ORIGINAL

OFFICIAL FILE
ILLINOIS COMMERCE COMMISSION

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ICC CHIEF CLERK'S OFFICE

(File this application via e-docket, or if unable to do so, file one original verified application with the Chief Clerk.)

Docket No. 05-0755

Please provide the appropriate information in the ( ) areas in the heading below.

(Applicant's Name)	: Philip H. Miller DBA Vending Trends
Application for a certificate of prepaid calling service provider authority in (list specific area) in the State of Illinois.	: entire State

APPLICATION TO OBTAIN A
"CERTIFICATE OF PREPAID CALLING SERVICE PROVIDER AUTHORITY"
(Use additional sheets as necessary.)

GENERAL

1. Applicant's Name (including d/b/a, if any) FEIN # 478-66-1239

Philip H. Miller DBA Vending Trends

Address: Street 840 C.R. 3200 N

City Dewey State/Zip IL 61840

Please complete the following with respect to the Applicant and Underlying Carrier:

2. Please provide the Applicant's toll-free customer service number.

1-877-641-2998

3. In what area or areas of the state does the Applicant propose to provide service?

entire state

4 Please attach a sheet designating contact persons to work with Illinois Commerce Commission Staff on the following:

a) issues related to processing this application
b) consumer issues
c) customer service complaint resolution
d) technical and service quality issues and compliance with service quality standards and remedies
e) "tariff" and pricing issues
f) security/law enforcement

Contact person on all of the above is Philip H. Miller dba Vending Trends

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

5. Please check type of organization.

X Individual
_____ Partnership
_____ Other (Specify)
_____ Corporation
Date corporation was formed _____
In what state? _____

6. Submit a copy of articles of incorporation or other organization documents, a copy of any contract with any underlying carrier(s) and a copy of certificate of authority to transact business in Illinois. N/A

7. List jurisdictions (other than Illinois) in which Applicant is offering service(s).

None

8. 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) X NO

9. Have there been any complaints or judgments levied against the Applicant in any other jurisdiction?

_____ YES X NO

If YES, describe fully. _____

10. Has Applicant provided service under any other name?

_____ YES X NO

If YES, please list. _____

11. Is the Applicant seeking an expedited application pursuant to Section 13-404.1(b)?

_____ YES X NO

If YES, please provide the name of the underlying carrier(s) and the docket number of the underlying carrier(s) certification proceeding. _____

MANAGERIAL

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

Have an MBA. Have operated successful businesses in Illinois for 10 years

13. List officers or principals of Applicant.

None

14. Does any officer or principals of Applicant have an ownership or other interest in any other entity, which has provided or is currently providing telecommunications services? _____ YES X NO

If YES, list entity. _____

15. How does Applicant propose to handle service complaints? (At a minimum, describe Applicant's internal process for complaint resolution, the complaint escalation process, the timeframe and process by which the customer is notified by Applicant that they may seek assistance from the Commission?)

We return all phone calls within 24 hours. If the card can not be used upon our examination, another like value card is sent out the same day.

16. Does Applicant currently maintain service quality standards?

X YES _____ NO

If YES, please attach what those standards are, any credits that may be issued for failures and how customers are notified. See # 15 Above.

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

18. What telephone number(s) would a customer use to contact your company (other than the toll-free customer service number provided in response to question 1)?

217-897-1760

19. Is Applicant aware that it must file tariffs prior to providing service in Illinois?

X YES _____ NO I'm not a provider I'm merely a reseller.

FINANCIAL

X 20. 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. See Reverse.

TECHNICAL

21. Does Applicant utilize its own equipment and/or facilities? _____ YES X NO

#20 Financial Statements

Income Statement

Sales	$700,000/yr.
Expenses	$600,000/yr
Income	$100,000/yr.

Balance Sheet

Real Estate Owned	160,000
Vehicles Owned	20,000
Business Valuation	250,000
Cash on Hand	80,000
Total Owned	$510,000
Balance Owed all Lenders Including Real Estate	$80,000
Total Net Worth	$430,000

If YES, please list the equipment and / or facilities Applicant intends to utilize. Also include evidence that Applicant possesses the necessary technical resources to deploy and maintain said facilities:

NA

If NO, which underlying carrier's facilities does the Applicant intend to use?

Encompass Comm, Entail Telecom, FDT, Locus Nobel, Verizon, Cingular.

22. Please describe the nature of prepaid service to be provided (e.g., general service, location specific service, discounted rates for specific countries, etc.).

We provide phone cards with the above companies through Vending machines & over the counter

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

X YES _____ NO

24. Please attach a copy of the front and back of any prepaid calling cards Applicant currently sells.

Philip A Miller
(Signature of Applicant)

VERIFICATION

This application shall be verified under oath.

OATH

State of Illinois)
County of Champaign) ss

Philip H. Miller makes oath and says that he is owner
(Insert here the name of affiant) (Insert the official title of the affiant)

of Vending Trends
(Insert here the exact legal title or name of the Applicant)

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.

Philip H Miller
(Signature of affiant)

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

in the State and County above named, this 28th day of November, 2005.

Erin R Mullins
(Signature of person authorized to administer oath)

"OFFICIAL SEAL"
ERIN R. MULLINS
Notary Public, State of Illinois
My commission expires 07/20/09