

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: Prepaid Wireless Wholesale of Maryland, LLC

Physical Address of Principal Office: Street: 6100 Enterprise Blvd., Suite 202

City: Rockville State: MD Zip: 20852

Primary Contact: Name: Brandt Mensh Title: Chief Contracts Officer

Phone: 301-363-4296 Fax: N/A

E-Mail: brandt@pwgns.com

Person Responsible for Answering Consumer Complaints:	Name: <u>Brandt Mensh</u> Title: <u>Chief Contracts Officer</u> Address (if different from above) Street: _____ City: _____ State: _____ Zip: _____ Phone: _____ Fax: _____
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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, Brandt Mensh, on behalf of Prepaid Wireless Wholesale of Maryland, LLC do hereby certify that the foregoing information is true and correct to the best of my knowledge, as of this 15th day of November, 2024.

UTILITY: Prepaid Wireless Wholesale of Maryland, LLC

BY: Brandt Mensh

STATE OF Oklahoma
COUNTY OF Oklahoma

The foregoing was signed, sworn to and acknowledged before me, the NOTARY PUBLIC, on this the 15th day of November, 2024.

Nathan Williams
NOTARY PUBLIC

My Commission Expires: 11/05/2027

RECEIVED

12/2/2024

PUBLIC SERVICE
COMMISSION
OF KENTUCKY