Rev. 11/3/2010

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: Skye Telecom LLC

Physical Address of Principal Office:
Street: 915 Broadway Street #100
City: Vancouver State: WA Zip: 98660

Primary Contact:
Name: Mark Lammert Title: Tax Preparer
Phone: 407-260-1011 Fax: 407-260-1033
E-Mail: regulatory@csilongwood.com

Person Responsible for Answering Consumer Complaints:
Name: Chris Bardos Title: President
Address (if different from above)
Street: PO Box 2445
City: Vancouver State: WA Zip: 98668
Phone: (844) 986-5200 Fax: NONE

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, **Chris Bardos**, on behalf of **Skye Telecom LLC** do hereby certify that the foregoing information is true and correct to the best of my knowledge, as of this _____ day of _____, 2021_.

Notary Public
State of Washington
Debra L Mehrens
Commission No. 152328
Commission Expires 02/14/2023

UTILITY: **Skye Telecom LLC**

BY: _____

STATE OF Washington
COUNTY OF Clark

The foregoing was signed, sworn to and acknowledged before me, the NOTARY PUBLIC, on this the 20 day of April, 2021_.

NOTARY PUBLIC

My Commission Expires: 2-14-23

RECEIVED
5/17/2021
PUBLIC SERVICE COMMISSION OF KENTUCKY