Commonwealth of Kentucky Public Service Commission

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

of Telephone Utility:	Clarity Communication Advisors, Inc.	
Physical Address of Principal Office:	Street: 2 Corporate Drive, Suite 250	
	City: <u>Southfield</u>	State: <u>MI</u> Zip: <u></u>
Primary Contact:	Name: Mark Lammert	Title: Attorney-in-Fact
	Phone: 407-794-3844	Fax: <u>407-260-1033</u>
	E-Mail: regulatory@csilongwood.com	
Person Responsible for Answering Consumer Complaints:	Name: Gary Goerke	Title: President/CEO
	Address (if different from above)	
	Street: <u>Same as above</u>	
	City:	State: Zip:
	Phone: 248-327-4390	Fax: <u>248-327-4420</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, Gary Goerke _____, on behalf of Clarity Communication Advisors, Inc. do hereby certify that the foregoing information is true and correct to the best of my knowledge, as of this 10 day of August, 2022.

UTILITY:

BY:

Clarity Componication Advisors, Inc.

STATE OF Michigan COUNTY OF Oakland

The foregoing was signed, sworn to and acknowledged before me, the NOTARY August, 2022_. PUBLIC, on this the _____ day of _____

8/17/2022

Acting in the Cour

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My Commission Expires: 08.13.2021