

**Commonwealth of Kentucky
Public Service Commission**

RECEIVED**JULY 29 2020**

INFORMATION FORM FOR TELEPHONE UTILITIES OPERATING
PURSUANT TO KRS 278.541 through 278.544

**PUBLIC SERVICE
COMMISSION**Complete Name
of Telephone Utility:DISH WIRELESS L.L.C.Physical Address
of Principal Office:Street: 9601 S. Meridian BlvdCity: Englewood State: CO Zip: 80112

Primary Contact:

Name: ALISON MINEA Title: Director of Regulatory AffairsPhone: 202-463-3709 Fax: _____E-Mail: Alison.Minea@dish.comPerson Responsible
for Answering
Consumer Complaints:Name: ALISON MINEA Title: Director of Regulatory Affairs

Address (if different from above)

Street: 1110 Vermont Ave NW Ste 450City: Washington State: DC Zip: 20005Phone: 202 463 3709 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, ALISON MINEA, on behalf of DISH WIRELESS L.L.C. do hereby certify that the foregoing information is true and correct to the best of my knowledge, as of this 2nd day of JULY, 2020.

UTILITY:

DISH WIRELESS L.L.C.

BY:

[Signature]STATE OF Washington DC
COUNTY OF DC

The foregoing was signed, sworn to and acknowledged before me, the NOTARY PUBLIC, on this the 2nd day of July, 2020.

CARLOS LOREZO COATES
NOTARY PUBLIC DISTRICT OF COLUMBIA
My Commission Expires December 14, 2022

My Commission Expires: _____

NOTARY PUBLIC

