

**APPLICATION FOR CERTIFICATE TO BECOME A
TELECOMMUNICATIONS CARRIER**
(Use additional sheets as necessary.)

GENERAL

1. Applicant's Name (including d/b/a, if any) FEIN # 20-2196321

Airdis, LLC d/b/a Airdis Telecom

Address: Street 246 East Janata Blvd., Suite 262

City: Lombard State/Zip: Illinois 60148

2. Authority Requested: (Mark all that apply) 13-403 13-404 13-405

3. Request for waivers/variances: In applications for exchange service authority under Sections 13-404 or 13-405, waivers of Part 710 and of Section 735.180 of Part 735 are generally requested. In applications for interexchange service authority under Sections 13-403 and 13-404, waivers of Part 710 and Part 735 are generally requested. Please indicate which waivers Applicant is requesting.

Part 710 Part 735 Section 735.180 Other

4. In what area of the state does the Applicant propose to provide service?

Airdis Telecom seeks authority to offer its services throughout the State of Illinois.

5. Please attach a sheet designating contact persons to work with Staff on the following:

- a) issues related to processing this application
- b) consumer issues
- c) customer complaint resolution
- d) technical and service quality issues
- e) "tariff" and pricing issues
- f) 9-1-1 issues
- g) security/law enforcement

Please identify each contact person's (i) name, (ii) title, (iii) mailing address, (iv) telephone number, (v) facsimile number, and (vi) e-mail address, if any.

See Exhibit 1.

6. Please check type of organization?

Individual

Corporation

Partnership

Date corporation was formed on January 20, 2005

In what state? Illinois

Other (Specify)

7. Submit a copy of articles of incorporation and a copy of certificate of authority to transact business in Illinois.

Applicant's Articles of Incorporation are attached hereto as Exhibit 2 to this Application.

8. List jurisdictions in which Applicant is offering service(s).

Airdis Telecom currently is NOT providing services throughout the State of Illinois.

9. Has the Applicant, or any principal in Applicant, been denied a Certificate of Service or had its certification revoked or suspended in any jurisdiction in this or another name?

YES (Please provide details) NO

10. Have there been any complaints against the Applicant in any other jurisdiction?

YES NO

If YES, describe fully.

11. Will the Applicant keep its books and records in Illinois? YES NO
If NO, permission pursuant to 83 Ill. Adm. Code Part 250 needs to be requested.

MANAGERIAL

12. Please attach evidence of the applicant's managerial and technical resources and ability to provide service. This may be in either narrative form, resumes of key personnel, or a combination of these forms.

See Exhibit 2.

13. List officers/directors of Applicant.

**Scott Sinclair
President**

**Larry Oskielunas
Chief Operating Officer**

**Joseph Isaacs
Director of Regulatory Affairs**

14. Does any officer of Applicant have an ownership or other interest in any other entity which has provided or is currently providing telecommunications services?

 YES X NO

15. How will Applicant bill for its service(s)? All services will be billed monthly by Airdis Telecom's outside 3rd party vendor (Telebill)

16. How does Applicant propose to handle service, billing, and repair complaints?

All complaints will be referred to the Airdis Telecom's Customer Service Department which will respond promptly to the customer. Airdis Telecom, Inc. maintains a toll-free customer service number between the hours of 8:00 am and 8:00 pm prevailing Central Standard Time to address service, billing, and repair complaints. In addition Airdis provides 24 x 7 customer service. After normal business hours, a call into our customer service number results in the customer leaving a voicemail. Our customer service voicemail box sends out a pager message to our customer service supervisor. If this page is not responded after 10 minutes, another page goes to the customer service manager. If that page is not responded to within 10 minutes, another page goes to the CEO.

17. Will personnel be available at Applicant's business office during regular working hours to respond to inquiries about service or billing? X YES NO

18. What telephone number(s) would a customer use to contact your company?

877-724-7347 or 877-7AIRDIS

19. What are your procedures to prevent unauthorized slamming of customers?

Airdis Telecom currently utilizes signed Letters Of Authorization (LOA) for all new customers. Applicant will comply with all applicable Illinois state slamming rules and regulations and the FCC's regulations regarding how interexchange carriers may change a consumer's Primary Interexchange Carrier. Applicant will comply with the FCC's forthcoming regulations regarding how carriers may change a consumer's primary local exchange or interexchange provider.

20. If granted authority to operate as a local exchange carrier, will the applicant abide by the following 83 Illinois Administrative Code Parts: 705, 710, 720, 725, 735, 755, 756, 757, 770, and 772?

X YES _____ NO (If no, please provide an explanation.)

21. Will the applicant sign and return membership forms to the Universal Telephone Assistance Corporation and the Illinois Telecommunications Access Corporation? X YES ___ NO

FINANCIAL

22. Please attach evidence of applicant's financial fitness through the submission of its most current income statement and balance sheet, or other appropriate documentation of applicant's financial resources and ability to provide service.

Applicant is financially qualified to render its proposed telecommunications services. Airdis Telecom is a d/b/a of Airdis, LLC. so it has included a copy of their financial statements as Exhibit 4 and the Bank Line of Credit as Exhibit 4A.

TECHNICAL

23. Does Applicant utilize its own equipment and/or facilities? x YES _____ NO

If YES, please list: _____

If NO, which facility provider(s)'s services does Applicant use? AIRDIS TELECOM intends to provide competitive local services to consumers through the resale of other carriers' facilities, including Ameritech, Centel, GTE, Focal and any other relevant local exchange carriers upon completion of interconnection and operational arrangements that are to be negotiated in accordance with the Telecommunications Act of 1996. In the near future, Airdis Telecom may install and utilize its own switching facilities. Where economically prudent, AIRDIS TELECOM may also install additional facilities

where warranted by demand. In the event necessary, AIRDIS TELECOM would comply with all relevant Commission regulations.

24. Please describe the nature of service to be provided (e.g., operator services, internet, debit cards, long distance service, local service).

AIRDIS TELECOM will provide high quality resold and facilities-based local exchange services and inter-exchange service on a full-time basis, twenty-four hours a day, seven days a week.

25. Will technical personnel be available at all times to assist customers with service problems?

X YES NO

During the hours of operation as described in Question #16, herein.

26. If Applicant intends to provide payphone service, will the equipment utilized comply with FCC requirements and Finding (9) of the Commission Order entered in Docket No. 84-0442 on June 11, 1986, including, but not limited to: (a) touch dialing; (b) access to 9-1-1 and "0" operator dialing without use of a coin; (c) rules governing use of payphones by disabled persons; (d) ability to complete local and long-distance calls; (e) unlimited duration for local calls; and (f) a message explaining the telephone's general operations, dialing instructions for emergency assistance, payphone owner's name, method of reporting service problems and method of receiving credit for faulty calls? YES Not Applicable NO



(Signature of Applicant)
4/29/05, President

VERIFICATION

This application shall be verified under oath.

OATH

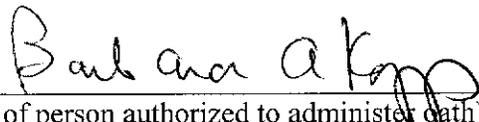
State of Illinois)
)ss
County of DuPage)

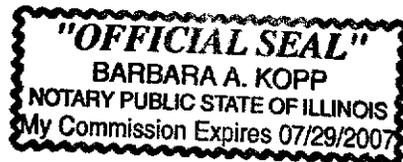
I, Scott Sinclair makes oath and says that I am **President/CEO** of **Airdis Telecom, LLC** and that he has examined the foregoing application and that to the best of his knowledge, information, and belief, all statements of fact contained in the said application are true, and the said application is a correct statement of the business and affairs of the above-named applicant in respect to each and every matter set forth therein.


(Signature of affiant)

Subscribed and sworn to before me, a Notary Public/ Notary
(Title of person authorized to administer oaths)

in the State and County above named, this 29th day of April 2005.


(Signature of person authorized to administer oath)



EXHIBITS

Exhibit 1	Airdis Telecom, Inc. Contact Persons
Exhibit 2	Certificate of Incorporation
Exhibit 3	Descriptions of Telecommunications and Managerial Experience of Key Personnel of Airdis Telecom, Inc.
Exhibit 4	Financial Qualifications