

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: Blueline Telecom Group, LLC

Physical Address of Principal Office: Street: 1130 Business Center Dr.
 City: Lake Mary State: FL Zip: 32746

Primary Contact: Name: Mark Lammert Title: Attorney-in-Fact
 Phone: 407-794-3513 Fax: 407-260-1033
 E-Mail: regulatory@csilongwood.com

Person Responsible for Answering Consumer Complaints:	Name: <u>Lori Williams</u> Title: <u>VP of Operations</u>
	Address (if different from above) Street: <u>Same as above</u>
	City: _____ State: _____ Zip: _____
	Phone: <u>888-551-0811</u> Fax: <u>n/a</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, Scott Williams, on behalf of Blueline Telecom Group, LLC do hereby certify that the foregoing information is true and correct to the best of my knowledge, as of this 28 day of October, 2021.

UTILITY: Blueline Telecom Group, LLC

BY: [Signature]

STATE OF Florida
 COUNTY OF Seminole

The foregoing was signed, sworn to and acknowledged before me, the NOTARY PUBLIC, on this the 28 day of October, 2021.



Dagmar Wright
 Notary Public
 State of Florida
 My Commission Expires 03/22/2022
 Commission No. GG 199386

[Signature]
 NOTARY PUBLIC

My Commission Expires: 3-22-2022

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 11/2/2021
 PUBLIC SERVICE
 COMMISSION
 OF KENTUCKY