

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: Altigen Communications, Inc.

Physical Address of Principal Office: Street: 670 N. McCarthy Blvd., Suite 200

City: Milpitas State: CA Zip: 95035

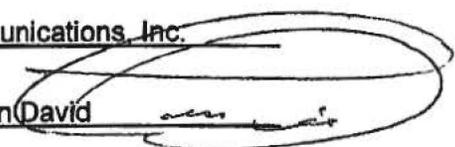
Primary Contact: Name: Carolyn David Title: Vice President/CFO

Phone: 408-597-9000 Fax: 408-597-9020

E-Mail: carolyn.david@altigen.com

Person Responsible for Answering Consumer Complaints:	Name: <u>Carolyn David</u> Title: <u>Vice President/CFO</u>
	Address (if different from above)
	Street: <u>same as above</u>
	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, Carolyn David, on behalf of Altigen Communications, Inc. do hereby certify that the foregoing information is true and correct to the best of my knowledge, as of this 9 day of August, 2022.

UTILITY: Altigen Communications, Inc.
BY: Carolyn David 

STATE OF California
COUNTY OF Santa Clara

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

CALIFORNIA COMPLIANT
NOTARY CERTIFICATE 
ATTACHED

NOTARY PUBLIC

My Commission Expires: April 15, 2026



California Jurat Certificate

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Santa Clara

S.S.

Subscribed and sworn to (or affirmed) before me on this 9th day of August,
Month

2022, by Carolyn David _____ and
Name of Signer (1)

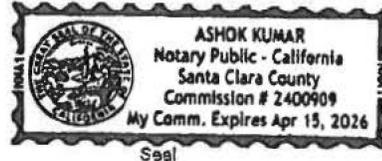
_____, proved to me on the basis of
Name of Signer (2)

satisfactory evidence to be the person(s) who appeared before me.

Ashok kumar
Signature of Notary Public

ASHOK KUMAR

For other required information (Notary Name, Commission No. etc.)



OPTIONAL INFORMATION

Although the information in this section is not required by law, it could prevent fraudulent removal and reattachment of this jurat to an unauthorized document and may prove useful to persons relying on the attached document.

Description of Attached Document

The certificate is attached to a document titled/for the purpose of

PURSUANT TO KRS 278 541
THROUGH 278 544

containing 1 pages, and dated _____

Additional Information
Method of Affiant Identification
Proved to me on the basis of satisfactory evidence: <input checked="" type="radio"/> form(s) of identification <input type="radio"/> credible witness(es)
Notarial event is detailed in notary journal on: Page # <u>7/8</u> Entry # <u>8</u> Notary contact: <u>408-531-1444</u>
Other
<input type="checkbox"/> Affiant(s) Thumbprint(s) <input type="checkbox"/> Describe: _____

RECEIVED
8/17/2022
PUBLIC SERVICE
COMMISSION
OF KENTUCKY