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:	AccessLine Communications Corporation				
Physical Address of Principal Office:	Street: 1050 Enterprise Way, Suite 200				
	City: Sunnyvale	Sta	ate: CA	Zip: 94089	
Primary Contact:	Name: Susan De	sgrousilliers	Title:	Regulatory	
	Phone: 650-352-4	Phone: 650-352-4216 Fax: 650-965-7791			
	E-Mail: sdesgrousilliers@intermedia.net				
Person Responsible	Name: Susan Des	sgrousilliers	Title: _	Regulatory	
for Answering Consumer Complaints:	Address (if different from above)				
	Street: Same as above				
	City:	Sta	ate:	_ Zip:	
	Phone: 877-357-0	750 Fa	x: 650-96	5-7791	
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, Mark Lammert, on behalf of AccessLine Communications Corporation					
do hereby certify that the foregoing information is true and correct to the best of my					
knowledge, as of this 14th day of January , 2025.					
	UTILITY:	AccessLine	Communica	tions Corporation	
	BY:				
	51.				
STATE OF Florida COUNTY OF Seminole					
The foregoing was	signed sworn to an	d acknowledged	l before me	e the NOTARY	

The foregoing was signed, sworn to and acknowledged before me, the NOTARY PUBLIC, on this the 4 to day of 12 to 25.

Notary Public State of Florida
Leda Altidor
My Commission
HH 247356
Exp. 4/2/2026

My Commission Expires:

NOTARY PUBLIC

11/8/2024

PUBLIC SERVICE COMMISSION OF KENTUCKY