Rev. 11/3/2010

Commonwealth of Kentucky Public Service Commission

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

of Telephone Utility:	USIPCommunications, LLC	
Physical Address of Principal Office:	Street: 3201 Northside Drive, Suite 109	
	City: Raleigh	_ State: <u>NC _</u> Zip: <u>27615</u>
Primary Contact:	Name: <u>Ed Stewart</u> Title:	Vice President of Operations
	Phone: 800-972-5004	Fax: <u>919-924-0685</u>
	E-Mail: <u>estewart@usipcom.c</u>	om
Person Responsible for Answering Consumer Complaints:	Name: <u>Ed Stewart</u> Title:	Vice President of Operations
	Address (if different from above)	
	Street: same as above	
	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, Ed Stewart _____, on behalf of <u>USIPCommunications, LLC</u> do hereby certify that the foregoing information is true and correct to the best of my knowledge, as of this 20 day of April, 2022.

UTILITY:

BY:

USIPCommunications, LLC

STATE OF <u>North Carolina</u> COUNTY OF <u>Wake</u>

The foregoing was signed, sworn to and acknowledged before me, the NOTARY PUBLIC, on this the <u>2</u> day of April, 2022.

NOTARY PUBLIC

Internation V

My Commission Expires: Felo (3 2027