Rev. 11/3/2010

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:	Astro Telecommunications LLC	
Physical Address of Principal Office:	Street: 2501 N. Harwood, St., 20th Floor, Suite 2001	
	City: Dallas	State: <u>TX</u> Zip: <u>75201</u>
Primary Contact:	Name: <u>Gerardo Tonini</u>	Title: <u>VP</u>
	Phone: <u>616.212.2121</u>	Fax: <u>616.355.2248</u>
	E-Mail: _jet@astrotelco.com	×
Person Responsible for Answering Consumer Complaints:	Name: <u>Gerardo Tonini</u>	Title: _VP
	Address (if different from above)	
	Street:	······
	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, <u>Gerardo Tonini</u>, on behalf of <u>Astro Telecommunications LLC</u> do hereby certify that the foregoing information is true and correct to the best of my knowledge, as of this <u>236</u> day of <u>Cabber</u>, 20<u>9</u>.

JULIE MITCHELL
NOTARY PUBLIC - STATE OF MICHIGAN
COUNTY OF OTTAWA
My Commission Expires May 24, 2023
My Commission Expires May 24, 2023 Acting in the County of

BY:

UTILITY:

Astro Telecommunications LLC

STATE OF COUNTY OF

The foregoing was signed, sworn to and acknowledged before me the NOTARY PUBLIC, on this the 23 day of 20 Der , 20 day.

NOTARY PUELIC

My Commission Expires: 05.24.2023