

**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: Google Voice, Inc.
Physical Address of Principal Office: Street: Attn: Tax Department, 1600 Amphitheatre Pkwy
City: Mountain View State: CA Zip: 94043
Primary Contact: Name: Mark Lammert Title: Tax Preparer
Phone: 407-260-1011 Fax: 407-260-1033
E-Mail: regulatory@csilongwood.com

Person Responsible for Answering Consumer Complaints: Name: Devin Morris Title: Compliance Officer
Address (if different from above):
Street: 12396 Grant Street
City: Thornton State: CO Zip: 80241
Phone: 650-253-0000 Fax: None

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, Robert E. Andreatta, on behalf of Google Voice, Inc. do hereby certify that the foregoing information is true and correct to the best of my knowledge, as of this _____ day of _____, 2019.

UTILITY: Google Voice, Inc.
BY: x [Signature]

STATE OF California
COUNTY OF Santa Clara

The foregoing was signed, sworn to and acknowledged before me, the NOTARY PUBLIC, on this the _____ day of _____, 2019.

Please see attached
NOTARY PUBLIC

My Commission Expires: _____

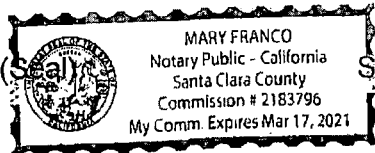


A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Santa Clara

Subscribed and sworn to (or affirmed) before me on this 1st
day of October, 2019, by _____
Robert E. Andreatta

proved to me on the basis of satisfactory evidence to be the
person(s) who appeared before me.



Signature Mary Franco

RECEIVED
10/21/2019
PUBLIC SERVICE
COMMISSION
OF KENTUCKY