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:	**ComSouth Telecommunications, LLC d/b/a Sparklight**
ADDRESS:	210 E. Earll Dr., Phoenix, AZ 85012
CERTIFICATE NUMBER(S):	IL-009
PREPARED BY:	Jean Thaxton
PHONE:	843-686-1258
EMAIL:	Jean.Thaxton@cableone.biz

CUSTOMER SERVICE NUMBER:	1-877-692-2253

COMMISSION COMPLAINT CONTACT:	
NAME:	Kelly Arco
TITLE:	Certified Paralegal
PHONE:	623-289-0310
EMAIL:	Legal@CableOne.biz
ADDRESS (IF NOT SAME AS ABOVE):	

REGULATORY CONTACT:	
NAME:	Jean Thaxton
TITLE:	Sr. Manager, Regulatory
PHONE:	843-686-1258
EMAIL:	Jean.Thaxton@cableone.biz
ADDRESS (IF NOT SAME AS ABOVE):	

TARIFF CONTACT:	
NAME:	Jean Thaxton
TITLE:	Sr. Manager, Regulatory
PHONE:	843-686-1258
EMAIL:	Jean.Thaxton@cableone.biz
ADDRESS (IF NOT SAME AS ABOVE):	

ATTORNEY:	
NAME:	Daniele Bourgeios
TITLE:	Associate General Counsel
PHONE:	843-686-1210
EMAIL:	Daniele.Bourgeois@cableone.biz
ADDRESS (IF NOT SAME AS ABOVE):	
NAME OF FIRM (IF APPLICABLE):	