

RECEIVED

DEC 26 2012

PUBLIC SERVICE COMMISSION

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: Xact Associates, LLC
Physical Address of Principal Office: Street: 560 E. 3rd Street, Suite 202 City: Lexington State: KY Zip: 40508
Primary Contact: Name: Mark Lammert Title: Tax Preparer Phone: 407-260-1011 Fax: 407-260-1033 E-Mail: mark@csilongwood.com

Person Responsible for Answering Consumer Complaints: Name: Dale Cooper Title: President Address (if different from above) Street: 560 E 3RD St., Suite 202 City: LEXINGTON State: KY Zip: 40508 Phone: 859-685-4600 Fax: 859-685-4601

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, Dale Cooper, on behalf of Xact Associates, LLC do hereby certify that the foregoing information is true and correct to the best of my knowledge, as of this 11 day of DEC, 2012

UTILITY: XACT ASSOCIATES, LLC BY: [Signature]

STATE OF Kentucky COUNTY OF Fayette

The foregoing was signed, sworn to and acknowledged before me, the NOTARY PUBLIC, on this the 11 day of December, 2012

[Signature] NOTARY PUBLIC

My Commission Expires: 2/6/13

TARIFF BRANCH RECEIVED 3/18/2013 PUBLIC SERVICE COMMISSION OF KENTUCKY