Commonwealth of Kentucky Public Service Commission

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

Physical Address of Principal Office: 418 Ocean Avenue Street:	
of Dringing Office:	
City: State: Zip:	1
Primary Contact: Name:Mark LammertTitle:Attorney-in-	
Phone: Fax: Fax:	
E-Mail:	2
Person Responsible Name: Dale Balta Title:CEO	
for Answering Consumer Complaints: Address (if different from above)	
Street: Same as above	
City: State: Zip:	_
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, __Mark Lammert_____, on behalf of __USA Mobile LLC _______ do hereby certify that the foregoing information is true and correct to the best of my knowledge, as of this 13th ______, day of January ______, 2025.

	USA Mobile LLC UTILITY:	
STATE OFFlorida COUNTY OFSeminole		
The foregoing was signed, PUBLIC, on this the <u>13th</u> day of	sworn to and acknowledged before me, the of _Janua <u>ry</u> , 20 <u>25_</u> .	NOTARY
Notary Public State of Florida Leda Altidor My Commission HH 247356 Exp. 4/2/2026	NOTARY PUBLIC	RECEIVED
My Commission Expires: 040	2/2026	PUBLIC SERVICE COMMISSION OF KENTUCKY