

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: Time Warner Cable Information Services (Kentucky), LLC

Physical Address of Principal Office: Street: 12405 Powerscourt Drive

City: St. Louis State: MO Zip: 63131

Primary Contact: Name: Betty J. Sanders Title: Sr. Dir - Reg.

Phone: 314-288-3259 Fax: 314-288-3555

E-Mail: betty.sanders@charter.com

Person Responsible for Answering Consumer Complaints: Name: Betty J. Sanders Title: Sr. Dir - Reg.

Address (if different from above)

Street: Same

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, Douglas F. Brent, on behalf of Time Warner Cable Information Services do hereby certify that the foregoing information is true and correct to the best of my knowledge, as of this 17th day of June, 2016.

UTILITY: Time Warner Cable Information Services (Kentucky), LLC

BY: [Signature], its attorney

STATE OF KENTUCKY
COUNTY OF JEFFERSON

The foregoing was signed, sworn to and acknowledged before me, the NOTARY PUBLIC, on this the 17th day of June, 2016.

[Signature]
NOTARY PUBLIC

My Commission Expires: June 26, 2019

