Rev. 11/3/2010

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:	NETWORK INNOVATIONS, LLC		
Physical Address of Principal Office:	Street: 350 N Orleans Street, Suite 1300N		
	City: Chicago	State: IL Zip: <u>60654</u>	
Primary Contact:	Name: <u>Junette Bradshaw</u> Title	e: <u>Manager</u>	
	Phone: (773) 661-5543 Fax:	(312) 896-1540	
	E-Mail: <u>jbradshaw@nitelusa.c</u>	om	
Person Responsible for Answering Consumer Complaints:	Name:Paul Rios	Title: Counsel	
	Address (if different from above)		
	Street:		
	City:	State: Zip:	
	Phone: (888) 450-2100	Fax: (312) 243-4172	

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, Lisa Taranto _____, on behalf of _NETWORK INNOVATIONS, LLC do hereby certify that the foregoing information is true and correct to the best of my knowledge, as of this _ 20th day of November , 20 23.

UTILITY:

BY:

NETWORK INNOVATIONS, L

/20/2023

Notary Public, Store

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May 29

ICE

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STATE OF	Illinois	
COUNTY OF	Cook	

The foregoing was signed, sworn to and acknowledged before me, the NOTARY PUBLIC, on this the <u>201</u> day of <u>November</u>, 20<u>23</u>. RECEIVED

TARY PUBLIC JUI ETTE BRADSHAW CFFIC**PUBLICLSER**

My Commission Expires: May 29, 2021