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

Docket No. _____
ICC Office Use Only

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

(Applicant's Name) ULTRA COM, INC. :
: **01-0010**
Application for a certificate of interexchange authority :
to operate as a reseller carrier of telecommunications :
services in the State of Illinois. :

**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 # 36-4409094
ULTRA COM, INC.

Address: Street c/o Dennis H. Marchuk 899 Wedgewood Dr.

City & State: Crystal Lake, IL 60014

2. Authority Requested: (Mark all that apply) _____ 13-403 Facilities Based Interexchange
_____ X 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.

_____ X Part 710 Uniform System of Accounts for Telecommunications Carriers

_____ X 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

Waivers requested as reseller, non-facility based applicant.

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.

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.

DENNIS H. MARCHUK, Secretary/Treasurer, past owner of 5 star Ameritech Distributorship, agent for Qwest, Intermedia, Mpower, in the sale of long distance service for 5 years, Pennsylvania Attorney at law, experienced in data systems, billing & bookkeeping systems and regulation compliance.

PATRICK CUMMINGS, President, past owner of 5 star Ameritech Distributorship, agent for Qwest, Intermedia, Mpower in the sale of long distance service. Telecom consultant for 15 years. Owner or AmTel Audit, a telecom consulting firm. Experienced in all aspects of telecom equipment, services and marketing.

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.)

Services will be billed monthly through 3rd party billing software and tax compliance software. Billing statements will reflect recurring monthly charges, minutes of usage in detailed call records, local and federal taxes. Bill printing and mailings will be outsourced.

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

Qwest and GlobalCrossing long distance providers.

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).

LONG DISTANCE SERVICE, INTERNET ACCESS, & DATA SERVICES

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? NA YES

NO



(Signature of Applicant)

VERIFICATION

This application shall be verified under oath.

OATH

State of ILLINOIS)
)ss
County of MCHENRY)

DENNIS H. MARCHUK makes oath and says that he is SECRETARY/TREASURER
(Insert here the name of affiant) (Insert the official title of the affiant)

of ULTRA COM, INC. DENNIS H. MARCHUK
(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.

Dennis H. Marchuk
(Signature of affiant)

Subscribed and sworn to before me, a Notary Public/ *Diane M. Gumprecht*
(Title of person authorized to administer oaths)

in the State and County above named, this 4th day of January, 2001

Diane M. Gumprecht
(Signature of person authorized to administer oath)

