

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: Public Communications Services, Inc.

Physical Address of Principal Office: Street: 12021 Sunset Hills Road, Suite 100
 City: Reston State: VA Zip: 20190

Primary Contact: Name: Brian Hackett Title: Regulatory Compliance manager
 Phone: (703) 439-1662 Fax: (703) 435-0980
 E-Mail: brian.hackett@gtl.net

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| Person Responsible for Answering Consumer Complaints: | Name: <u>Kathi Tarkir</u> Title: <u>Agency Complaint manager</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, Brian Hackett, on behalf of Public Communications Services, Inc. do hereby certify that the foregoing information is true and correct to the best of my knowledge, as of this 19th day of September, 2017.

UTILITY: Public Communications Services, Inc.

BY: Shan' Laidell

Commonwealth
 STATE OF Virginia
 COUNTY OF Fairfax

The foregoing was signed, sworn to and acknowledged before me, the NOTARY PUBLIC, on this the 19th day of September, 2017.

Andrea Payne Melvin
 NOTARY PUBLIC

My Commission Expires: 3/31/2018

