

Exhibit E

Information Form for Telephone Utilities

**Commonwealth of Kentucky
Public Service Commission**

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

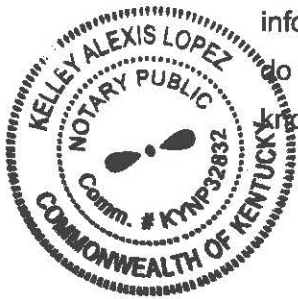
Complete Name of Telephone Utility: Accelecom GA LLC

Physical Address of Principal Office: Street: 1470 Riveredge Pkwy
City: Sandy Springs State: GA Zip: 30328

Primary Contact: Name: Gregory Mayes Title: General Counsel
Phone: 502-550-5582 Fax: N/A
E-Mail: gregory.mayes@accelecom.net

Person Responsible for Answering Consumer Complaints:	Name: <u>Tommie Farrington</u>	Title: <u>Sr NOC Manager</u>
	Address (if different from above)	
	Street: _____	
	City: _____ State: _____ Zip: _____	
	Phone: <u>404-997-0094</u>	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, Greg Mayes, on behalf of Accelecom GA LLC do hereby certify that the foregoing information is true and correct to the best of my knowledge, as of this 8th day of March, 2024.



UTILITY: Accelecom GA LLC

BY: [Signature]

STATE OF Kentucky
COUNTY OF Jefferson

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

My Commission Expires



Kelley Alexis Lopez
NOTARY PUBLIC
Commonwealth of Kentucky
Commission Number KYNP32832
My Commission Expires
July 13, 2025

[Signature]
NOTARY PUBLIC

