

**NEBRASKA PUBLIC SERVICE COMMISSION  
2015 CARRIER INFORMATION FORM**

***\*\*Below is the contact information currently in the Commission's database. Please make corrections or updates to the information as necessary and fill in any blank fields.\*\****

**IXC**

<b>Carrier Name:</b>
<b>Carrier Address:</b>
<b>Carrier Trade Name or d/b/a in Nebraska:</b>
<b>Carrier Phone Number:</b>
<b>Carrier Fax Number:</b>
<b>Email Address:</b>
<b>Company Website:</b>
<b>Regulatory Contact Person:</b>
<b>Regulatory Contact Person Phone Number:</b>
<b>Regulatory Contact Person Email Address:</b>
<b>Third Party Filing Agent (if applicable) Company Name:</b>
<b>Third Party Agent Address:</b>
<b>Third Party Agent Email Address:</b>
<b>Third Party Agent Phone Number:</b>
<b>Third Party Agent Fax Number:</b>

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date