

**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: RingLogix, LLC

Physical Address
of Principal Office: Street: 7735 NW 146 St., Suite 202

City: Miami Lakes State: FL Zip: 33016

Primary Contact: Name: Eduardo E. Maldonado, MBA Title: Mgr. Compliance and carrier Services

Phone: 305-800-8647 Fax: N/A

E-Mail: emaldonado@ringlogix.com

Person Responsible
for Answering
Consumer Complaints: Name: _____ Title: _____

Address (if different from above)

Street: Same as above

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

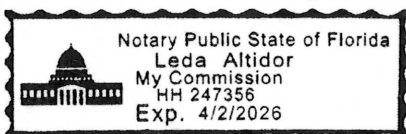
In accordance with KRS 278.542 (2), which requires telephone utilities operating pursuant to 2006 KRS 278.541 through KRS 278.544 to file with the Commission certain information, I, Mark Lammert, on behalf of RingLogix, LLC do hereby certify that the foregoing information is true and correct to the best of my knowledge, as of this 5th day of March, 2025.

UTILITY: RingLogix, LLC

BY: [Signature]

STATE OF Florida
COUNTY OF Seminole

The foregoing was signed, sworn to and acknowledged before me, the NOTARY PUBLIC, on this the 5th day of March, 2025.



My Commission Expires: 04/02/2026

[Signature]
NOTARY PUBLIC

RECEIVED

3/7/2025

PUBLIC SERVICE
COMMISSION
OF KENTUCKY