Rev. 11/3/2010

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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:	Crown Castle Fiber LLC		
Physical Address of Principal Office:	Street:		
	City: <u>Canonsburg</u> State: <u>PA</u> Zip: <u>15317</u>	_	
Primary Contact:	Name: Fernanda Biehl Title: Manager, Reg. A	ffairs-Fiber	
	Phone: Fax: Fax:		
	E-Mail:PUC.Correspondence@crowncastle.com		
Person Responsible	Ravindra Harcharan Head of Customer Name: Title: Operations	_	
for Answering Consumer Complaints:	Address (if different from above)		
	Street:80 Central Street	_	
	City: Boxborough State: MA Zip: 01719	_	
	Phone: Fax: 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, <u>Neil Dickson</u>, on behalf of <u>Crown Castle Fiber LLC</u> do hereby certify that the foregoing information is true and correct to the best of my knowledge, as of this <u>5th</u> day of <u>November</u>, 20¹⁸.

UTILITY:

Crown Castle Fiber LLC Neil Dickson, Vice President - Corporate and Commercial Transactions

BY:

COMMON WEALTH STATE OF Pennsylvania COUNTY OF Washington

The foregoing was signed, sworn to and ackr PUBLIC, on this the 5^{++-} day of $\frac{November}{1}$,	20 <u>18</u>
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NOTAR) My Commission Expires: <u>April 1, 2020</u>	PUBLIC Commonwealth of Pennsylvania - Notary Seal Sally Dioguardi, Notary Public Washington County My commission expires April 1, 2020 Commission number 1240888 Member, Pennsylvania Association of Notarias