

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: SummitOne, LLC

Physical Address
of Principal Office: Street: 13075 Manchester Road, Suite 375
City: Des Peres State: MO Zip: 63131

Primary Contact: Name: Ben McIntosh Title: Gen. Counsel
Phone: 314-949-5928 Fax: _____
E-Mail: ben@summitone.com

Person Responsible for Answering Consumer Complaints:	Name: <u>Ben McIntosh</u> Title: <u>Gen. Counsel</u>
	Address (if different from above) Street: <u>13075 Manchester Road, Suite 375</u>
	City: <u>Des Peres</u> State: <u>MO</u> Zip: <u>63131</u>
	Phone: <u>314-949-5928</u> Fax: _____

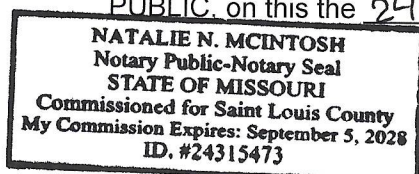
In accordance with KRS 278.542 (2), which requires telephone utilities operating pursuant to 2006 KRS 278.541 through KRS 278.544 to file with the Commission certain information, I, Levi Polk, on behalf of SummitOne, LLC do hereby certify that the foregoing information is true and correct to the best of my knowledge, as of this 24th day of September, 2026

UTILITY: SummitOne, LLC

BY: [Signature]
Levi Polk, CFO
for SummitOne, LLC

STATE OF Missouri
COUNTY OF St. Louis

The foregoing was signed, sworn to and acknowledged before me, the NOTARY PUBLIC, on this the 24th day of September, 2026



Natalie N. McIntosh
NOTARY PUBLIC

My Commission Expires: 9/5/28

