

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: Flowroute Inc.

Physical Address of Principal Office: Street: 1221 2nd Avenue, Suite 330

City: Seattle State: WA Zip: 98101

Primary Contact: Name: Bayan Towfig Title: CEO

Phone: (206) 641-8080 Fax: (206) 641-8181

E-Mail: bayan@flowroute.com

Person Responsible for Answering Consumer Complaints: Name: Mo Merchant Title: Director of Operations

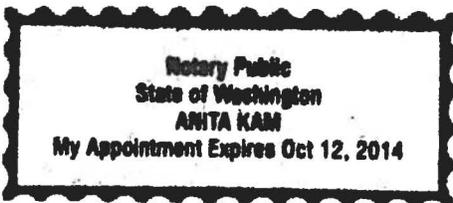
Address (if different from above)

Street: _____

City: _____ State: _____ Zip: _____

Phone: (855) 356-9768 Fax: (206) 641-8100

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, Colleen Martin, General Counsel, on behalf of Flowroute Inc. do hereby certify that the foregoing information is true and correct to the best of my knowledge, as of this 13th day of August, 2014.



UTILITY: Flowroute Inc.

BY: *Colleen Martin*

STATE OF Washington
COUNTY OF King

The foregoing was signed, sworn to and acknowledged before me, the NOTARY PUBLIC, on this the 13th day of August, 2014.

Anita Kam
NOTARY PUBLIC

My Commission Expires: Oct. 12, 2014

