

**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: Qikfox Cybersecurity Systems, Inc.

Physical Address of Principal Office: Street: 55 East 3rd Avenue

City: San Mateo State: CA Zip: 94401

Primary Contact: Name: Tarun Gaur Title: CEO

Phone: 650-308-6363 Fax: _____

E-Mail: tarun@qikfox.com

Person Responsible for Answering Consumer Complaints:	Name: <u>Tarun Gaur</u> Title: <u>CEO</u>
	Address (if different from above)
	Street: <u>same as above</u>
	City: _____ State: _____ Zip: _____
	Phone: <u>(888) 801-1555</u> Fax: <u>None</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, Mark Lammert, on behalf of Qikfox Cybersecurity Systems, Inc. do hereby certify that the foregoing information is true and correct to the best of my knowledge, as of this 7th day of December, 2026.

UTILITY: Qikfox Cybersecurity Systems, Inc.

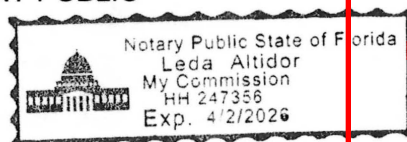
BY: _____

STATE OF Florida
COUNTY OF Seminole

The foregoing was signed, sworn to and acknowledged before me, the NOTARY PUBLIC, on this the 7th day of December, 2026.

Leda Altidor
NOTARY PUBLIC

My Commission Expires: 04/02/2026



RECEIVED

1/12/2026

**PUBLIC SERVICE
COMMISSION
OF KENTUCKY**