Rev. 11/3/2010

Commonwealth of Kentucky Public Service Commission

	FORM FOR TELEPHONE UTILITIES OPERATING SUANT TO KRS 278.541 through 278.544
Complete Name of Telephone Utility:	Unity Tele com, LLC
Physical Address of Principal Office:	Street: <u>1330 Capital Parkway</u> City: <u>Carrollton</u> State: <u>TR</u> Zip: <u>75006</u>
Primary Contact:	Name: <u>Melanie Kirg</u> Title: <u>keg. Affai</u> rs Manager Phone: (214) 3910-9250 Fax: (972) 337 - 1674 E-Mail: <u>melanie. King @ amvensys.com</u>
Person Responsible for Answering Consumer Complaints:	Name: Das hé Franklin Title: Reg. Affairs Coordinator Address (if different from above) Street: (Scurk) City: State; Zip;
	Phone: (214) 340-5338 Fax: (972) 337-2071

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>Melanie King</u>, on behalf of <u>Unity Telecom</u>, <u>Luc</u> do hereby certify that the foregoing information is true and correct to the best of my knowledge, as of this <u>3</u>rd day of <u>June</u>, 2013.

UTILITY: <u>1</u> BY: <u>7</u>

Unity Telecom, LLC Milanie King

STATE OF COUNTY OF Dn

The foregoing was signed, sworn to and acknowledged before me, the NOTARY PUBLIC, on this the <u>3</u> day of <u>June</u>, 20<u>13</u>.

FARIEE BRANCH +, 28, 20163/2013 My Commission Expires: DASHE NICOLE FRANKLIN Notary Public, State of Texas My Commission Expires September 28, 2016 SERVICE MMISSION **KENTUCKY**