

**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: CALL CENTERS INDIA INCORPORATED d/b/a Blueconnects

Physical Address  
of Principal Office: Street: 701 5<sup>th</sup> Avenue, Suite 4200  
City: Seattle State: Washington Zip: 98104

Primary Contact: Name: Geetika Mehra Title: CFO  
Phone: (917) 602-7548 Fax: \_\_\_\_\_  
E-Mail: geetikam@blueconnects.com

Person Responsible for Answering Consumer Complaints:	Name: <u>Geetika Mehra</u> Title: <u>CFO</u> Address (if different from above) Street: _____ City: _____ State: _____ Zip: _____ Phone: _____ 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, Geetika Mehra, on behalf of CALL CENTERS INDIA INCORPORATED d/b/a Blueconnects do hereby certify that the foregoing information is true and correct to the best of my knowledge, as of this 8<sup>th</sup> day of February, 2024.

UTILITY: CALL CENTERS INDIA INCORPORATED d/b/a Blueconnects

BY: X [Signature]

STATE OF New York  
COUNTY OF New York

The foregoing was signed, sworn to and acknowledged before me, the NOTARY PUBLIC, on this the 9<sup>th</sup> day of February, 2024.

[Signature]  
NOTARY PUBLIC



My Commission Expires: 08-04-2024

MARIA M ARMSTRONG  
NOTARY PUBLIC STATE OF NEW YORK  
Registration No. 01AR6191075  
Qualified in KINGS COUNTY  
Commission Expires AUGUST 4 2024