Rev. 11/3/2010

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:	Interactivetel, LLC		
Physical Address of Principal Office:	Street: 19500 HWY 249, Suite 550		
	City: Houston	_State: <u>TX</u> Zip: <u>77070</u>	
Primary Contact:	Name: Jack Behar	Title: President	
	Phone: 281-205-0140	_Fax: <u>866-571-1987</u>	
	E-Mail: jbehar@interactivete	l.com	
Person Responsible for Answering Consumer Complaints:	Name: Jack Behar	Title: President	
	Address (if different from above)		
	Street: 15201 Mason Rd, 1000-222		
	City: Cypress	_State: <u>TX</u> _Zp: <u>77433</u>	
	Phone:888-290-0038	_Fax: <u>866-571-1987</u>	

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, Jack Behar _____, on behalf of Interactivetel, LLC do hereby certify that the foregoing information is true and correct to the best of my knowledge, as of this 03 _____ day of May _____, 2024.

UTILITY:

Interactivetel, LLC

BY:

Jack Behar

STATE OF Texas COUNTY OF Harris

The foregoing was signed, sworn to		NOTARY
PUBLIC, on this the <u>03</u> day of <u>may</u>	$\underline{ }, \underline{20}, \underline{4}\psi.$	
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My Commission Expires: 11 28 2037		PUBLIC SERVICE
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