

**Commonwealth of Kentucky
Public Service Commission**

RECEIVED**NOV 6 2025****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

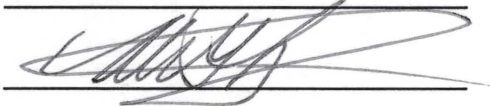
Phone: 407-260-1011 Fax: 407-260-1033

E-Mail: regulatory@csilongwood.com

Person Responsible for Answering Consumer Complaints:	Name: <u>Jeff Buckwalter</u> Title: <u>President</u>
	Address (if different from above)
	Street: <u>same as above</u>
	City: _____ State: _____ Zip: _____
	Phone: <u>303-601-0378</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, 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: _____

RECEIVED**11/7/2025**

**PUBLIC SERVICE
COMMISSION
OF KENTUCKY**