

**Commonwealth of Kentucky
Public Service Commission**

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**PUBLIC SERVICE
COMMISSION**

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

Complete Name of Telephone Utility: TruConnect Communications, Inc.
Physical Address of Principal Office: Street: 1149 S. Hill Street, Suite 400
City: Los Angeles State: CA Zip: 90015
Primary Contact: Name: Nathan R. Johnson Title: Co-CEO
Phone: (213) 286-2010 Fax: _____
E-Mail: RegulatoryAffairs@truconnect.com

Person Responsible for Answering Consumer Complaints:	Name: <u>William Ye</u> Title: <u>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, Nathan R. Johnson, on behalf of TruConnect Communications, Inc. do hereby certify that the foregoing information is true and correct to the best of my knowledge, as of this 20th day of November, 2023.

UTILITY: TruConnect Communications, Inc.

BY: 

STATE OF _____
COUNTY OF _____

The foregoing was signed, sworn to and acknowledged before me, the NOTARY PUBLIC, on this the _____ day of _____, 20____.

See attached certificate _____
NOTARY PUBLIC

My Commission Expires: _____

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