

**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: Revo Managed Services, LLC

Physical Address of Principal Office: Street: 5214 W Village Parkway, Suite 100

City: Rogers State: AR Zip: 72758

Primary Contact: Name: Mark Lammert Title: Atty-in-Fact

Phone: 407-260-1011 Fax: 407-260-1033

E-Mail: regulatory@csilongwood.com

Person Responsible for Answering Consumer Complaints:	Name: <u>Eric Camahan</u> Title: <u>Vice President</u>
	Address (if different from above)
	Street: <u>Same as above</u>
	City: _____ State: _____ Zip: _____
	Phone: <u>866-884-0513</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, Mark Lammert, on behalf of Revo Managed Services, LLC do hereby certify that the foregoing information is true and correct to the best of my knowledge, as of this 3rd day of December, 2025.


UTILITY: Revo Managed Services, LLC

BY: 

STATE OF Florida
COUNTY OF Seminole

The foregoing was signed, sworn to and acknowledged before me, the NOTARY PUBLIC, on this the 3rd day of December, 2025.

My Commission Expires: 04/02/2026


NOTARY PUBLIC

