

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: Thing5 LLC

Physical Address of Principal Office: Street: 354 Birnie Ave., Suite 200
 City: Springfield State: MA Zip: 01107

Primary Contact: Name: Mark Lammert Title: Attorney-in-Fact
 Phone: 407-794-3488 Fax: 407-262-1033
 E-Mail: regulatory@csilongwood.com

Person Responsible for Answering Consumer Complaints:	Name: <u>Carolyn Taylor</u> Title: <u>Tax Manager</u>
	Address (if different from above) Street: <u>Same as above</u>
	City: _____ State: _____ Zip: _____
	Phone: <u>413-241-2804</u> Fax: <u>N/A</u>

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 Holzberg, on behalf of Thing5 LLC do hereby certify that the foregoing information is true and correct to the best of my knowledge, as of this 19th day of May, 2021.

UTILITY: Thing5 LLC

BY: [Signature]

STATE OF Massachusetts
 COUNTY OF Hampden

The foregoing was signed, sworn to and acknowledged before me, the NOTARY PUBLIC, on this the 19 day of May, 2021.

[Signature]
 NOTARY PUBLIC

My Commission Expires: May 9, 2025

