

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: PHREELI COMPANY

Physical Address of Principal Office: Street: 16192 Cosatal Highway

City: Lewes State: DE Zip: 19958

Primary Contact: Name: David Moo Title: Director of Operations

Phone: (929) 447-2600 Fax: _____

E-Mail: regulatory@phreeli.com

Person Responsible for Answering Consumer Complaints:	Name: <u>David Moo</u> Title: <u>Director of Operations</u>
	Address (if different from above)
	Street: _____
	City: _____ State: _____ Zip: _____
	Phone: <u>(929) 447-2600</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, Nicholas Merrill, on behalf of PHREELI COMPANY do hereby certify that the foregoing information is true and correct to the best of my knowledge, as of this 18 day of JULY, 2024

UTILITY: PHREELI COMPANY

BY: X *Nich Merrill*

STATE OF Massachusetts
COUNTY OF Middlesex

The foregoing was signed, sworn to and acknowledged before me, the NOTARY PUBLIC, on this the 18 day of July, 2024.

[Signature]
NOTARY PUBLIC

My Commission Expires: 11/23/2029

