

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: Gibson Connect, LLC

Physical Address of Principal Office: Street: 1207A S. College St.
 City: Trenton State: TN Zip: 38382

Primary Contact: Name: Charles Phillips Title: VP Tech Svcs
 Phone: 731.562.1310 Fax: _____
 E-Mail: cphillips@gibsonemc.com

Person Responsible for Answering Consumer Complaints:	Name: <u>Charles Phillips</u>	Title: <u>VP of Tech Svcs</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, Charles Phillips, on behalf of Gibson Connect, LLC do hereby certify that the foregoing information is true and correct to the best of my knowledge, as of this 5 day of October, 2018.

UTILITY: Gibson Connect, LLC

BY: *Charles Phillips*
Charles Phillips

STATE OF TENNESSEE
COUNTY OF GIBSON

The foregoing was signed, sworn to and acknowledged before me, the NOTARY PUBLIC, on this the 5th day of October, 2018.

Kathryn D. Bobbitt
NOTARY PUBLIC

My Commission Expires: 5/11/21

