

### 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: EVOLVE WIRELESS LLC

Physical Address of Principal Office: Street: 1715 INDIAN WOOD CIRCLE, SUITE 200  
 City: MAUMEE State: OH Zip: 43537

Primary Contact: Name: DARYL TOWNSEND Title: CFO  
 Phone: (419) 757-5533 Fax: \_\_\_\_\_  
 E-Mail: DTOWNSEND@EVOLVEWIRELESS.COM

Person Responsible for Answering Consumer Complaints:	Name: _____ Title: _____
	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, DARYL TOWNSEND, on behalf of EVOLVE WIRELESS LLC do hereby certify that the foregoing information is true and correct to the best of my knowledge, as of this 15<sup>th</sup> day of May, 2023.

UTILITY: EVOLVE WIRELESS LLC

BY: X 

STATE OF Ohio  
COUNTY OF Lucas

The foregoing was signed, sworn to and acknowledged before me, the NOTARY PUBLIC, on this the 15 day of May, 2023.



REBECCA L. BELFORD  
Notary Public, State of Ohio  
My Comm. Expires Dec. 16, 2024

  
NOTARY PUBLIC

My Commission Expires: 12/16/2024

