

### 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: Conexon Connect, LLC

Physical Address of Principal Office: Street: 2001 Grand Blvd. Suite 700  
 City: Kansas City State: MO Zip: 64108

Primary Contact: Name: Teresa Hannay Title: VP, Telecommunications  
 Phone: 202-798-3884 Fax: \_\_\_\_\_  
 E-Mail: terie.hannay@conexon.us

Person Responsible for Answering Consumer Complaints:	Name: <u>Teresa Hannay</u> Title: <u>VP, Telecommunications</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, Teresa Hannay, on behalf of Conexon Connect, LLC do hereby certify that the foregoing information is true and correct to the best of my knowledge, as of this 7th day of January, 2021.

UTILITY: Conexon Connect, LLC

BY: *Teresa Hannay*  
 Teresa Hannay  
 Vice President, Telecommunications

STATE OF FLORIDA  
 COUNTY OF VOLUSIA

The foregoing was signed, sworn to and acknowledged before me, the NOTARY PUBLIC, on this the 7th day of JANUARY, 2021.

*Maricelis Torres*  
 NOTARY PUBLIC

My Commission Expires: FEB. 26, 2022

