

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 Teldata, Inc.

Physical Address of Principal Office: Street: 2702 Hundman Drive Unit 1
 City: Champaign State: IL Zip: 61822

Primary Contact: Name: Mike Fouty Title: Controller
 Phone: 812-232-6287 Fax: 812-237-9150
 E-Mail: mfouty@bgibson.com

Person Responsible for Answering Consumer Complaints:	Name: <u>Mike Fouty</u> Title: <u>Controller</u>
	Address (if different from above)
	Street: <u>Same as above</u>
	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, Mark Lammert, on behalf of Gibson Teldata, Inc. do hereby certify that the foregoing information is true and correct to the best of my knowledge, as of this 14 day of October, 2024.

UTILITY: Gibson Teldata, Inc.

BY: [Signature]

STATE OF Florida
 COUNTY OF Seminole

The foregoing was signed, sworn to and acknowledged before me, the NOTARY PUBLIC, on this the 14th day of October, 2024.

[Signature]
 NOTARY PUBLIC

My Commission Expires: 04/02/2026

