

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: Bright Sound Communications, Inc.


Physical Address of Principal Office: Street: 113 South Monroe St.
City: Tallahassee State: FL Zip: 32301

Primary Contact: Name: Maria Hansen Title: President
Phone: (888) 416-3763 Fax: _____
E-Mail: maria@brightsound.net

Person Responsible for Answering Consumer Complaints: Name: Maria Hansen Title: President
Address (if different from above)
Street: 113 South Monroe St.
City: Tallahassee State: FL Zip: 32301
Phone: (888) 416-3763 Fax: _____

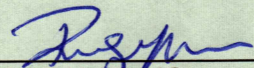
In accordance with KRS 278.542 (2), which requires telephone utilities operating pursuant to 2006 KRS 278.541 through KRS 278.544 to file with the Commission certain information, I, Maria Hansen behalf of Bright Sound Communications, Inc. do hereby certify that the foregoing information is true and correct to the best of my knowledge, as of this 27 day of June, 2023.

UTILITY: Bright Sound Communications, Inc.

BY: Maria Hansen 

STATE OF New Jersey
COUNTY OF Burlington

The foregoing was signed, sworn to and acknowledged before me, the PUBLIC, on this the 27th day of June, 2023.


NOTARY PUBLIC

My Commission Expires: 05/18/2027

