

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: Viva-US Telecommunications, Inc.

Physical Address of Principal Office: Street: 1494 Union Street, Suite 1002

City: San Diego State: CA Zip: 92101

Primary Contact: Name: Mark Lammert Title: Attorney-in-Fact

Phone: 407-794-3488 Fax: 407-260-1033

E-Mail: regulatory@csilongwood.com

Person Responsible for Answering Consumer Complaints: Name: Ken Hobbs Title: President

Address (if different from above) Street: Same as above

City: _____ State: _____ Zip: _____

Phone: 206-940-9900 Fax: _____

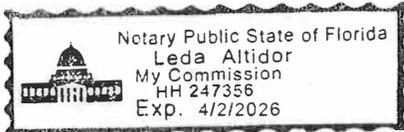
In accordance with KRS 278.542 (2), which requires telephone utilities operating pursuant to 2006 KRS 278.541 through KRS 278.544 to file with the Commission certain information, I, Mark Lammert on behalf of Viva-US Telecommunications, Inc. do hereby certify that the foregoing information is true and correct to the best of my knowledge, as of this 13th day of January, 2025.

UTILITY: Viva-US Telecommunications, 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 13th day of January, 2025.



[Signature]
NOTARY PUBLIC



M yCommission Expires: 02/02/2026