

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

2006 JAN 19 A 10:40

Docket No. _____

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CHIEF CLERK'S OFFICE

06-0045

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

Epana Networks, Inc. :
: Application for a certificate of :
prepaid calling service provider authority :
statewide in the :
State of Illinois. :

**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 # 13-4137760

Epana Networks, Inc.(f/k/a Tsunami Networks, Inc.). Epana Networks, Inc. possesses the following d/b/a Via Communications Group, Orizzonte Communications, Global Telecom, DEAR Telecom

Address: Street 1250 Broadway, 30th Floor

City New York State/Zip New York/10001

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

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

1-877-344-3183, 1-877-361-2564, 1-800-695-5424

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

Statewide

4. Please attach a sheet designating contact persons to work with Illinois Commerce Commission Staff on the following: **See Attachment A.**

- 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

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.

Individual Corporation
 Partnership Date corporation was formed 9/21/2000
In what state? Delaware
 Other (Specify)

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. **See Attachment B.**

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

New York

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) NO

Applicant had previously held long distance authority in Illinois. Such authority was canceled by operation of law because Applicant had not provided service within 2 years of certification. While this action is technically not a "revocation or suspension", the Applicant mentions this cancellation in the interest of full disclosure.

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

YES NO

If YES, describe fully. **As an operating interstate carrier, the Applicant, from time to time, receives inquiries or complaints from customers, which the Applicant typically resolves internally. To date, no governmental agency has issued a judgment against Applicant regarding its provision of service.**

10. Has Applicant provided service under any other name?

YES NO

If YES, please list. Via Communications Group, Orizzonte Communications, Global Telecom, DEAR Telecom, Tsunami

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

YES 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. See Attachment C.

13. List officers or principals of Applicant.

Elie Seidman, President

Ariel Charytan, Vice-President

Daniel Marlo, Secretary

Meryl Ravitz, Treasurer

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 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?)

In the event that the Applicant receives a complaint, the Applicant's customer service department receives the complaint and determine the accuracy of the statements made by the complaining party. If determined to be accurate, the complaining party will immediately receive a credit or other relief. If the complaining party is not satisfied, the complaint is elevated to the customer service management level. If upon the involvement of a customer service manager, the customer is not satisfied, the complaint is elevated to the legal department. The Applicant's website clearly states customers can seek redress at the FCC (for the interstate services the Applicant presently provides).

16. Does Applicant currently maintain service quality standards?

YES NO

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

17. Will personnel be available at Applicant's business office during regular working hours to respond to customer inquiries about service or billing? 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)?

(212) 931-8800

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

YES NO

FINANCIAL

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 Attachment E.

TECHNICAL

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

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:

We utilize equipment provided by Cisco Systems, Sonus Networks, Pactolus Communications and other network equipment providers. Dr. Eric Raab, our Chief Technical Officer, possesses 15 years experience in the telecommunications industry. In his department, we have 9 highly qualified and trained engineers whose sole responsibility is the monitoring and maintenance of these systems.

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

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 general service to any locations that our customers wish to call.

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

YES ___ NO

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



(Signature of Applicant)

