

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: UVNV, Inc.

Physical Address of Principal Office: Street: 1550 Scenic Avenue, Suite 100
 City: Costa Mesa State: CA Zip: 92628

Primary Contact: Name: Beth Brandenstein Title: VP, Compliance
 Phone: 678-203-0276 Fax: 678-999-4928
 E-Mail: beth@gsaudits.com

Person Responsible for Answering Consumer Complaints:	Name: <u>Gary Grinham</u> Title: <u>VP, Controller</u>
	Address (if different from above)
	Street: _____
	City: _____ State: _____ Zip: _____
	Phone: <u>888-777-0446</u> 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, Douglas Hoff, on behalf of UVNV, Inc. do hereby certify that the foregoing information is true and correct to the best of my knowledge, as of this 11th day of May, 2016.

UTILITY: UVNV, Inc.
 BY: [Signature]

STATE OF Georgia
 COUNTY OF Forsyth

The foregoing was signed, sworn to and acknowledged before me, the NOTARY PUBLIC, on this the 11th day of May, 2016.

[Signature]
 NOTARY PUBLIC

My Commission Expires: 8/27/2017

