

Commonwealth of Kentucky  
Public Service Commission

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JULY 20 2023

PUBLIC SERVICE  
COMMISSION

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

Complete Name of Telephone Utility: Prosper Wireless LLC

Physical Address of Principal Office: Street: 5632 Van Nuys Blvd., #3100

City: Sherman Oaks State: CA Zip: 91401

Primary Contact: Name: David Moses Manshoory Title: CEO

Phone: (310) 461-8738 Fax: \_\_\_\_\_

E-Mail: david@prosperwireless.us

Person Responsible for Answering Consumer Complaints:	Name: <u>Anthony Cerritos</u> Title: <u>Customer Care Manager</u>
	Address (if different from above)
	Street: _____
	City: _____ State: _____ Zip: _____
	Phone: <u>800-611-6206</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, David Moses Manshoory, on behalf of Prosper Wireless LLC do hereby certify that the foregoing information is true and correct to the best of my knowledge, as of this 14th day of July, 2023.

UTILITY: Prosper Wireless LLC

BY: David Moses Manshoory

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

The foregoing was signed, sworn to and acknowledged before me, the NOTARY PUBLIC, on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

NOTARY PUBLIC

My Commission Expires: \_\_\_\_\_

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7/20/2023

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CALIFORNIA ACKNOWLEDGMENT

CIVIL CODE § 1189

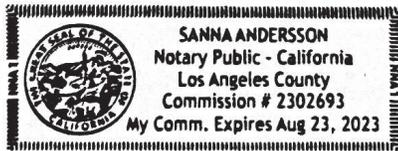
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Los Angeles
On July 14, 2023 before me, David Moses Manshoory
personally appeared Sanna Andersson, Notary Public

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



Handwritten signature of the notary public.

Place Notary Seal and/or Stamp Above

Signature of Notary Public

OPTIONAL

Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: Company Information Form

Document Date: Number of Pages: 3

Signer(s) Other Than Named Above:

Capacity(ies) Claimed by Signer(s)

Signer's Name:
[ ] Corporate Officer - Title(s):
[ ] Partner - [ ] Limited [ ] General
[ ] Individual [ ] Attorney in Fact
[ ] Trustee [ ] Guardian or Conservator
[ ] Other:
Signer is Representing:

