

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: Sunset Fiber, LLC

Physical Address of Principal Office: Street: 333 Fraley Avenue

City: Duffield State: VA Zip: 24244

Primary Contact: Name: Ryan B. Elswick Title: Vice-President

Phone: 877.318.6368 Fax: 276.431.7202

E-Mail: ryan@sunsetcom.net

Person Responsible for Answering	Name: <u>Ryan B. Elswick</u>	Title: <u>Vice-President</u>
Consumer Complaints:	Address (if different from above)	
	Street: _____	
	City: _____	State: _____ Zip: _____
	Phone: _____	Fax: _____

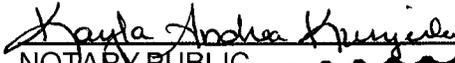
In accordance with KRS 278.542 (2), which requires telephone utilities operating pursuant to 2006 KRS 278.541 through KRS 278.544 to file with the Commission certain information, I, Paul Elswick, on behalf of Sunset Fiber, LLC do hereby certify that the foregoing information is true and correct to the best of my knowledge, as of this 21st of August day of 2015.

UTILITY: Sunset Fiber, LLC

BY: 

STATE OF Virginia
COUNTY OF Scott

The foregoing was signed, sworn to and acknowledged before me, the NOTARY PUBLIC, on this the 21 day of August, 2015.


NOTARY PUBLIC

My Commission Expires: Jan 31, 2019

