

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: IPitomy Communications, LLC

Physical Address of Principal Office: Street: 2837 Cattlemen Road
 City: Sarasota State: FL Zip: 34232

Primary Contact: Name: Christina Branica Title: VP
 Phone: 941-306-2222 Fax: 941-306-2216
 E-Mail: christina@ipitomy.com

Person Responsible for Answering Consumer Complaints:	Name: <u>Christina Branica</u> Title: <u>VP</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 IPitomy Communications, LLC 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: IPitomy Communications, LLC

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

