

EXHIBIT E

Information Form for Telephone Utilities

RECEIVED

4/30/2019

PUBLIC SERVICE
COMMISSION
OF KENTUCKY

Commonwealth of Kentucky
Public Service Commission

RECEIVED

APR 26 2019

INFORMATION FORM FOR TELEPHONE UTILITIES OPERATING
PURSUANT TO KRS 278.541 through 278.544

Public Service
Commission

Complete Name of Telephone Utility: Hudson Fiber Network Inc.

Physical Address of Principal Office: Street: 3030 Warrenville Rd., Suite 340
 City: Lisle State: IL Zip: 60532

Primary Contact: Name: Brian S. Kirk Title: Deputy General Counsel
 Phone: 630-505-3800 Fax: _____
 E-Mail: compliance@util.extenetsystems.com

Person Responsible for Answering Consumer Complaints: Name: Matt Simpson Title: Executive Director, Network Operations
 Address (if different from above):
 Street: Same as above
 City: _____ State: _____ Zip: _____
 Phone: _____ 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, H. Anthony Lehv, on behalf of Hudson Fiber Network Inc. do hereby certify that the foregoing information is true and correct to the best of my knowledge, as of this 27th day of March, 2019.

UTILITY: Hudson Fiber Network, Inc.
 BY: [Signature]
H. Anthony Lehv

STATE OF Illinois
 COUNTY OF DuPage

The foregoing was signed, sworn to and acknowledged before me, the NOTARY PUBLIC, on this the 27th day of March, 2019.

[Signature]
 NOTARY PUBLIC

My Commission Expires: 09/27/20

OFFICIAL SEAL
 MARY C ARENA
 NOTARY PUBLIC - STATE OF ILLINOIS
 MY COMMISSION EXPIRES: 09/27/20

RECEIVED
 4/30/2019
 PUBLIC SERVICE
 COMMISSION
 OF KENTUCKY