

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: Mango Voice, LLC

Physical Address of Principal Office: Street: 446 S Mall Drive, Suite 200
 City: St. George State: UT Zip: 84790

Primary Contact: Name: Kevin Tallman Title: President/COO
 Phone: 435-767-7679 Fax: None
 E-Mail: kevin@mangovoice.com

Person Responsible for Answering Consumer Complaints: Name: Kevin Tallman Title: President/COO
 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, Kevin Tallman, on behalf of Mango Voice, LLC do hereby certify that the foregoing information is true and correct to the best of my knowledge, as of this 31 day of May, 2023.



UTILITY: Mango Voice, LLC
 BY: [Signature]

STATE OF Florida
 COUNTY OF Seminole

The foregoing was signed, sworn to and acknowledged before me, the NOTARY PUBLIC, on this the 31 day of May, 2023.

[Signature]
 NOTARY PUBLIC

My Commission Expires: 11-11-24

