Rev. 11/3/2010

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:	Tempo Telecom, LLC	
Physical Address of Principal Office:	Street: 2300 Main Street, Suite 340	
	City: Kansas City	State: <u>MO</u> Zip: <u>64108</u>
Primary Contact:	Name: <u>Tará Jackson</u>	Tille: Sr. Manager
	Phone: 816-300-1677	Fax: 816-300-1808
	E-Mail:tara.jackson@birch.co	m
Person Responsible for Answering Consumer Complaints:	Name:Tara Jackson	Tille; <u>Sr. Manager</u> .
	Address (if different from above)	
	Street:	
	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, <u>Christopher Bunce</u>, on behalf of <u>Tempo Telecom, LLC</u> do hereby certify that the foregoing information is true and correct to the best of my knowledge, as of this <u>17</u> day of <u>April</u>, 2013.

UTILITY:

BY:

Tempo Telecom, LLC

STATE OF A

for Birch Capital, LLC as its Sole Member

The foregoing was signed, sworn to and acknowledged before me, the NOTARY PUBLIC, on this the 17 day of ffpril, 2013.

ANGELA A. HOKE Notary Public-Notary Seal STATE OF MISSOURI Platte County My Commission Configurations (June 19x) Commission # 10887286

