

Commonwealth of Kentucky Public Service Commission

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

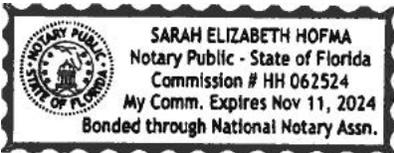
Complete Name of Telephone Utility: The Light Phone Inc.

Physical Address of Principal Office: Street: 446 S Mall Drive, Suite 200
 City: Brooklyn State: NY Zip: 11205

Primary Contact: Name: Eileen Bayers Title: Vice President
 Phone: 415-595-0044 Fax: 347-923-6711
 E-Mail: eileen@thelightphone.com

Person Responsible for Answering Consumer Complaints: Name: Eileen Bayers Title: Vice 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, Eileen Bayers, on behalf of The Light Phone Inc. do hereby certify that the foregoing information is true and correct to the best of my knowledge, as of this 31 day of May, 2023.



UTILITY: The Light Phone Inc.
 BY: [Signature]

STATE OF Florida
 COUNTY OF Seminole

The foregoing was signed, sworn to and acknowledged before me, the NOTARY PUBLIC, on this the 31 day of May, 2023.

[Signature]
 NOTARY PUBLIC

My Commission Expires: 11-11-24

