

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: Ooma, Inc.

Physical Address of Principal Office: Street: 525 Almanor Avenue, Suite 200
 City: Sunnyvale State: CA Zip: 94085

Primary Contact: Name: Namrata Sabharwal Title: Corporate Controller
 Phone: 650-566-6600 Fax: 650-325-7197
 E-Mail: Namrata.Sabharwal@ooma.com

Person Responsible for Answering Consumer Complaints:	Name: _____	Title: _____
	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, Matt Dean, on behalf of Ooma, Inc. do hereby certify that the foregoing information is true and correct to the best of my knowledge, as of this 27th day of December, 2018.

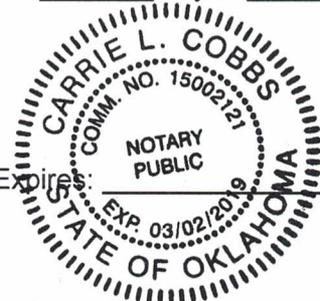
UTILITY: Ooma, Inc.

BY: *Matt Dean*

STATE OF Oklahoma
 COUNTY OF Oklahoma

The foregoing was signed, sworn to and acknowledged before me, the NOTARY PUBLIC, on this the 27th day of December, 2018.

My Commission Expires: _____



Carrie L. Cobbs
 NOTARY PUBLIC

