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 COMMISSON
CUSTOMER SERVICE CONTACT INFORMATION/
COMPANY CONTACT ESCALATION LIST

COMPANY NAME:	**SQF, LLC**
ADDRESS:	16 Middle Street, 4th Floor, Portland, ME 04101
CERTIFICATE NUMBER(S):	
PREPARED BY:	Christina Schiller
PHONE:	734-536-8688
EMAIL:	Cschiller@tilsoninfrastructure.com

CUSTOMER SERVICE NUMBER:	(844) 484-5766

COMMISSION COMPLAINT CONTACT:	
NAME:	Alda Licis
TITLE:	COO
PHONE:	(303) 913-4313
EMAIL:	alicis@tilsoninfrastructure.com
ADDRESS (IF NOT SAME AS ABOVE):	

REGULATORY CONTACT:	
NAME:	Christina Schiller
TITLE:	Leasing Coordinator
PHONE:	734-536-8688
EMAIL:	TICompliance@tilsoninfrastructure.com
ADDRESS (IF NOT SAME AS ABOVE):	

TARIFF CONTACT:	
NAME:	Christina Schiller
TITLE:	Leasing Coordinator
PHONE:	734-536-8688
EMAIL:	TICompliance@tilsoninfrastructure.com
ADDRESS (IF NOT SAME AS ABOVE):	

ATTORNEY:	
NAME:	Lauren Ramirez
TITLE:	General Counsel
PHONE:	(850) 867-8345
EMAIL:	lramirez@tilsontech.com
ADDRESS (IF NOT SAME AS ABOVE):	
NAME OF FIRM (IF APPLICABLE):	