

BMT Illinois :
:
Application for either a certificate of :
local or interexchange authority :
to operate as either a reseller or facilities :
based carrier of telecommunications :
services in Sandwich and Somonauk in the :
State of Illinois. :

01-0047

**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 # 36-4295209

BMT Illinois
723 West Church Street
Sandwich, Illinois 60548

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?
Sandwich, Somonauk

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

15. How will Applicant bill for its service(s)? Monthly or Annually by US Mail

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

All complaints will be handled in the order they are received, via telephone, customer walk-in, or any other means of notification

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

YES NO

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

815.786.7804 (voice) 815.786.1805 (fax)

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

BMT Illinois does not offer telephone services, and does not intend to

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?

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?

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.

TECHNICAL

23. Does Applicant utilize its own equipment and/or facilities?

YES NO

If YES, please list: DSL equipment owned by BMT Illinois

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

Verizon Central Office and lines

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

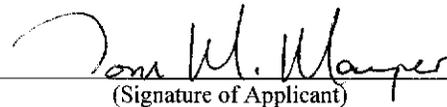
DSL Internet access/Data LEC (DLEC)

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

 YES X NO

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 NO



(Signature of Applicant)

VERIFICATION

This application shall be verified under oath.

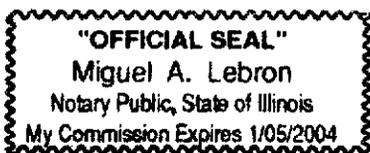
OATH

State of IL)
County of Will)ss

Tom Mayer makes oath and says that he is SECRETARY
(Insert here the name of affiant) (Insert the official title of the affiant)

of BMT ILLINOIS
(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.



Tom W. Mayer
(Signature of affiant) 1-600-8136-6014

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

in the State and County above named, this 13th day of JAN, 2001.

[Signature]
(Signature of person authorized to administer oath)