Georgia Public Service Commission

244 WASHINGTON STREET, SW
ATLANTA, GEORGIA 30334-5701

CUSTOMER SERVICE CONTACT INFORMATION/ COMPANY CONTACT ESCALATION LIST

Commission Rule 515-12-1-.34 Code of Conduct for Winback Activities imposes the following filing requirement on all Incumbent and Competitive Local Exchange Carriers:

(7) (a) LECs shall maintain and have on file with this Commission customer service contact information and a company contact escalation list. **This information shall be filed on an annual basis, except that LECs shall file any changes to this information on a quarterly basis. The date for the annual filing shall be March 31st of each year.** LECs shall make this information available to other LECs.

Please file the completed form electronically at https://psc.ga.gov/alternative-efile/.

Questions regarding filing procedures should be directed to Ms. Sallie Tanner at (404) 463-7747 or stanner@psc.ga.gov.

Questions regarding the application should be directed to Ms. Erica Wilson at (404) 651-9402 or ewilson@psc.ga.gov.

GEORGIA PUBLIC SERVICE COMMISSION
CUSTOMER SERVICE CONTACT INFORMATION/
COMPANY CONTACT ESCALATION LIST

COMPANY NAME:	MAXSIP TEL LLC
ADDRESS:	181 South Franklin Avenue, Suite 304
CERTIFICATE NUMBER(S):	L-7865
PREPARED BY:	Daniel Romero
PHONE:	516-866-7353
EMAIL:	dromero@maxsiptel.com

CUSTOMER SERVICE NUMBER:	

COMMISSION COMPLAINT CONTACT:	
NAME:	Israel Max
TITLE:	CEO
PHONE:	(646) 388-6180
EMAIL:	israel@maxsip.com
ADDRESS (IF NOT SAME AS ABOVE):	181 South Franklin Avenue, Suite 304, Valley Stream, NY 11581

REGULATORY CONTACT:	
NAME:	Daniel Romero
TITLE:	Director of Accounting
PHONE:	516-866-7353
EMAIL:	dromero@maxsiptel.com
ADDRESS (IF NOT SAME AS ABOVE):	181 South Franklin Avenue, Suite 304, Valley Stream, NY 11581

TARIFF CONTACT:	
NAME:	
TITLE:	
PHONE:	
EMAIL:	
ADDRESS (IF NOT SAME AS ABOVE)	

ATTORNEY	
NAME:	Matt Dean
TITLE:	Consultant
PHONE:	405-470-4649
EMAIL:	Matt.Dean@jsitel.com
ADDRESS (IF NOT SAME AS ABOVE)	1725 Windward Concourse, Suite 150, Alpharetta, GA 30005
NAME OF FIRM (IF APPLICABLE):	