

### 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: Level365 Holdings LLC

Physical Address of Principal Office: Street: 9130 Otis Avenue, Suite H  
 City: Indianapolis State: IN Zip: 46216

Primary Contact: Name: James Johnston Title: President  
 Phone: 317-810-0024 Fax: 317-810-0039  
 E-Mail: jjohnston@level365.com

Person Responsible for Answering Consumer Complaints:	Name: <u>James Johnston</u> Title: <u>President</u>
	Address (if different from above)
	Street: <u>same as above</u>
	City: _____ State: _____ Zip: _____
	Phone: _____ Fax: _____

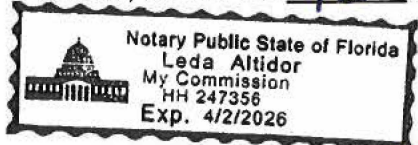
In accordance with KRS 278.542 (2), which requires telephone utilities operating pursuant to 2006 KRS 278.541 through KRS 278.544 to file with the Commission certain information, I, Mark Lammert, on behalf of Level365 Holdings LLC do hereby certify that the foregoing information is true and correct to the best of my knowledge, as of this \_\_\_\_\_ day of August, 2022.

UTILITY: Level365 Holdings LLC

BY: [Signature] Atty. in Fact

STATE OF Florida  
 COUNTY OF Seminole

The foregoing was signed, sworn to and acknowledged before me, the NOTARY PUBLIC, on this the 18 day of August, 2022.



[Signature]  
 NOTARY PUBLIC

My Commission Expires: 4/2/2026

