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 Networks, Inc dba Pronto Mobile

Physical Address of Principal Office:
Street: 16192 Coastal Highway
City: Lewes State: DE Zip: 19958

Primary Contact:
Name: Mark Lammert Title: Atty-in-Fact
Phone: 407-260-1011 Fax: 407-260-1033
E-Mail: regulatory@csilongwood.com

Person Responsible for Answering Consumer Complaints:
Name: Jeff Buckwalter Title: President
Address (if different from above)
Street: same as above
City: _____ State: _____ Zip: _____
Phone: 303-601-0378 Fax: None

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 Best Networks, Inc dba Pronto Mobile do hereby certify that the foregoing information is true and correct to the best of my knowledge, as of this 5th day of November, 2025.

UTILITY: Best Networks, Inc dba Pronto Mobile

BY: _____

STATE OF Florida
COUNTY OF Seminole

The foregoing was signed, sworn to and acknowledged before me, the NOTARY PUBLIC, on this the 5th day of November, 2025.

_____
NOTARY PUBLIC

My Commission Expires: _____