

**Commonwealth of Kentucky
Public Service Commission**

RECEIVED

INFORMATION FORM FOR TELEPHONE UTILITIES OPERA
PURSUANT TO KRS 278.541 through 278.544

DEC 18 2024

**PUBLIC SERVICE
COMMISSION**

Complete Name of Telephone Utility: TrueVoIP Corp

Physical Address of Principal Office: Street: 212 N. 7th St.

City: St. Joseph State: MO Zip: 64501

Primary Contact: Name: Travis Hawkins Title: CEO

Phone: 816-390-8166 Fax: _____

E-Mail: Travis@truevoip.com

Person Responsible for Answering Consumer Complaints:	Name: <u>Travis Hawkins</u> Title: <u>CEO</u>
	Address (if different from above)
	Street: <u>Same as above</u>
	City: _____ State: _____ Zip: _____
	Phone: <u>816-390-8166</u> Fax: _____

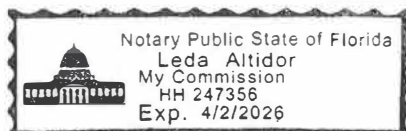
In accordance with KRS 278.542 (2), which requires telephone utilities operating pursuant to 2006 KRS 278.541 through KRS 278.544 to file with the Commission certain information, I, Mark Lammert, on behalf of TrueVoIP Corp do hereby certify that the foregoing information is true and correct to the best of my knowledge, as of this 18th day of December, 2024.

UTILITY: TrueVoIP Corp

BY: *Travis Hawkins*

STATE OF Florida
COUNTY OF Seminole

The foregoing was signed, sworn to and acknowledged before me, the NOTARY PUBLIC, on this the 18th day of December, 2024.



Leda Altidor
NOTARY PUBLIC

My Commission Expires: 04/02/2026

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12/19/2024

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OF KENTUCKY**