

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: XCast Labs, Inc.

Physical Address of Principal Office: Street: 1880 Century Park East, Suite 612
 City: Los Angeles State: CA Zip: 90067

Primary Contact: Name: Stephen Nelson Title: VP Operations
 Phone: (310) 861-4770 Fax: _____
 E-Mail: snelson@xcastlabs.com

Person Responsible for Answering Consumer Complaints:	Name: <u>Susan Kelley</u> Title: <u>EVP Sales & Business Development</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, Stephen Nelson, on behalf of XCast Labs, Inc. do hereby certify that the foregoing information is true and correct to the best of my knowledge, as of this 12th day of January, 2022.

UTILITY: XCast Labs, Inc.

BY: 

Stephen Dana Nelson

STATE OF Texas
 COUNTY OF Collin

The foregoing was signed, sworn to and acknowledged before me, the NOTARY PUBLIC, on this the 12th day of January, 2022.

Please see attached document for notarization
 NOTARY PUBLIC

My Commission Expires: 08/18/2025



AFFIDAVIT

I, **Stephen Nelson**, of Los Angeles, California, MAKE OATH/SOLEMNLy AFFIRM AND SAY AS FOLLOWS:

1. I have personal knowledge of the matters hereinafter deposed to except where stated to be based on information and belief and where so stated I verily believe the same to be true.
2. As of the date of this Affidavit, I am the VP Operations of the applicant.
3. The applicant is a company incorporated on April 10, 2008, under the laws of the State of California.
4. The legal name of the applicant is XCast Labs, Inc.
5. The applicant carries on business under the following brand / trade name(s): (complete if applicable)
6. Lance J.M. Steinhart, Esq., Regulatory Counsel has been designated as the contact person for this BITS license application.

The address, telephone number, fax number and e-mail address of the contact person is, respectively:

Address: 1725 Windward Concourse, Suite 150, Alpharetta, Georgia 30005

Telephone: (770) 232-9200

Fax: (770) 232-9208

E-mail: info@telecomcounsel.com

The address of the applicant is:

Address: 1880 Century Park East, Suite 1415, Los Angeles, California 90067

7. The applicant:

Intends to manage and/or operate telecommunications service traffic between Canada and another country.

8. Pursuant to section 16.4 (2) of the Telecommunications Act, the applicant consents to the revocation of any Basic International Telecommunications Services licence previously issued to it, upon the issuance of the licence requested in this application.

SWORN/SOLEMNLy AFFIRMED BEFORE ME:

In the City of Los Angeles
In the Province or State of California
In the Country of United States of America

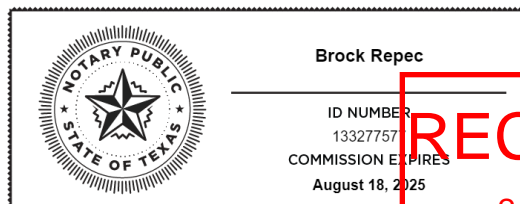
In Collin County, Texas
Stephen Dana Nelson has
Subscribed and sworn to before me
on this 12th day of January, 2022

Brock Repec

Notary Public

[Signature]

Stephen Nelson, VP Operations



Notarized online using audio-video communication



