

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: SINGLE DIGITS, INC.

Physical Address of Principal Office: Street: 4 Bedford Farms Drive, Suite 210
 City: Bedford State: NH Zip: 03110

Primary Contact: Name: Joseph Hartnett Title: CFO
 Phone: (603) 580-1539 Fax: _____
 E-Mail: tax@singledigits.com

Person Responsible for Answering Consumer Complaints:	Name: <u>Joseph Hartnett</u>	Title: <u>CFO</u>
	Address (if different from above)	
	Street: _____	
	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, Joseph Hartnett, on behalf of SINGLE DIGITS, INC. do hereby certify that the foregoing information is true and correct to the best of my knowledge, as of this 20 day of OCT, 2021

UTILITY: SINGLE DIGITS, INC.

BY: [Signature]

STATE OF Illinois
COUNTY OF Madison

The foregoing was signed, sworn to and acknowledged before me, the NOTARY PUBLIC, on this the 20 day of OCT, 2021

[Signature]
NOTARY PUBLIC

My Commission Expires: 5/17/22

