

Commonwealth of Kentucky Public Service Commission

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COMMISSION**

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

Complete Name of Telephone Utility: Yonder Media Mobile Inc. d/b/a Yo Mobile

Physical Address of Principal Office: Street: 749 E 135th Street, Suite 220
City: Bronx State: NY Zip: 10454

Primary Contact: Name: Tracey Koziol Title: Regulatory Contact
Phone: (646) 515-6789 Fax: _____
Email: operations@yomobile.com

Person Responsible	Name: <u>Ricardo (Max) Mendez</u>	Title: <u>Head of Customer Service</u>
For Answering Consumer Complaints:	Address (if different from above) _____	
	Street: _____	
	City: _____	State: _____ Zip: _____
	Phone: _____	Fax: _____
	Email: <u>support@yomobile.com</u>	

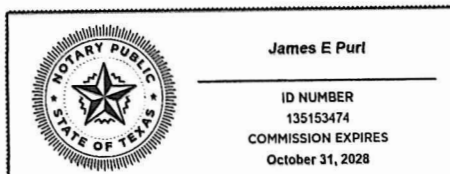
In accordance with KRS 278.542(2), which requires telephone utilities operating pursuant to 2006 KRS 278.541 through KRS 278.544 to file with the Commission certain information, I, Adam Kidron- CEO, on behalf of Yonder Media Mobile Inc. do hereby certify that the foregoing information is true and correct to the best of my knowledge, as of this 16th day of June, 2025.

UTILITY: Yonder Media Mobile Inc.

BY: *Adam Elia Kidron*

STATE OF Texas
COUNTY OF Tarrant

The foregoing was signed, sworn to and acknowledged before me, the NOTARY PUBLIC, on this the 16th day of June, 2025.



10/31/2028

My Commission Expires: _____

James E Purl
NOTARY PUBLIC

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9/19/2025

**PUBLIC SERVICE
COMMISSION
OF KENTUCKY**