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:	Telco Bill Center, Inc.	
Physical Address of Principal Office:	Street: 2775 Kurtz Street, Suite 6	
	City: <u>San Diego</u> Stat	e: <u>CA</u> Zip: <u>92210</u>
Primary Contact:	Name: Derek Jacoby	
	Phone: <u>415-622-7763</u> Fax:	407-260-1033
	E-Mail: <u>jake@tantamountsoft.com</u>	
Person Responsible	Name: <u>Same as above</u>	Title:
for Answering Consumer Complaints:	Address (if different from above)	
	Street:	
	City: Stat	e: 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>Derek Jacoby</u>, on behalf of <u>Telco Bill Center</u>, Inc. do hereby certify that the foregoing information is true and correct to the best of my knowledge, as of this <u>U</u> day of <u>March</u>, 20 <u>Z</u>.

UTILITY:

BY:

Telco Bill Center, Inc

STATE OF	Calif	jurnia
COUNTY OF		

The foregoing was signed, sworn to and acknowledged before me, the NOTARY PUBLIC, on this the <u>21</u> day of <u>March</u>, 20<u>22</u>. <u>Build</u>, 20<u>22</u>. NOTARY PUBLIC My Commission Expires: <u>05 105 12025</u> SEE ATTACHED CALIFORNAMISSION OF KENTUCKY

certificate verifi who signed the	e or other officer comp ies only the identity of a document to which t d not the truthfulness document.	f the individual this certificate	
State of Califor County of <u>San</u>			
Subscribed and day of <u>Marc</u>		d) before me on this _ Derek Jacoby	21
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(Seal)	Signature	South Uhr	h

