

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: CTN Group Inc

Physical Address of Principal Office: Street: 2700 W Cypress Creek Road, Suite D140
 City: Fort Lauderdale State: FL Zip: 33309

Primary Contact: Name: Paul Burton Title: President
 Phone: 770-405-1053 Fax: 888-469-7926
 E-Mail: plbusa@ctntelco.com

Person Responsible for Answering Consumer Complaints:	Name: _____	Title: _____
	Address (if different from above)	
	Street: <u>same as above</u>	
	City: _____	State: _____ Zip: _____
	Phone: _____	Fax: _____

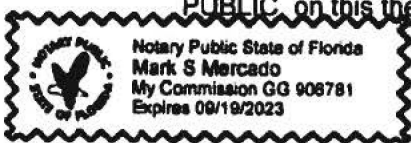
In accordance with KRS 278.542 (2), which requires telephone utilities operating pursuant to 2006 KRS 278.541 through KRS 278.544 to file with the Commission certain information, I, Paul Burton, on behalf of CTN Group Inc do hereby certify that the foregoing information is true and correct to the best of my knowledge, as of this 15 day of NOVEMBER, 2022.

UTILITY: CTN Group Inc

BY: [Signature]

STATE OF FLORIDA
 COUNTY OF BROWARD

The foregoing was signed, sworn to and acknowledged before me, the NOTARY PUBLIC, on this the 15 day of NOVEMBER, 2022.



[Signature]
 NOTARY PUBLIC

My Commission Expires: 9/19/2023

