

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: Fourteen IP, Inc.

Physical Address of Principal Office: Street: 5728 Major Blvd, Suite 100

City: Orlando State: FL Zip: 32819

Primary Contact: Name: Mark Lammert Title: Atty-in-Fact

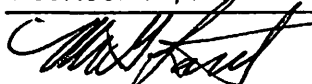
Phone: 407-260-1011 Fax: 407-260-1033

E-Mail: regulatory@csilongwood.com

Person Responsible for Answering Consumer Complaints:	Name: <u>Neil Tolley</u> Title: <u>President</u> Address (if different from above) Street: <u>Same as above</u> City: _____ State: _____ Zip: _____ Phone: <u>407-204-9014</u> Fax: <u>None</u>
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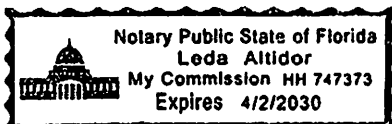
In accordance with KRS 278.542 (2), which requires telephone utilities operating pursuant to 2006 KRS 278.541 through KRS 278.544 to file with the Commission certain information, I, Mark Lammert, on behalf of Fourteen IP, Inc. do hereby certify that the foregoing information is true and correct to the best of my knowledge, as of this 19th day of June, 2026.

UTILITY: Fourteen IP, Inc.

BY: 

STATE OF Florida
COUNTY OF Seminole

The foregoing was signed, sworn to and acknowledged before me, the NOTARY PUBLIC, on this the 19th day of June, 2026.




NOTARY PUBLIC

My Commission Expires: 04/02/2030

