

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: Instructional Telecommunications Foundation, Inc. d/b/a Mission Telecom

Physical Address of Principal Office: Street: 8310 S Valley Hwy, Ste 300
City: Englewood State: CO Zip: 80112

Primary Contact: Name: Jo Ann Cain
Title: Chief Financial & Administration Officer
Phone: 215-948-4055 Fax: _____
E-Mail: joann.cain@missiontelecom.org

Person Responsible for Answering Consumer Complaints:	Name: <u>Jo Ann Cain</u> Title: <u>Chief Financial & Administration Officer</u>
	Address (if different from above) Street: _____ City: _____ State: _____ Zip: _____ Phone: <u>215-948-4055</u> 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, Jo Ann Cain, on behalf of Instructional Telecommunications Foundation, Inc. do hereby certify that the foregoing information is true and correct to the best of my knowledge, as of this 23rd day of April 2026.

UTILITY: Instructional Telecommunications Foundation, Inc.
BY: Jo Ann Cain

STATE OF Arizona
COUNTY OF Maricopa

The foregoing was signed, sworn to and acknowledged before me, the NOTARY PUBLIC, on this the 23 day of April, 2026.

CCRA
NOTARY PUBLIC

My Commission Expires: May 16, 2029

