

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: MVP Holdings, LTD. dba Trace Routes LLC

Physical Address of Principal Office: Street: PO Box 114
 City: Medina State: OH Zip: 44258

Primary Contact: Name: Jim White Title: President
 Phone: 419-874-9600 Fax: 866-891-4084
 E-Mail: jwhite@tracerts.com

Person Responsible for Answering Consumer Complaints:	Name: _____ Title: _____
	Address (if different from above) Street: <u>same as above</u>
	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, Jim White, on behalf of MVP Holdings, LTD. dba Trace Routes LLC do hereby certify that the foregoing information is true and correct to the best of my knowledge, as of this 10th day of November, 2022.

UTILITY: MVP Holdings, LTD. dba Trace Routes LLC

BY: [Signature]

STATE OF Ohio
 COUNTY OF Medina

The foregoing was signed, sworn to and acknowledged before me, the NOTARY PUBLIC, on this the 10 day of November, 2022.

[Signature]
 NOTARY PUBLIC

My Commission Expires: Feb 16, 2021

