

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: GoTo Communications, Inc.

Physical Address of Principal Office: Street: 333 Summer Street
 City: Boston State: MA Zip: 02210

Primary Contact: Name: Mark Lammert Title: Attorney-in-Fact
 Phone: 407-260-1011 Fax: 407-794-3488
 E-Mail: regulatory@csilongwood.com

Person Responsible for Answering Consumer Complaints:	Name: <u>Val Ilchenko</u> Title: <u>Counsel</u>
	Address (if different from above)
	Street: <u>Same as above</u>
	City: _____ State: _____ Zip: _____
	Phone: <u>801-717-1558</u> Fax: <u>385-309-0012</u>

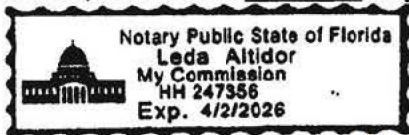
In accordance with KRS 278.542 (2), which requires telephone utilities operating pursuant to 2006 KRS 278.541 through KRS 278.544 to file with the Commission certain information, I, Mark Lammert, on behalf of GoTo Communications, Inc. do hereby certify that the foregoing information is true and correct to the best of my knowledge, as of this 8th day of June, 2022.

UTILITY: GoTo Communications, Inc.

BY: [Signature]

STATE OF Florida
COUNTY OF Seminole

The foregoing was signed, sworn to and acknowledged before me, the NOTARY PUBLIC, on this the 8th day of June, 2022.



[Signature]
NOTARY PUBLIC

My Commission Expires: 12/16/2026

