

### 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: Whoop Connect Inc.

Physical Address of Principal Office: Street: 299 Park Ave., 16<sup>th</sup> Floor

City: New York State: NY Zip: 10171

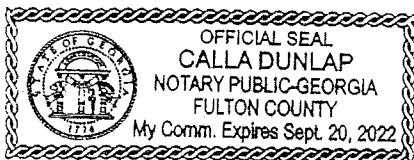
Primary Contact: Name: Sam Bailey Title: COO

Phone: 888-200-1076 Fax: \_\_\_\_\_

E-Mail: support@whoopconnect.com

Person Responsible for Answering Consumer Complaints:	Name: _____ Title: _____
	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, Lance Steinhart, on behalf of Whoop Connect Inc. do hereby certify that the foregoing information is true and correct to the best of my knowledge, as of this 22<sup>nd</sup> day of July, 2022.



UTILITY: Whoop Connect Inc.

BY: [Signature] Legal Counsel

STATE OF GA  
COUNTY OF Forsyth

The foregoing was signed, sworn to and acknowledged before me, the NOTARY PUBLIC, on this the 22 day of July, 2022.

Calla Dunlap 7/25/2022  
NOTARY PUBLIC

My Commission Expires: 9/20/2022

