

**Commonwealth of Kentucky  
Public Service Commission**

**RECEIVED**

**NOV 11 2024**

**PUBLIC SERVICE  
COMMISSION**

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

Complete Name of Telephone Utility: Telware Corporation

Physical Address of Principal Office: Street: 1824 Industrial Center Circle

City: Charlotte State: NC Zip: 28213

Primary Contact: Name: Lisa Walker Title: CFO

Phone: 704-598-4700 Fax: 704-598-4755

E-Mail: lwalker@telware.com

Person Responsible for Answering Consumer Complaints:	Name: <u>Lisa Walker</u> Title: <u>CFO</u>
	Address (if different from above)
	Street: <u>Same as above</u>
	City: _____ State: _____ Zip: _____
	Phone: <u>800-637-3148</u> Fax: <u>704-598-4755</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, Mark Lammert, on behalf of Telware Corporation do hereby certify that the foregoing information is true and correct to the best of my knowledge, as of this 11 day of November, 2024.

UTILITY: Telware Corporation

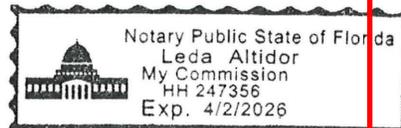
BY: [Signature]

STATE OF Florida  
COUNTY OF Seminole

The foregoing was signed, sworn to and acknowledged before me, the NOTARY PUBLIC, on this the 11 day of November, 2024.

[Signature]  
NOTARY PUBLIC

My Commission Expires: 04/02/2026



**RECEIVED**  
12/2/2024  
PUBLIC SERVICE  
COMMISSION  
OF KENTUCKY