

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: Fusion LLC dba Fusion Connect, LLC

Physical Address: 695 Route 46 West, Suite 200

of Principal Office: City: Fairfield State: NJ Zip: 07004

Primary Contact: Name: Ron Sheehan Title: Director Regulatory Compliance

Phone: 781.519.7424 Fax: None

E-Mail: Ronald.Sheehan@fusionconnect.com

Person Responsible for Answering Consumer Complaints (for Commission Complaints)	Name: Ron Sheehan Title: Director Regulatory Compliance
	Address (if different from above) (Same)
	Street: _____
	City: _____ State: _____ Zip: _____
	Phone: 781.519.7424 Email: Ronald.Sheehan@fusionconnect.com

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, Pamela Hintz, on behalf of Fusion LLC dba Fusion Connect, LLC do hereby certify that the foregoing information is true and correct to the best of my knowledge, as of this day 11 of March, 2019.

UTILITY: Fusion LLC dba Fusion Connect, LLC

BY: *Pamela Hintz*

STATE OF GEORGIA
COUNTY OF COBB

The foregoing was signed, sworn to and acknowledged before me, the NOTARY PUBLIC, on this the 11th day of March, 2019.

Subrenna M. Stewart
NOTARY PUBLIC

My Commission Expires: August 10, 2021

