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Commonwealth of Kentucky  
Public Service Commission

AUG 31 2020

PUBLIC SERVICE  
COMMISSION

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

Complete Name of Telephone Utility: 4 Voice LLC  
Physical Address of Principal Office: Street: 1095 Broken Sound Parkway NW, Suite 201  
City: Boca Raton State: FL Zip: 33487  
Primary Contact: Name: Mark Lammer Title: Attorney-in-Fact  
Phone: 407-260-1011 Fax: 407-260-1033  
E-Mail: regulatory@csilongwood.com

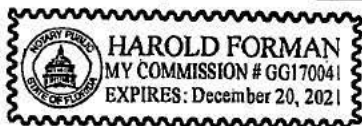
Person Responsible for Answering Consumer Complaints: Name: Harold Forman Title: CFO  
Address (if different from above) Street: same as above  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: 888-864-2317 Fax: \_\_\_\_\_ N/A

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, Amruth Laxman, on behalf of 4 Voice LLC do hereby certify that the foregoing information is true and correct to the best of my knowledge, as of this \_\_\_\_\_ day of \_\_\_\_\_, 2020.

UTILITY: 4 Voice LLC  
BY: Amruth Laxman

STATE OF Florida  
COUNTY OF Palm Beach

The foregoing was signed, sworn to and acknowledged before me, the NOTARY PUBLIC, on this the 25th day of August, 2020.



Harold Forman  
NOTARY PUBLIC

My Commission Expires: 12/20/2021

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8/31/2020  
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