

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: Teliax, Inc.

Physical Address of Principal Office: Street: 1001 16th Street, B-180 #102

City: Denver State: CO Zip: 80265

Primary Contact: Name: David Aldworth Title: President

Phone: 303-629-8301 Fax: 303-629-8344

E-Mail: daldworth@teliax.com

Person Responsible for Answering Consumer Complaints: Name: David Aldworth Title: President

Address (if different from above)

Street: _____

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, David Aldworth, on behalf of Teliax, Inc. do hereby certify that the foregoing information is true and correct to the best of my knowledge, as of this 14 day of December, 2018.

UTILITY: Teliax, Inc.

BY: [Signature]
David Aldworth

STATE OF COLORADO
COUNTY OF DENVER

The foregoing was signed, sworn to and acknowledged before me, the NOTARY PUBLIC, on this the 14 day of Dec, 2018.

GEORGE TYLER
NOTARY PUBLIC - STATE OF COLORADO
NOTARY ID 20134066180
MY COMMISSION EXPIRES OCT 28, 2021

[Signature]
NOTARY PUBLIC

RECEIVED
1/2/2019
PUBLIC SERVICE
COMMISSION
OF KENTUCKY

My Commission Expires: 10/28/2021