

(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.

ALLPOINT NETWORKX, INC. :
:
Application for a certificate of service :
authority to operate as a carrier of :
telecommunications service facilities :
based interexchange, for resale of local and :
interchange and facilities based local :
services in the State of Illinois. :

09-6169

CHIEF CLERK'S OFFICE
2009 MAR 25 P 2:31
ILLINOIS
COMMERCE COMMISSION

**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 # _____

Allpoint Networkx, Inc.

Address: Street 114 North Wall, P. O. Box 207

City Alhambra State/Zip IL 62001

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

Other Part 250 Utility Books and Account

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 **See attached Appendix A**
 - (b) the 9-1-1 Questions for Applicants Seeking Local Exchange Service Authority found in Appendix B of this document; **See attached Appendix B**
 - (c) the Financial Questions for Applicants Seeking Local Exchange Service Authority found in Appendix C of this document; and **See attached Appendix C**
 - (d) if applicable, the Prepaid Service Questions for Applicants Seeking Local Exchange Service Authority found in Appendix D of this document. **N/A**

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

Applicant seeks authority to operate as a telecommunications carrier statewide.

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. **See attached Exhibit #1**

7. Please check type of organization?

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

8. Submit a copy of articles of incorporation and a copy of certificate of authority to transact business in Illinois. **See attached Exhibit #2**

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

None

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 X NO

If YES, please list. _____

13. Will the Applicant keep its books and records in Illinois? X 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.

Applicant has the managerial, technical, and financial resources to be a reliable provider of telecommunications services within the State of Illinois. Further, Applicant's affiliate, Alhambra-Grantfork Telephone Company, has been a local exchange carrier for over 50 years. Applicant will use the experienced personnel of Alhambra-Grantfork Telephone Company who are able to maintain and operate a telecommunications business in Illinois. Applicant provides additional biographical information of its key managers on Exhibit 3

15. List officers of Applicant.

See attached Exhibit 3 _____

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? X YES _____ NO

If YES, list entity. Alhambra-Grantfork Telephone Company; A.G. Long Distance, Inc.

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 use Communications Data Group, Inc., in Champaign, Illinois, to prepare our monthly bills revealing billing details assigned by law and that are practiced in the industry.

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 website and customer service number for the purpose of reporting and handling service complaints. Initial call will be handled by the office staff, then to the General Manager then to the corporate President and finally to the Board of Directors.

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?

618-488-2165

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 complies with all applicable Illinois state slamming rules and with the FCC's regulations regarding customer changes of service interexchange carriers. Applicant will use appropriate third party verifications for customer charges of service.**

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.) Except Applicant seeks and may be granted a waiver of Parts 710 and 735.

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. **See attached Exhibit #4**

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 plans to construct facilities using the same personnel and managerial resources as deployed by

Applicant's affiliate, Alhambra-Grantfork Telephone Company, a local exchange carrier.

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).

Local and long distance and internet service.

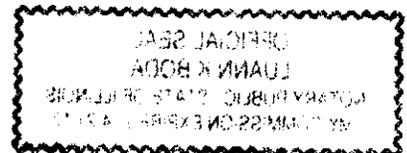
28. Will technical personnel be available at all times to assist customers with service problems?

X YES NO **During normal hours of operation,**

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

Applicant does not intend to provide pay phone services.

x Delmar E. Kormayer
(Signature of Applicant)



VERIFICATION

This application shall be verified under oath.

OATH

State of Illinois)
) ss
County of Madison)

Delmar Korsmeyer makes oath and says that he is President of

ALLPOINT NETWORK, INC.
(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.

Delmar E. Korsmeyer
(Signature of affiant)

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

in the State and County above named, this 6 day of March, 2009.

Luann K. Boda
(Signature of person authorized to administer oath)

