Commonwealth of Kentucky Public Service Commission

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

Complete Name of Telephone Utility:	Vive Communications, LLC
Physical Address of Principal Office:	Street: 780 Dedham Street, Suite 900
	City: <u>Canton</u> State: <u>MA</u> Zip: <u>02021</u>
Primary Contact:	Name: Mark Lammert Title: Tax Preparer
	Phone: <u>407-260-1011</u> Fax: <u>407-260-1033</u>
	E-Mail: regulatory@csilongwood.com
Person Responsible for Answering Consumer Complaints:	Name: <u>David Dart</u> Title: <u>CEO</u>
	Address (if different from above)
	Street: 780 Dedham Street, Suite 900
	City: _CantonState: <u>MA</u> Zip: _02021
	Phone: <u>617-479-1814</u> Fax: <u>718-828-1536</u>

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>David Dart</u>, on behalf of <u>Vive Communications, LLC</u> do hereby certify that the foregoing information is true and correct to the best of my knowledge, as of this <u>3</u> day of <u>March</u>, <u>2019</u>. 2020

UTILITY:

Vive Communications, LLC

BY:

us

STATE OF Massachusetts COUNTY OF -Norfelk- Plymouth

The foregoing was signed, sworn to and acknowledged before me, the NOTARY PUBLIC, on this the <u>3</u> day of <u>March</u>, 2019. 2020

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My Commission Expires: 10/15/2021