

**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: Telecom Direct, LLC

Physical Address of Principal Office: Street: 1221 Trailwood Ct

City: O'Fallon State: IL Zip: 62269

Primary Contact: Name: Mark Lammert Title: Attorney-in-Fact

Phone: 407-260-1011 Fax: 407-260-1033

E-Mail: regulatory@csilongwood.com

Person Responsible for Answering Consumer Complaints: Name: Gary Hursey Title: CEO

Address (if different from above)

Street: Same as above

City: _____ State: _____ Zip: _____

Phone: (618) 531-1407 Fax: (888) 300-5776

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 Telecom Direct, LLC do hereby certify that the foregoing information is true and correct to the best of my knowledge, as of this 16th day of September, 2025.

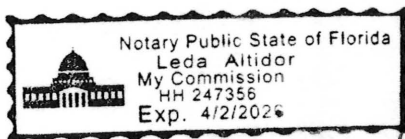
UTILITY: Telecom Direct, LLC

BY: 

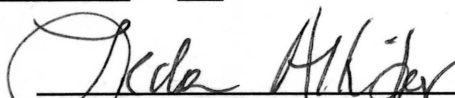
STATE OF Florida

COUNTY OF Seminole

The foregoing was signed, sworn to and acknowledged before me, the NOTARY PUBLIC, on this the 16th day of September, 2025.



My Commission Expires: 04/02/2026


NOTARY PUBLIC

RECEIVED
9/16/2025
**PUBLIC SERVICE
COMMISSION
OF KENTUCKY**