

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: AIR VOICE WIRELESS, LLC d/b/a AirTalk Wireless

Physical Address of Principal Office: Street: 9920 Brooklet Drive

City: Houston State: TX Zip: 77099

Primary Contact: Name: David Stewart Title: Dir. of Compliance

Phone: (713) 534-1950 Fax: (832) 617-7842

E-Mail: david@hthcomm.com

Person Responsible for Answering Consumer Complaints:	Name: <u>David Stewart</u> Title: <u>Dir. of Compliance</u>
	Address (if different from above)
	Street: _____
	City: _____ State: _____ Zip: _____
	Phone: <u>(713) 534-1950 Ext 330</u> Fax: <u>(832) 617-7842</u>

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, David Stewart, on behalf of AIR VOICE WIRELESS, LLC d/b/a AirTalk Wireless do hereby certify that the foregoing information is true and correct to the best of my knowledge, as of this 21st day of June, 2022.

UTILITY: AIR VOICE WIRELESS, LLC d/b/a AirTalk Wireless

BY: *[Signature]*

STATE OF Texas
COUNTY OF Harris

The foregoing was signed, sworn to and acknowledged before me, the NOTARY PUBLIC, on this the 21st day of June, 2022.

Emily Shelton
NOTARY PUBLIC

RECEIVED
6/21/2022
PUBLIC SERVICE
COMMISSION
OF KENTUCKY

My Commission Expires: 01-21-2026

