

Commonwealth of Kentucky Public Service Commission

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

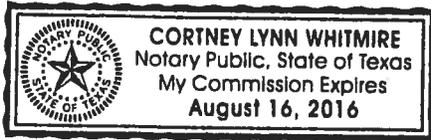
Complete Name of Telephone Utility: Stream Communications, LLC.

Physical Address of Principal Office: Street: 1950 N Stemmons Fwy
 City: Dallas State: TX Zip: 75207

Primary Contact: Name: Samantha Maqueo Title: Regulatory
 Phone: 678-786-4200 Fax: 866-611-5443
 E-Mail: samantha@gsaudits.com

Person Responsible for Answering Consumer Complaints: Name: Darrin Pfannenstiel, Esq. Title: Chief Reg Counsel
 Address (if different from above)
 Street: _____
 City: _____ State: _____ Zip: _____
 Phone: 512-699-5323 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 Schiro, on behalf of Stream Communications, LLC. do hereby certify that the foregoing information is true and correct to the best of my knowledge, as of this 8th day of January, 2015.



UTILITY: Stream Communications, LLC.
 BY: [Signature]

STATE OF Texas
 COUNTY OF Dallas

The foregoing was signed, sworn to and acknowledged before me, the NOTARY PUBLIC, on this the 8th day of January, 2015.

C. Whitmire
 NOTARY PUBLIC

My Commission Expires: Aug 16, 2016

