

### 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: Yazatel, LLC

Physical Address of Principal Office: Street: 1302 Clear Springs, Suite 101

City: Louisville State: KY Zip: 40233

Primary Contact: Name: Mark Lammert Title: Tax Preparer for the Company

Phone: 407-260-1011 Fax: 407-260-1033

E-Mail: mark@csilongwood.com

Person Responsible for Answering Consumer Complaints:	Name: <u>J.P. Harris</u> Title: <u>Vice President</u>
	Address (if different from above)
	Street: <u>Same as above</u>
	City: _____ State: _____ Zip: _____
	Phone: <u>888-578-7170</u> Fax: <u>502-442-0017</u>

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, J.P. Harris, on behalf of Yazatel, LLC

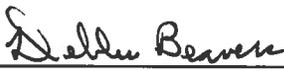
do hereby certify that the foregoing information is true and correct to the best of my knowledge, as of this 6<sup>th</sup> day of September, 2017.

UTILITY: 

BY: J.P. Harris

STATE OF Kentucky  
COUNTY OF Jefferson

The foregoing was signed, sworn to and acknowledged before me, the NOTARY PUBLIC, on this the 6<sup>th</sup> day of September, 2017.

  
NOTARY PUBLIC

My Commission Expires: 10/29/2020

