

**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: Utility Telecom Group, LLC

Physical Address of Principal Office: Street: 4202 Coronado Ave.
 City: Stockton State: CA Zip: 95204

Primary Contact: Name: Mark Lammert Title: Attorney-in-Fact
 Phone: 407-794-3513 Fax: 407-260-1033
 E-Mail: regulatory@csilongwood.com

Person Responsible for Answering Consumer Complaints:	Name: <u>Erika Russell</u> Title: <u>Controller</u>
	Address (if different from above)
	Street: <u>Same as above</u>
	City: _____ State: _____ Zip: _____
	Phone: <u>877-965-7800</u> Fax: <u>209-888-8983</u>

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, Jason Mills, on behalf of Utility Telecom Group, LLC do hereby certify that the foregoing information is true and correct to the best of my knowledge, as of this 30 day of September, 2021.

UTILITY: Utility Telecom Group, LLC

BY: 

STATE OF California
 COUNTY OF San Joaquin

The foregoing was signed, sworn to and acknowledged before me, the NOTARY PUBLIC, on this the 30 day of September, 2021.

Ruth Esther Aguilar May
 NOTARY PUBLIC

My Commission Expires: 12/30/2022



ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

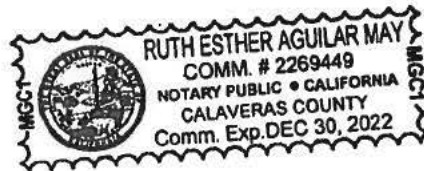
State of California
County of San Joaquin

On 9/30/2021 before me, Ruth Esther Aguilar May
(insert name and title of the officer)

personally appeared Jason Mills
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



Signature Ruth Esther Aguilar May (Seal)

RECEIVED
10/19/2021
PUBLIC SERVICE
COMMISSION
OF KENTUCKY