

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: Your Local Phone Company LLC

Physical Address of Principal Office: Street: 5665 North Commerce Court Suite 2  
City: Alpharetta State: GA Zip: 30004

Primary Contact: Name: Patrick Hardy Title: President  
Phone: 404-432-5794 Fax: \_\_\_\_\_  
E-Mail: patrick@yourlocalphonecompany.com

Person Responsible for Answering Consumer Complaints:	Name: <u>Patrick Hardy</u> Title: <u>President</u>
	Address (if different from above)
	Street: _____
	City: _____ State: _____ Zip: _____
	Phone: _____ 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, Patrick Hardy, on behalf of Your Local Telephone Company LLC do hereby certify that the foregoing information is true and correct to the best of my knowledge, as of this 15<sup>th</sup> day of February, 2024

UTILITY: Your Local Telephone Company LLC

BY: [Signature]

STATE OF Georgia  
COUNTY OF Fulton

The foregoing was signed, sworn to and acknowledged before me, the NOTARY PUBLIC, on this the 15<sup>th</sup> day of February, 2024.

[Signature]  
NOTARY PUBLIC

My Commission Expires: 2/25

