

**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: Switch Mobile LLC

Physical Address of Principal Office: Street: 721 North Main Street, #212

City: Layton State: UT Zip: 84041

Primary Contact: Name: Troy Hyde Title: CEO

Phone: 801-390-1947 Fax: 407-260-1033

E-Mail: troyhyde@switchmobile.com

Person Responsible for Answering Consumer Complaints: Name: Troy Hyde Title: CEO

Address (if different from above)

Street: Same as above

City: _____ State: _____ Zip: _____

Phone: 801-973-6755 Fax: 407-260-1033

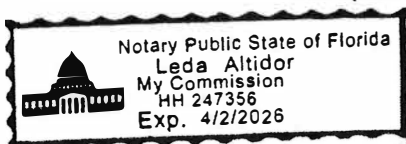
In accordance with KRS 278.542 (2), which requires telephone utilities operating pursuant to 2006 KRS 278.541 through KRS 278.544 to file with the Commission certain information, I, Mark Lammert, on behalf of Switch Mobile LLC do hereby certify that the foregoing information is true and correct to the best of my knowledge, as of this 27th day of February, 2025.

UTILITY: Switch Mobile 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 27th day of February, 2025



My Commission Expires: 04/02/2026

[Signature]
NOTARY PUBLIC

RECEIVED

3/6/2025

PUBLIC SERVICE
COMMISSION
OF KENTUCKY