

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: Best Buy Health, Inc.

Physical Address of Principal Office: Street: 7601 Penn Avenue South

City: Richfield State: MN Zip: 55423

Primary Contact: Name: Eric Halverson Title: Senior Director, Legal

Phone: (612) 291-3140 Fax: (952) 430-9775

E-Mail: AskLegal@bestbuy.com

Person Responsible for Answering Consumer Complaints:	Name: <u>Eric Halverson</u> Title: <u>Senior Director, Legal</u>
	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, Eric Halverson, on behalf of Best Buy Health, Inc. do hereby certify that the foregoing information is true and correct to the best of my knowledge, as of this 11/30/2020 | 9:04 CST.

UTILITY: Best Buy Health, Inc.

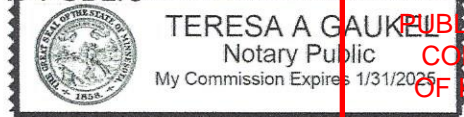
BY: Eric Halverson
DocuSigned by: A8445D0F6F7E491...

STATE OF MINNESOTA
COUNTY OF HENNEPIN

The foregoing was signed, sworn to and acknowledged before me, the NOTARY PUBLIC, on this the 11/30/2020 | 9:07 CST.

Teresa A Gaukel
DocuSigned by: F7A327A735754D4

NOTARY PUBLIC



My Commission Expires: _____

