

### 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: Speakerbus Incorporated

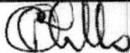
Physical Address of Principal Office: Street: 120 Broadway, 21<sup>st</sup> Floor  
 City: New York State: NY Zip: 10271

Primary Contact: Name: Gaynor Mills Title: Controller  
 Phone: 646-289-4700 Fax: \_\_\_\_\_  
 E-Mail: gaynor.mills@speakerbus.com

Person Responsible for Answering Consumer Complaints:	Name: <u>Gaynor Mills</u> Title: <u>Controller</u>
	Address (if different from above)
	Street: <u>same as above</u>
	City: _____ State: _____ Zip: _____
	Phone: _____ 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, Gaynor Mills, on behalf of Speakerbus Incorporated do hereby certify that the foregoing information is true and correct to the best of my knowledge, as of this 25<sup>th</sup> day of August, 2022.

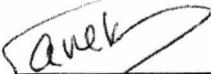
UTILITY: Speakerbus Incorporated

BY: Gaynor Mills, Controller  


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, 2022.

TAREK M ELBARKATAWY  
 NOTARY PUBLIC-STATE OF NEW YORK  
 No. 01EL6413650  
 Qualified in New York County  
 My Commission Expires 02-01-2025

  
 NOTARY PUBLIC

My Commission Expires: 02/01/2025

