

### 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: White Label Communications, LLC

Physical Address of Principal Office: Street: 395 Valley Brook Rd., Ste. 4

City: Canonsburg State: PA Zip: 15317

Primary Contact: Name: Michelle Pesta Title: VP of Fin. and Operations

Phone: 855-952-8647 Fax: 412-944-2321

E-Mail: info@whitelabelcomm.com

Person Responsible for Answering Consumer Complaints:	Name: <u>Michelle Pesta</u>	Title: <u>VP of Fin. and Operations</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, Jeffrey J. Morella, on behalf of White Label Communications, LLC do hereby certify that the foregoing information is true and correct to the best of my knowledge, as of this 21<sup>st</sup> day of February, 2020.

UTILITY: White Label Communications, LLC

X BY:

[Signature]

STATE OF Pennsylvania  
COUNTY OF Allegheny

The foregoing was signed, sworn to and acknowledged before me, the NOTARY PUBLIC, on this the 21<sup>st</sup> day of February, 2020, by Jeffrey J. Morella.

Laura F. Williams  
NOTARY PUBLIC

My Commission Expires: 09/24/2020

COMMONWEALTH OF PENNSYLVANIA  
NOTARIAL SEAL  
Laura F. Williams, Notary Public  
Ross Twp., Allegheny County  
My Commission Expires Sept. 24, 2020  
MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

