

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: Zoom Voice Communications, Inc.

Physical Address of Principal Office: Street: 55 Almaden Blvd., Floor 6

City: San Jose State: CA Zip: 95113

Primary Contact: Name: Tim Angus Title: State & Local Tax Lead

Phone: 888-799-9666 Fax: n/a

E-Mail: tim.angus@zoom.us

Person Responsible for Answering Consumer Complaints:	Name: _____ Title: _____
	Address (if different from above)
	Street: <u>same as above</u>
	City: _____ State: _____ Zip: _____
	Phone: _____ Fax: _____

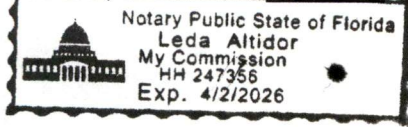
In accordance with KRS 278.542 (2), which requires telephone utilities operating pursuant to 2006 KRS 278.541 through KRS 278.544 to file with the Commission certain information, I, Mark Lammert, on behalf of Zoom Voice Communications, Inc. do hereby certify that the foregoing information is true and correct to the best of my knowledge, as of this 13th day of September, 2022.

UTILITY: Zoom Voice Communications, Inc.

BY: [Signature]

STATE OF Florida
COUNTY OF Seminole

The foregoing was signed, sworn to and acknowledged before me, the NOTARY PUBLIC, on this the 13th day of September, 2022.



[Signature]
NOTARY PUBLIC

My Commission Expires: 04/02/2026

