

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: Switch Mobile LLC

Physical Address of Principal Office: Street: 721 North Main Street, #212
 City: Layton State: UT Zip: 84041

Primary Contact: Name: Troy Hyde Title: CEO
 Phone: 801-390-1947 Fax: 407-260-1033
 E-Mail: troyhyde@switchmobile.com

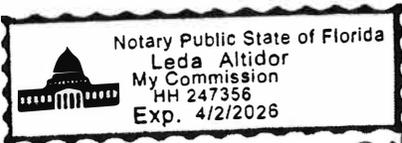
Person Responsible for Answering Consumer Complaints: Name: Troy Hyde Title: CEO
 Address (if different from above)
 Street: Same as above
 City: _____ State: _____ Zip: _____
 Phone: 801-973-6755 Fax: 407-260-1033

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 Switch Mobile LLC do hereby certify that the foregoing information is true and correct to the best of my knowledge, as of this 27th day of February, 2025.

UTILITY: Switch Mobile LLC
 BY: [Signature]

STATE OF Florida
 COUNTY OF Seminole

The foregoing was signed, sworn to and acknowledged before me, the NOTARY PUBLIC, on this the 27th day of February, 2025



[Signature]
 NOTARY PUBLIC

My Commission Expires: 04/02/2026

