

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: Clearly IP Inc.

Physical Address of Principal Office: Street: 3255 W Highview Drive

City: Appleton State: WI Zip: 54914

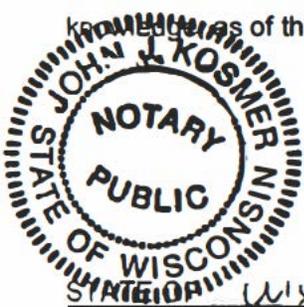
Primary Contact: Name: Tony Lewis Title: President

Phone: 920-383-3100 Fax: N/A

E-Mail: tlewis@clearlyip.com

Person Responsible for Answering Consumer Complaints:	Name: _____ Title: _____
	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, Tony Lewis, on behalf of Clearly IP Inc. do hereby certify that the foregoing information is true and correct to the best of my knowledge as of this 21 day of March, 2023.



STATE OF WISCONSIN
COUNTY OF OUTAQUA

UTILITY: Clearly IP Inc.

BY: [Signature]

The foregoing was signed, sworn to and acknowledged before me, the NOTARY PUBLIC, on this the 21 day of MARCH, 2023.

NOTARY PUBLIC

My Commission Expires: 1/25/2025

