

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: IPC Systems, Inc.

Physical Address of Principal Office: Street: 10 3 Second Street, 15th Floor, Harborside Financial Plaza

City: Jersey City State: NJ Zip: 07302

Primary Contact: Name: Jonathon Hogg Title: SVP, Chief Risk Officer

Phone: 1-888-286-2343 Fax: _____

E-Mail: ipcrisk@ipc.com

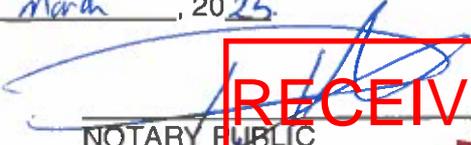
Person Responsible for Answering Consumer Complaints:	Name: <u>Jonathon Hogg</u> Title: <u>SVP, Chief Risk Officer</u>
	Address (if different from above)
	Street: <u>same as above</u>
	City: _____ State: _____ Zip: _____
	Phone: _____ Fax: _____

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, Jonathon Hogg, on behalf of IPC Systems, Inc. do hereby certify that the foregoing information is true and correct to the best of my knowledge, as of this 26 day of March, 2025.

UTILITY: IPC Systems, Inc.

BY: 

The foregoing was signed, sworn to and acknowledged before me, the NOTARY PUBLIC, on this the 26th day of March, 2025.


NOTARY PUBLIC
PETER EDMUND ADAMS 4/21/2025

My Commission Expires: with Life

