

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

Complete Name of Telephone Utility: International Networks and Communications, L.L.C.

Physical Address of Principal Office: Street: 190B Saundersville Road
City: Hendersonville State: TN Zip: 37075

Primary Contact: Name: Felicity Carr Title: VP of Operations
Phone: 615-846-7777 Fax: 615-846-7778
E-Mail: felicity@inetco-llc.com

Person Responsible for Answering Consumer Complaints:	Name: <u>Felicity Carr</u> Title: <u>VP of Operations</u>
	Address (if different from above)
	Street: <u>SAME AS ABOVE</u>
	City: _____ State: _____ Zip: _____
	Phone: <u>615-846-7777</u> Fax: <u>615-846-7778</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, Felicity Carr, on behalf of International Networks and Communications, L.L.C., do hereby certify that the foregoing information is true and correct to the best of my knowledge, as of this 16th day of October, 2020.

UTILITY: _____
BY: Felicity Carr

STATE OF Tennessee
COUNTY OF Sumner

The foregoing was signed, sworn to and acknowledged before me, the NOTARY PUBLIC, on this the 16th day of October, 2020.

Debra A. Kunkel
NOTARY PUBLIC

My Commission Expires: 12-19-23



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10/27/2020
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