

### 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: Clear Live LLC

Physical Address of Principal Office: Street: 500 Washington Avenue, Suite 300  
City: Portland State: ME Zip: 04103

Primary Contact: Name: Mark Lammert Title: Attorney-in-Fact  
Phone: 407-260-1011 Fax: 407-260-1033  
E-Mail: regulatory@csilongwood.com

Person Responsible for Answering Consumer Complaints:	Name: <u>Peter Bouchard</u> Title: <u>Member</u>
	Address (if different from above)
	Street: <u>same as above</u>
	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, Mark Lammert, on behalf of Clear Live LLC do hereby certify that the foregoing information is true and correct to the best of my knowledge, as of this 17<sup>th</sup> day of September, 2021.

UTILITY: Clear Live LLC  
BY: Mark Lammert

STATE OF Florida  
COUNTY OF Seminole

The foregoing was signed, sworn to and acknowledged before me, the NOTARY PUBLIC, on this the 17<sup>th</sup> day of September, 2021.



Kristin Hoover  
NOTARY PUBLIC

My Commission Expires: 6/26/2023

