

Commonwealth of Kentucky
Public Service Commission

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JAN 29 2021

PUBLIC SERVICE
COMMISSION

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

Complete Name of Telephone Utility: Cumberland Connect, LLC

Physical Address of Principal Office: Street: 1940 Madison Street

City: Clarksville State: TN Zip: 37043

Primary Contact: Name: Mark T. Cook, P.E. Title: Broadband Manager

Phone: 931-645-2481 x1117 Fax: _____

E-Mail: mcook@cemc.org

Person Responsible for Answering Consumer Complaints: Name: Emily R. Johnson Title: Tech Support Spv.

Address (if different from above)

Street: _____

City: _____ State: _____ Zip: _____

Phone: 931-645-2481 x1184 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 T. Cook, P.E., on behalf of Cumberland Connect, LLC do hereby certify that the foregoing information is true and correct to the best of my knowledge, as of this 28th day of January, 2021.

UTILITY: Cumberland Connect, LLC

BY: Mark T. Cook, P.E.

STATE OF TN
COUNTY OF Montgomery

The foregoing was signed, sworn to and acknowledged before me, the NOTARY PUBLIC, on this the 28 day of January, 2021.

Leah A. Clinard
NOTARY PUBLIC

My Commission Expires: 1-16-2024

