTY OF Summit

The foregoing was signed, sworn to and acknowledged before me, the NOTARY PUBLIC, on this the 11<sup>th</sup> day of July, 2016.

My Commission Expires: 10/28/18



JEFFREY GIANNANTONIO  
Notary Public  
In and for the State of Ohio  
My Commission Expires  
October 28, 2018

