

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: Chase Data Corp. dba DialedIn

Physical Address of Principal Office: Street: 900 S. Pine Island Drive Suite 390
 City: Plantation State: FL Zip: 33324

Primary Contact: Name: Dan Cleary Title: VP
 Phone: 954-547-0607 Fax: _____
 E-Mail: dan.cleary@getdialedin.com

Person Responsible for Answering Consumer Complaints:	Name: <u>Dan Cleary</u> Title: <u>VP Operations</u>
	Address (if different from above)
	Street: <u>900 S. Pine Island Drive Suite 390</u>
	City: <u>Plantation</u> State: <u>FL</u> Zip: <u>33324</u>
	Phone: <u>954-547-0607</u> Fax: _____

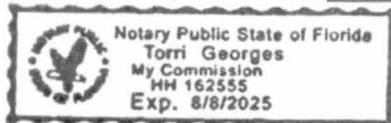
In accordance with KRS 278.542 (2), which requires telephone utilities operating pursuant to 2006 KRS 278.541 through KRS 278.544 to file with the Commission certain information, I, Dan Cleary, on behalf of Chase Data Corp. dba DialedIn do hereby certify that the foregoing information is true and correct to the best of my knowledge, as of this _____ day of August, 2023.

UTILITY: Chase Data Corp. dba DialedIn

BY: Daniel Cleary

STATE OF Florida
 COUNTY OF Broward

The foregoing was signed, sworn to and acknowledged before me, the NOTARY PUBLIC, on this the 28th day of August, 2023



Torri Georges
 NOTARY PUBLIC

My Commission Expires: 08-08-2025

