

**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: Light Source Communications, LLC

Physical Address
of Principal Office: Street: 16737 Anderson Dr.

City: Southgate State: MI Zip: 48195

Primary Contact: Name: Dylan DeVito Title: Senior Vice President

Phone: (303) 809-1498 Fax: _____

E-Mail: ddevito@lscfiber.com

Person Responsible for Answering Consumer Complaints:	Name: Joseph Patton Title: Chief Revenue Officer
	Address (if different from above)
	Street: _____
	City: _____ State: _____ Zip: _____
	Phone: 678-523-0341 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, Debra Freitas, on behalf of Light Source Communications, LLC do hereby certify that the foregoing information is true and correct to the best of my knowledge, as of this 22 day of Sept, 2025.

STATE OF Michigan
COUNTY OF Wayne

UTILITY: Light Source Communications, LLC
BY: _____

The foregoing was signed, sworn to and acknowledged before me, the NOTARY PUBLIC, on this the 22 day of September, 2025.

Medley Calleja
NOTARY PUBLIC

My Commission Expires: 05/02/2028

