

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: MAXSIP TEL LLC

Physical Address of Principal Office: Street: 708 Central Avenue

City: Woodmere State: NY Zip: 11598

Primary Contact: Name: Israel Max Title: CEO

Phone: 516-866-7300 Fax: 516-866-7399

E-Mail: israel@maxsip.com

Person Responsible for Answering Consumer Complaints:	Name: <u>Israel Max</u> Title: <u>CEO</u>
	Address (if different from above)
	Street: _____
	City: _____ State: _____ Zip: _____
	Phone: <u>(516) 866-7300</u> Fax: <u>(516) 866-7399</u>

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, Israel Max, on behalf of MAXSIP TEL LLC do hereby certify that the foregoing information is true and correct to the best of my knowledge, as of this 29th day of January, 2024.

UTILITY: MAXSIP TEL LLC

BY: [Signature]

STATE OF New York
COUNTY OF Queens

The foregoing was signed, sworn to and acknowledged before me, the NOTARY PUBLIC, on this the 29th day of January, 2024.

[Signature]
NOTARY PUBLIC

My Commission Expires: 12/09/2027

