

Commonwealth of Kentucky
Public Service Commission

RECEIVED

NOV 10 2024

PUBLIC SERVICE
COMMISSION

INFORMATION FORM FOR TELEPHONE UTILITIES OPERATING
PURSUANT TO KRS 278.541 through 278.544

Complete Name of Telephone Utility: Matrix Integration LLC
Physical Address of Principal Office: Street: 417 Main Street
City: Jasper State: IN Zip: 47546
Primary Contact: Name: Daniel Fritch Title: VP/COO
Phone: 800-264-1550 Fax: 812-634-2573
E-Mail: dfritch@matrixintegration.com

| | |
|---|---|
| Person Responsible for Answering Consumer Complaints: | Name: <u>Daniel Fritch</u> Title: <u>VP/COO</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 Matrix Integration 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.

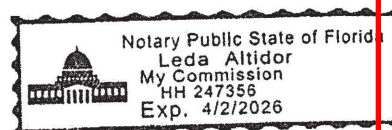
UTILITY: Matrix Integration LLC
BY: [Signature]

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



RECEIVED
12/2/2024
PUBLIC SERVICE
COMMISSION
OF KENTUCKY