

Commonwealth of Kentucky
Public Service Commission

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PUBLIC SERVICE
COMMISSION

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

Complete Name of Telephone Utility: Clig Communications LLC d/b/a Clig Mobile

Physical Address of Principal Office: Street: 620 S Le Jeune Road

City: Coral Gables State: FL Zip: 33134

Primary Contact: Name: Walid Omar Hamid Title: Managing Member

Phone: (415) 340-2137 Fax: _____

E-Mail: omar@gocliqmobile.com

Person Responsible for Answering Consumer Complaints:	Name: <u>Walid Omar Hamid</u> Title: <u>Managing Member</u>
	Address (if different from above)
	Street: _____
	City: _____ State: _____ Zip: _____
	Phone: <u>(415) 340-2137</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, W. Omar Hamid, on behalf of Clig Communications LLC d/b/a Clig Mobile do hereby certify that the foregoing information is true and correct to the best of my knowledge, as of this 20th day of November, 2023.

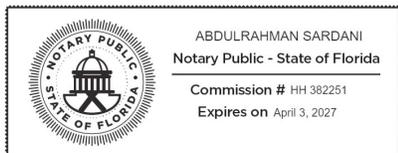
UTILITY: Clig Communications LLC d/b/a Clig Mobile

BY: X [Signature]

STATE OF Florida
COUNTY OF Duval

Notarized online using audio-video communication

The foregoing was signed, sworn to and acknowledged before me, the NOTARY PUBLIC, on this the 20th day of November, 2023.



Abdulrahman Sardani
NOTARY PUBLIC Abdulrahman Sardani

My Commission Expires: 04/03/2027

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