

Commonwealth of Kentucky
Public Service Commission

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PUBLIC SERVICE
COMMISSION

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

Complete Name of Telephone Utility: OneCloud Corporation, Inc.
Physical Address of Principal Office: Street: 1824 Industrial Center Circle
City: Charlotte State: NC Zip: 28213
Primary Contact: Name: Mark Lammert Title: Attorney-in-Fact
Phone: 407-260-1011 Fax: 407-260-1033
E-Mail: regulatory@csilongwoo.com

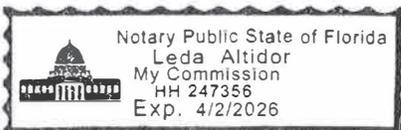
Person Responsible for Answering Consumer Complaints: Name: Lisa Walker Title: CFO
Address (if different from above) Street: Same as above
City: _____ State: _____ Zip: _____
Phone: (800) 637-3148 Fax: (704) 598-4755

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, Mark Lammert, on behalf of OneCloud Corporation, Inc. do hereby certify that the foregoing information is true and correct to the best of my knowledge, as of this 31 day of December, 2024.

UTILITY: OneCloud Corporation, Inc.
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 December, 2024



[Signature]
NOTARY PUBLIC

My Commission Expires: 04/02/2026

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1/8/2025
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