Rev. 11/3/2010

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:	Franklin Electric Plant Board	
Physical Address of Principal Office:	Street: 309 N High St. / PO Box 349	
	City: <u>Franklin</u> State: <u>KY</u> Zip: <u>42135</u>	
Primary Contact:	Name: Wayne Goodrum Title: Business Development	
	Phone: <u>270-586-4441</u> Fax:	
	E-Mail: wgoodrum@franklin-ky.net	
Person Responsible for Answering Consumer Complaints:	Name: Wayne Goodrum Title: Business Development	
	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, <u>Bill Borders, General Manager</u>, on behalf of <u>Franklin Electric Plant Board</u> do hereby certify that the foregoing information is true and correct to the best of my knowledge, as of this <u>9</u> day of <u>March</u>, 20<u>21</u>.

UTILITY:

Franklin Electric Plant Board

BY:

STATE OF COUNTY OF

The foregoing was signed, sworn to and acknowledged before me, the NOTARY PUBLIC, on this the $\underline{g}^{\mu\nu}_{\mu\nu}$ day of $\underline{M}\mu\nu$, 20 $\underline{21}$.

My Commission Expires: 8/15/2022

RECEIVED 3/9/2021 PUBLIC SERVICE COMMISSION OF KENTUCKY