

**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: ExteNet LVS, LLC

Physical Address of Principal Office: Street: 5844 John Hickman Pkwy, Suite 600
City: Frisco State: TX Zip: 75034

Primary Contact: Name: Michael Watson Title: VP, Deputy General Counsel
Phone: 972-972-7200 Fax: _____
E-Mail: michael.watson@extenetsystems.com

Person Responsible for Answering Consumer Complaints:	Name: <u>Michael Watson</u> Title: <u>VP, Deputy General Counsel</u>
	Address (if different from above)
	Street: _____
	City: _____ State: _____ Zip: _____
	Phone: _____ Fax: _____

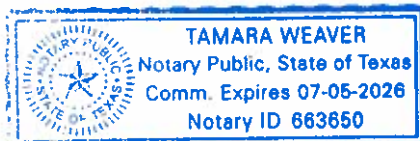
In accordance with KRS 278.542 (2), which requires telephone utilities operating pursuant to 2006 KRS 278.541 through KRS 278.544 to file with the Commission certain information, I, Telisa Webb Schelin, on behalf of ExteNet LVS, LLC do hereby certify that the foregoing information is true and correct to the best of my knowledge, as of this 25 day of November, 2024.

UTILITY: ExteNet LVS, LLC

BY: [Signature]

STATE OF TEXAS
COUNTY OF COLLIN

The foregoing was signed, sworn to and acknowledged before me, the NOTARY PUBLIC, on this the 25 day of NOVEMBER, 2024.



My Commission Expires: 07-05-2026

