

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: Bluegrass Telecom

Physical Address of Principal Office: Street: 2902 Ring Road

City: Elizabethtown State: KY Zip: 42701

Primary Contact: Name: Bryan Bell Title: Sr Mgr Network Business Operations

Phone: 270-769-0339 Fax: _____

E-Mail: bbell@bluegrasscellular.com

Person Responsible for Answering Consumer Complaints:	Name: <u>Bryan Bell</u> Title: <u>Senior Manager</u> <u>Network Business Operations</u>
	Address (if different from above)
	Street: <u>2902 Ring Road</u>
	City: <u>Elizabethtown</u> State: <u>KY</u> Zip: <u>42701</u>
	Phone: <u>270-769-0339</u> 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, Scott McCloud, on behalf of Blue Grass Telecom do hereby certify that the foregoing information is true and correct to the best of my knowledge, as of this 16th day of November, 2016

UTILITY: Bluegrass Telecom

BY: [Signature]

STATE OF KY
COUNTY OF Hardin

The foregoing was signed, sworn to and acknowledged before me, the NOTARY PUBLIC, on this the 16th day of November, 2016.

[Signature]
NOTARY PUBLIC

My Commission Expires: 3-7-2020

