

### Commonwealth of Kentucky Public Service Commission

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

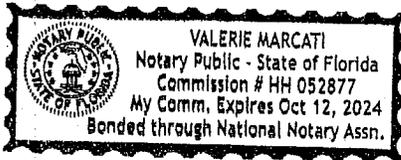
Complete Name of Telephone Utility: VOLT MOBILE INC

Physical Address of Principal Office: Street: 2455 N. Old Dixie Highway  
 City: Delray Beach State: FL Zip: 33483

Primary Contact: Name: Ali Samara Title: President  
 Phone: (561) 755-2794 Fax: \_\_\_\_\_  
 E-Mail: ali@govoltmobile.com

Person Responsible for Answering Consumer Complaints:	Name: <u>Ali Samara</u>	Title: <u>President</u>
	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, Ali Samara, on behalf of VOLT MOBILE INC do hereby certify that the foregoing information is true and correct to the best of my knowledge, as of this 10th day of May, 2023



UTILITY: VOLT MOBILE INC

BY: X [Signature]

STATE OF FLORIDA  
 COUNTY OF DALM BEACH

The foregoing was signed, sworn to and acknowledged before me, the NOTARY PUBLIC, on this the 10th day of May, 2023

[Signature]  
 NOTARY PUBLIC

My Commission Expires: 10.12.2024

