

Commonwealth of Kentucky Public Service Commission

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

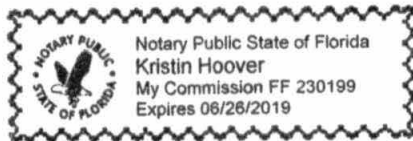
Complete Name of Telephone Utility: SimpleVoIP, LLC

Physical Address of Principal Office: Street: 9450 SW Gemini Dr., #56576
 City: Beaverton State: OR Zip: 97008

Primary Contact: Name: Mark Lammert Title: Attorney-in-Fact
 Phone: 407-260-1011 Fax: 407-260-1033
 E-Mail: mark@csilongwood.com

Person Responsible for Answering Consumer Complaints: Name: Josh Robbins Title: CEO
 Address (if different from above):
 Street: 9450 SW Gemini Dr., #56576
 City: Beaverton State: OR Zip: 97008
 Phone: 855-899-8647 Fax: none

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 SimpleVoIP, LLC do hereby certify that the foregoing information is true and correct to the best of my knowledge, as of this 21st day of **September**, 2016.



UTILITY: _____
 BY: [Signature]

STATE OF Florida
 COUNTY OF Seminole

The foregoing was signed, sworn to and acknowledged before me, the NOTARY PUBLIC, on this the 21st day of September, 2016.

[Signature]
 NOTARY PUBLIC

My Commission Expires: 6/26/19

