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PUBLIC SERVICE COMMISSION



July 1, 2022

Kentucky Public Service Commission 211 Sower Boulevard P.O. Box 615 Frankfort, KY 40602

RE: Utility ID# 5058140 – DepositionConferencing.com, Inc. - Voluntary Cancellation of Authority

Dear Executive Secretary,

DepositionConferencing.com, Inc. was approved as a Fixed VoIP provider on September 22, 2020. The purpose of this filing is to request voluntary decertification and surrendering of operating authority for DepositionConferencing.com, Inc.

As of December 31, 2021, DepositionConferencing.com, Inc. has no telecommunications customers or operations in Kentucky, is not offering any services to any Kentucky customers, and has no future prospects of remaining in business in Kentucky. For these reasons, customer notice is not required. We respectfully request such cancellation be effective upon filing of this letter.

Please do not hesitate to contact me at (407) 260-1011 if you have questions or concerns.

Best Regards,

Mark Lammert Attorney-in-Fact DepositionConferencing.com, Inc.



Rev. 11/3/2010

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:	DepositionConferencing.com, Inc.		
Physical Address of Principal Office:	Street: 12350 NW 39th Street Suite 101A		
	City: Coral Springs	State: <u>FL_</u> Zip: 33065	
Primary Contact:	Name: Chris Barton	Title: President	
	Phone: <u>954-905-4220</u>	Fax: <u>None</u>	
	E-Mail: <u>cbarton@wcs.com</u>		
Person Responsible for Answering Consumer Complaints:	Name: <u>Chris Barton</u>	Title: President	
	Address (if different from above)	
	Street: <u>Same as above</u>		
	City:	State: Zip:	
	Phone: <u>954-905-4220</u>	Fax: <u>None</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>Chris Barton</u>, on behalf of <u>DepositionConferencing.com</u>, Inc. do hereby certify that the foregoing information is true and correct to the best of my knowledge, as of this <u>II</u> day of <u>SEREMOM</u> (2020.

UTILITY:

BY:

CHIRISS, BOND

STATE OF	Florida	
COUNTY OF	Broward	

The foregoing was signed, sworn to and acknowledged before me, the PUBLIC, on this the day of day of, 2020	e NOTARY
POBLIC, on this the <u>print that of $(C \cap (M \cap V))$</u> , 2020.	
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NOTARY PUBLIC	
all blan summer	9/22/2020
My Commission Expires:	PUBLIC SERVICE
5 3 G AD Expires 09/12/2022	COMMISSION
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