

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: Re-Invent Telecom, LLC

Physical Address of Principal Office: Street: 10190 East McKellips Road

City: Scottsdale State: AZ Zip: 85256

Primary Contact: Name: Jenni Schmitt Title: Director of Finance

Phone: 480-362-7020 Fax: N/A

E-Mail: jschmitt@saddlebackcomm.com

Person Responsible for Answering Consumer Complaints:	Name: _____ Title: _____
	Address (if different from above)
	Street: <u>same as above</u>
	City: _____ State: _____ Zip: _____
	Phone: <u>855-455-7346</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, Jenni Schmitt, on behalf of Re-Invent Telecom, LLC do hereby certify that the foregoing information is true and correct to the best of my knowledge, as of this 5 day of Oct, 2022.

UTILITY: Re-Invent Telecom, LLC

BY: [Signature]

STATE OF Arizona
COUNTY OF Marcopa

The foregoing was signed, sworn to and acknowledged before me, the NOTARY PUBLIC, on this the 5th day of October, 2022

[Signature]
NOTARY PUBLIC

My Commission Expires: 10/20/22

