

Commonwealth of Kentucky Public Service Commission

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COMMISSION**

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

Complete Name of Telephone Utility: Sparkplug IP, LLC

Physical Address of Principal Office: Street: 7232 Stover Drive

City: Alexandria State: VA Zip: 22306

Primary Contact: Name: _____ Title: _____

Phone: 616-227-4400 Fax: None

E-Mail: bryanwright@sparkplug-ip.com

Person Responsible for Answering Consumer Complaints: Name: Bryan Wright Title: President

Address (if different from above)

Street: Same as above

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 Sparkplug IP, LLC do hereby certify that the foregoing information is true and correct to the best of my knowledge, as of this 4th day of September, 2026.

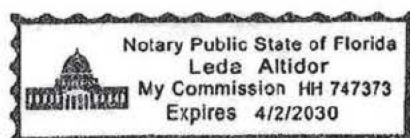
UTILITY: Sparkplug IP, LLC

BY: [Signature]

STATE OF Florida

COUNTY OF Seminole

The foregoing was signed, sworn to and acknowledged before me, the NOTARY PUBLIC, on this the 4th day of September, 2026.



[Signature]
NOTARY PUBLIC

My Commission Expires: 04/02/2030

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OF KENTUCKY**