

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: TELCO Communications LLC dba TELCO CELLULAR

Physical Address of Principal Office: Street: 200 Atlantic Ave
 City: Oceanside State: NY Zip: 11572

Primary Contact: Name: Robert Zigman Title: Sole Member
 Phone: 844-718-3526 Fax: N/A
 E-Mail: bobby@telcocellular.com

Person Responsible for Answering Consumer Complaints:	Name: <u>Robert Zigman</u> Title: <u>Sole Member</u>
	Address (if different from above)
	Street: <u>200 Atlantic Ave</u>
	City: <u>Oceanside</u> State: <u>NY</u> Zip: <u>11572</u>
	Phone: <u>844-718-3526</u> Fax: <u>N/A</u>

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, Robert Zigman, on behalf of TELCO Communications LLC dba TELCO CELLULAR do hereby certify that the foregoing information is true and correct to the best of my knowledge, as of this 10 day of March, 2025.

UTILITY: TELCO Communications LLC dba TELCO CELLULAR

BY: _____

STATE OF New York
 COUNTY OF Nassau

The foregoing was signed, sworn to and acknowledged before me, the NOTARY PUBLIC, on this the 10th day of March, 2025.

[Signature]
 NOTARY PUBLIC

My Commission Expires: 12/27/2025

