

**OFFICIAL FILE  
ILLINOIS COMMERCE COMMISSION**

**ORIGINAL**

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

Docket No. 06-0602  
ICC Office Use Only

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

**Mobilitie, LLC** :  
:  
Application for a certificate of :  
local authority to operate as a :  
facilities based carrier of :  
telecommunications services in :  
Chicago, Illinois. :

CHIEF CLERK'S OFFICE  
2006 SEP -5 A 9:56  
KIDEN

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

**GENERAL**

1. Applicant's Name(including d/b/a, if any) **Mobilitie, LLC** FEIN # 65-1212646

Address: Street **500 Newport Center Drive, Suite 830**

City: **Newport Beach** State/Zip: **California 92660**

2. Authority Requested: (Mark all that apply)  13-403 Facilities Based Interexchange  
 13-404 Resale of Local and/or Interexchange  
 13-405 Facilities Based Local

3. Request for waivers/variances: In applications for local 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 and explain why Applicant is requesting each waiver/variance.

Part 710 Uniform System of Accounts for Telecommunications Carriers

Part 735 Procedures Governing the Establishment of Credit, Billing, Deposits, Termination of Service and Issuance of Telephone Directories for Local Exchange Telecommunications Carriers in the State of Illinois

Section 735.180 Directories

Other

4. For all applicants requesting local exchange authority under Section 13-404 or Section 13-405, please complete the following:
- (a) the Standard Questions for Applicants Seeking Local Exchange Service Authority found in Appendix A of this document
  - (b) the 9-1-1 Questions for Applicants Seeking Local Exchange Service Authority found in Appendix B of this document;
  - (c) the Financial Questions for Applicants Seeking Local Exchange Service Authority found in Appendix C of this document; and
  - (d) if applicable, the Prepaid Service Questions for Applicants Seeking Local Exchange Service Authority found in Appendix D of this document.

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

**Greater Chicago metropolitan area, Illinois**

6. 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.

7. Please check type of organization?

Individual  Corporation  
 Partnership (LLC) Date corporation was formed 06/18/03  
In what state? Nevada  
 Other (Specify)

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

**Please see Exhibit B.**

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

**Chicago Metropolitan Area** \_\_\_\_\_  
\_\_\_\_\_

10. 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

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

\_\_\_\_ YES  NO

If YES, describe fully. \_\_\_\_\_

12. Has Applicant provided service under any other name?

\_\_\_\_ YES  NO

If YES, please list. \_\_\_\_\_

13. 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.

**Applicant hereby seeks permission pursuant to 83 Ill. Adm. Code Part 250 to maintain its books and records in Newport Beach, California, where its headquarters are located.**

**MANAGERIAL**

14. 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.

15. List officers of Applicant.

**Gary Jabara**  
**Mark Askelson**

**President and CEO**  
**Chief Operating Officer**

16. 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  NO

If YES, list entity. \_\_\_\_\_

17. How will Applicant bill for its service(s)? (At a minimum, describe how often the Applicant will bill for service and details of the billing statement.)

**Applicant will bill customers directly each month. The billing statement will contain details of usage and applicable fees, including state, local and federal taxes, and applicable universal service charges. Applicant's bill format will closely resemble that of the incumbent local exchange carrier's monthly bills.**

18. How does Applicant propose to handle service, billing, and repair 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?)

**Applicant will maintain a toll-free number for customer complaints and inquiries, which will be staffed during the company's normal business hours. After-hours calls will be forwarded to a voice mail system and will be handled on the next business day. To the extent that a consumer complaint cannot be resolved by the customer service staff, the complaint will be elevated to a supervisor level. A managerial level employee will supervise the resolution of such elevated complaints. At that time the consumer will be informed of his/her right to seek assistance from the Commission.**

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

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

**1-877-999-7070**

21. Will Applicant abide by all Federal and State slamming and cramming laws pursuant to Section 13-902 of the Public Utilities Act and Section 258 of the 1996 Telecommunications Act?

YES  NO

22. Please describe applicant's procedures to prevent slamming and cramming of customers?

**Applicant will comply with all anti-slamming and cramming requirements promulgated by the Federal Communications Commission, and as set forth in any applicable rules of the State of Illinois. With respect to the verification requirements contained in the FCC rules, Applicant intends to rely on third party verification and written customer requests.**

23. 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, 730, 732, 735, 755, 756, 757, 770, and 772?

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

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

YES  NO

#### **FINANCIAL**

25. 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.

**Please see Exhibit D.**

#### **TECHNICAL**

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

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

Applicant will use fiber installed in the Right-Of-Way that it owns and controls.

If NO, which facility provider(s)'s services does the Applicant intend to use?

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

Applicant will furnish dark and lit fiber optic circuits in the City of Chicago to other authorized carriers and large commercial users.

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

YES  NO

29. 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  NO

NOT APPLICABLE - APPLICANT DOES NOT INTEND TO PROVIDE PAYPHONE SERVICE.

\_\_\_\_\_  
(Signature of Applicant)  
Name: John C. Dodge  
Title: Regulatory Counsel  
Dated: 9/1/06

VERIFICATION

This application shall be verified under oath.

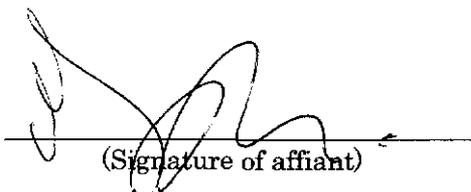
OATH

State of CA )  
County of Orange )ss

Gary Jabara makes oath and says that he is President & CEO  
(Insert here the name of affiant) (Insert the official title of the affiant)

of **Mobilitie, LLC,**

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 Andrea Power  
(Title of person authorized to administer oaths)

in the State and County above named, this 5 day of July, 2008

Andrea J. Power  
(Signature of person authorized to administer oath)

