

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: Legent Comm LLC

Physical Address of Principal Office: Street: 10161 Park Run Drive, Suite 223
 City: Las Vegas State: NV Zip: 89145

Primary Contact: Name: Scott A. White Title: Managing Member
 Phone: 949-753-7000 Fax: _____
 E-Mail: regulatory@legentcom.com

Person Responsible for Answering Consumer Complaints:	Name: <u>Scott A. White</u> Title: <u>Managing Member</u>
	Address (if different from above)
	Street: _____
	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, Scott A. White, on behalf of Legent Comm LLC do hereby certify that the foregoing information is true and correct to the best of my knowledge, as of this 13th day of September, 2022.

UTILITY: Legent Comm LLC

BY: *Scott A. White*

STATE OF NEVADA
 COUNTY OF CLARK

The foregoing was signed, sworn to and acknowledged before me, the NOTARY PUBLIC, on this the 13th day of Sept., 2022.

Christian White
 NOTARY PUBLIC

My Commission Expires: 1/10/23

