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RECEIVED

April 23, 2020

APR 24 2020

Via Email

Kent.Chandler@ky.gov

PSCED@ky.gov

PUBLIC SERVICE
COMMISSION

Kent Chandler, Executive Director
Kentucky Public Service Commission
Frankfort, KY 40602

Re: Informational Notice of Name Change

Dear Mr. Chandler:

This is an informational letter to let the Commission know that TeleQuality Communications, LLC, which provides unregulated, broadband services to rural healthcare providers in Kentucky and elsewhere, has changed its name to ENA Healthcare Services, LLC ("ENA"). A copy of the name change amendment filed with the Secretary of the State is attached.

New Principal Business Address:	618 Grassmere Park Drive, Suite 12 Nashville, TN 37211
Contacts:	
Official Representative / General Counsel of ENA and Affiliates	Kathryn (Kitty) Ganier (615) 312-6145 / (202) 536-8087 (Mobile)
Official Representative / Director of Compliance and Regulatory Affairs	Anne Turner (202) 908-6994 / (206) 999-7942 (Mobile)

I am also including for informational purposes a copy of the services offered and rates charged by the company in Kentucky.

Please acknowledge receipt of this letter. Please contact me at hwalker@bradley.com or at 615-252-2363 if you have any questions. Thank you for your assistance.

Sincerely,

/s/ Henry Walker

Henry Walker
Counsel for ENA Healthcare Services, LLC

HW/
Enclosure

DOCUMENT TRANSMITTAL

DATE: 03-06-2020

FROM: CT CORP-ATLANTA

REF: ENA Healthcare Services, LLC

MESSAGE:

Please see attached paperwork on the above referenced entity.
If you have any questions regarding this transmittal, please
do not hesitate to contact me.

Thank you for this opportunity to be of service to you and
your firm

AOT 1

1011827.06

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AMD

Michael G. Adams
Kentucky Secretary of State
Received and Filed:
3/6/2020 2:03 PM
Fee Receipt: \$40.00



COMMONWEALTH OF KENTUCKY
ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings
Business Filings
PO Box 718, Frankfort, KY 40602
(502) 684-3490
www.sos.ky.gov

Amended Certificate of Authority
(Foreign Business Entity)

FCA

Pursuant to the provisions of KRS Chapter KRS 14A and 271B, 273, 274, 275, 362 or 366 the undersigned hereby applies for an amended certificate of authority on behalf of the entity named below and, for that purpose, submits the following statements:

1. The business entity is:
- | | |
|---|---|
| <input type="checkbox"/> profit corporation (KRS 271B) | <input type="checkbox"/> nonprofit corporation (KRS 273). |
| <input type="checkbox"/> professional service corporation (KRS 274). | <input type="checkbox"/> business trust (KRS 366). |
| <input checked="" type="checkbox"/> limited liability company (KRS 275). | <input type="checkbox"/> limited partnership (KRS 362). |
| <input type="checkbox"/> professional limited liability company (KRS 275) | <input type="checkbox"/> statutory trust (KRS 366) |
| <input type="checkbox"/> limited cooperative association | <input type="checkbox"/> non-profit LLC (KRS 275). |
| <input type="checkbox"/> cooperative association | |

2. The name of the company is: TeleQuality Communications, LLC
(The name must be identical to the name on record with the Secretary of State.)

3. It is an entity organized and existing under the laws of the state or country of Delaware

4. The entity received authority to transact business in Kentucky on 02/20/2018

5. The entity has changed its (check all that apply)

- Domicile name to ENA Healthcare Services, LLC
- Name to be used in Kentucky to _____
- Jurisdiction of organization to _____
- Period of duration _____
- Form of organization _____
- Management type: Member managed Manager managed

6. This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective date cannot be prior to the date the application is filed. The date and/or time is _____
(Delayed effective date and/or time)

Please indicate the county in which your business operates:
County: _____

To complete the following, please shade the box completely.

Please indicate the size of your business:		Please indicate whether any of the following make up more than fifty percent (50%) of your business ownership:		
<input type="checkbox"/> Small (Fewer than 50 employees)	<input type="checkbox"/> Large (50 or more employees)	<input type="checkbox"/> Women-Owned	<input type="checkbox"/> Veteran Owned	<input type="checkbox"/> Minority Owned

Please indicate which of the following best describes your business:

<input type="checkbox"/> Agriculture	<input type="checkbox"/> Mining	<input checked="" type="checkbox"/> Services	<input type="checkbox"/> Construction
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Finance, Insurance, Real Estate
<input type="checkbox"/> Public Administration	<input type="checkbox"/> Transportation, Communications, Electric, Gas, Sanitary Services		
<input type="checkbox"/> Other			

I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

Kathryn K. Ganier
Signature of Authorized Representative

Kathryn K. Ganier
Printed Name

Secretary
Title

01/21/2020
Date

DOCUMENT NO: 502491
RECORDED: March 09, 2020 12:57:00 PM
TOTAL FEES: \$46.00
COUNTY CLERK: JEFF HANCOCK
DEPUTY CLERK: STARLA HAEBERLIN
COUNTY: FRANKLIN
BOOK: A142 PAGES: 7 - 7

SERVICES RATES

Service is designed and provisioned on an Individual Case Basis (ICB) pursuant to contracts with Customers. All requesting Customers shall have nondiscriminatory access to ICB Services and facilities at nondiscriminatory rates, terms and conditions. While TeleQuality will provide service at the published rates, contract prices may be less than, but not more than, the published rates based on competitive market considerations and factors such as the number of locations to be connected, physical location of each facility, availability of existing infrastructure to support network requirements, speed, latency, jitter, network availability requirements, costs to obtain underlying services from RLEC, ILEC and CLEC providers, internal equipment costs required by TeleQuality to provide service, and collocation facilities required to integrate services from multiple providers.

Bandwidth	Recurring Monthly Rate
10 Mbps	\$3,250
45 Mbps	\$2,444
100 Mbps	\$5,500
1 Gbps	\$9,475