

Commonwealth of Kentucky Public Service Commission

INFORMATION FORM FOR TELEPHONE UTILITIES OPERATING PURSUANT TO KRS 278.541 through 278.544

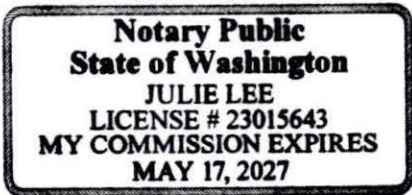
Complete Name of Telephone Utility: Aquarius Silver LLC

Physical Address of Principal Office: Street: 1309 Coffeen Avenue, Suite 9611
 City: Sheridan State: WY Zip: 82801


Primary Contact: Name: John Bright Title: Manager
 Phone: (253) 366-8879 Fax: _____
 E-Mail: jbright@aqswatch.com

Person Responsible for Answering Consumer Complaints:	Name: <u>John Bright</u> Title: <u>Manager</u>
	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, John Bright, on behalf of Aquarius Silver LLC do hereby certify that the foregoing information is true and correct to the best of my knowledge, as of this 08 day of March 2024.



UTILITY: Aquarius Silver LLC

BY: X 

STATE OF Washington
 COUNTY OF Kigg

The foregoing was signed, sworn to and acknowledged before me, the NOTARY PUBLIC, on this the 8 day of March, 2024.


 NOTARY PUBLIC

My Commission Expires: May 17, 2027.