

Commonwealth of Kentucky Public Service Commission

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

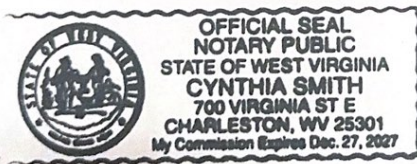
Complete Name of Telephone Utility: local2u Kentucky, LLC

Physical Address of Principal Office: Street: 950 Tower Lane, #800
 City: Foster City State: CA Zip: 94404

Primary Contact: Name: Troy Snyder Title: CEO
 Phone: (808) 888-2099 Fax: _____
 E-Mail: tsnyder@local2u.com

Person Responsible for Answering Consumer Complaints:	Name: <u>Troy Snyder</u> Title: <u>CEO</u>
	Address (if different from above)
	Street: <u>same as above</u>
	City: _____ State: _____ Zip: _____
	Phone: <u>(808) 888-2099</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, Troy Snyder, on behalf of local2u Kentucky, LLC do hereby certify that the foregoing information is true and correct to the best of my knowledge, as of this _____ day of _____, 20__.



UTILITY: local2u Kentucky, LLC
 BY: _____

STATE OF West Virginia
 COUNTY OF Kanawha

The foregoing was signed, sworn to and acknowledged before me, the NOTARY PUBLIC, on this the 26th day of July, 2023.

Cynthia Smith
 NOTARY PUBLIC

My Commission Expires: 12-27-2027

