

EXHIBIT E

Information Form for Telephone Utilities

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PUBLIC SERVICE
COMMISSION
OF KENTUCKY

**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:	GW Operating, LLC
Physical Address of Principal Office:	Street: 2342 Technology Dr., Suite 103
	City: O'Fallon State: MO Zip: 63368
Primary Contact:	Name: Craig Ceranna Title: Chief Financial Officer
	Phone: 314-585-6630 Fax: N/A
	E-Mail: craig.ceranna@gatewayfiber.com
Person Responsible for Answering Consumer Complaints:	Name: Jim Rosema Title: VP Customer Relations Address (if different from above) Street: _____ City: _____ State: _____ Zip: _____ Phone: 888-201-4339 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, Craig Ceranna, on behalf of GW Operating, LLC do hereby certify that the foregoing information is true and correct to the best of my knowledge, as of this 4 day of December, 2025.

UTILITY: GW Operating, LLC
BY: Craig Ceranna

STATE OF MISSOURI
COUNTY OF ST. CHARLES

The foregoing was signed, sworn to and acknowledged before me, the NOTARY PUBLIC, on this the 4 day of December, 2025.

CHRISTINA MEYER
NOTARY PUBLIC - NOTARY SEAL
STATE OF MISSOURI
COMMISSIONED FOR WARREN COUNTY
MY COMMISSION EXPIRES MAY. 02, 2026
ID #22678378

My Commission Expires: May 2, 2026

Christina Meyer
NOTARY PUBLIC

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