## **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:  | Telco Papa Ltd.                    |                           |
|--|------------------------------------|---------------------------|
| Physical Address   | Street: 125 University Avenue #160 |                           |
| of Principal Office:   | City: Palo Alto, CA State: Zip     | o: <u>94301</u>           |
| Primary Contact:   | Name: Karen Hyde Title: Mai        | naging Consultant         |
|  | Phone: 703-714-1306 Fax:           |                           |
|  | E-Mail: kmh@commpliancegroup.com   |                           |
| Person Responsible   | Name: Samantha Ng Title:           | Compliance Officer        |
| for Answering Consumer Complaints:   | Address (if different from above)  |                           |
|  | Street: 125 University Avenue #160 |                           |
|  | City: Palo Alto State: CA Zip      | o: <u>94301</u>           |
|  | Phone: 408-256-3444 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, Abhishek Gupta, on behalf of Telco Papa Ltd.   |                                    |                           |
| do hereby certify that the foregoing information is true and correct to the best of my                   |                                    |                           |
| knowledge, as of this 12 day of September 20 25  |                                    |                           |
|  | UTILITY:                           |                           |
|  | BY: Abhishet 6                     | ufta.                     |
| STATE OF   |                                    |                           |
| The foregoing was signed, sworn to and acknowledged before me, the NOTARY PUBLIC, on this the day of, 20 |                                    |                           |
|  |                                    | RECEIVED                  |
| PLEAS<br>NOTABLE AT  | TACUMENT                           | 9/18/2025                 |
| NOTARY ATT   | NOTARY PUBLIC                      | PUBLIC SERVICE            |
| My Commission Expires: _   |                                    | COMMISSION<br>OF KENTUCKY |