

Commonwealth of Kentucky  
Public Service Commission

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PUBLIC SERVICE  
COMMISSION

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

Complete Name of Telephone Utility: POWER MOBILE LLC  
Physical Address of Principal Office: Street: 265 Sunrise Highway, Suite 148  
City: Rockville Centre State: NY Zip: 11570  
Primary Contact: Name: Mark Marmurstein Title: Member  
Phone: (212) 445-7503 Fax: \_\_\_\_\_  
E-Mail: mark@powermobile.com

Person Responsible for Answering Consumer Complaints: Name: Mark Marmurstein Title: Member  
Address (if different from above)  
Street: \_\_\_\_\_  
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, <sup>201</sup> Mark Marmurstein, on behalf of POWER MOBILE LLC do hereby certify that the foregoing information is true and correct to the best of my knowledge, as of this 15 day of Febr, 2024.

UTILITY: POWER MOBILE LLC

BY: X [Signature]

STATE OF NY  
COUNTY OF KINGS

The foregoing was signed, sworn to and acknowledged before me, the NOTARY PUBLIC, on this the 15 day of Febr, 2024.

Rivka Schwadel  
NOTARY PUBLIC

My Commission Expires: 9/17/24



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