

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: Votacall Inc.

Physical Address of Principal Office: Street: 1504 Providence Highway, Suite 19
 City: Norwood State: MA Zip: 02062

Primary Contact: Name: Edward Lennon Title: President
 Phone: 781-693-0600 Fax: 781-693-0666
 E-Mail: elennon@votacall.com

Person Responsible for Answering Consumer Complaints:	Name: <u>Edward Lennon</u> Title: <u>President</u>
	Address (if different from above)
	Street: <u>Same as Above</u>
	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, Edward Lennon, on behalf of Votacall Inc. do hereby certify that the foregoing information is true and correct to the best of my knowledge, as of this 22nd day of September, 2020.

UTILITY: Votacall, Inc.

BY: [Signature]

STATE OF Massachusetts
 COUNTY OF Norfolk

The foregoing was signed, sworn to and acknowledged before me, the NOTARY PUBLIC, on this the 22 day of September, 2020.

My Commission Expires: May 17 2024

NOTARY PUBLIC

