

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: Phone.com, Inc.

Physical Address of Principal Office: Street: 184 S Livingston Avenue, Suite 9-222
 City: Livingston State: NJ Zip: 07039

Primary Contact: Name: Michael Robinson Title: VP of Finance
 Phone: 917-771-2793 Fax: 973-577-6384
 E-Mail: mrobinson@phone.com

Person Responsible for Answering Consumer Complaints:	Name: <u>Michael Robinson</u> Title: <u>VP of Finance</u>
	Address (if different from above)
	Street: <u>same as above</u>
	City: _____ State: _____ Zip: _____
	Phone: <u>800-998-7087</u> Fax: <u>973-577-6384</u>

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, Michael Robinson, on behalf of Phone.com, Inc. do hereby certify that the foregoing information is true and correct to the best of my knowledge, as of this _____ day of August, 2020.

UTILITY: Phone.com, Inc.
 BY: [Signature]

STATE OF New York
 COUNTY OF New York

The foregoing was signed, sworn to and acknowledged before me, the NOTARY PUBLIC, on this the 25 day of August, 2020.

[Signature]
 NOTARY PUBLIC, STATE OF NEW YORK
 Registration No. 01CA6274950
 Qualified in New York County
 Commission Expires January 14, 2021

My Commission Expires 2021

