

**OFFICIAL FILE  
ILLINOIS COMMERCE COMMISSION**

**ORIGINAL**

Docket No. \_\_\_\_\_  
ICC Office Use Only

Conversent Communications Resale L.L.C. :  
d/b/a One Communications :

Application for a certificate of :  
local and interexchange authority :  
to operate as a reseller of telecommunications :  
services in the State of Illinois. :

09-0279

CHIEF CLERK'S OFFICE  
2009 JUN 10 A 10:48  
MAY  
ILLINOIS  
COMMERCE COMMISSION

**APPLICATION FOR CERTIFICATE TO BECOME A  
TELECOMMUNICATIONS CARRIER**

**GENERAL**

FEIN # 80-0364505

1. Applicant's Name(including d/b/a, if any)

Conversent Communications Resale L.L.C. d/b/a One Communications

Street Address: 5 Wall Street

City Burlington State/Zip MA 01803

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

X 13-404 Resale of Local and 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

\_\_\_\_\_ 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

X Section 735.180 Directories (Encompassed within Part 735 request)

X Other (83 Ill. Adm. Code Part 250)

*See Attachment 1 for discussion of waiver requests*

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. NOT APPLICABLE.

*See Appendices A, B, and C respectively*

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

Applicant proposes to provide service throughout the State of 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.

*See Attachment 2.*

7. Please check type of organization?

Individual  
 Partnership

Corporation  
Date corporation was formed \_\_\_\_\_  
In what state? \_\_\_\_\_

Other (Specify): *Limited Liability Company formed 03/03/09 in Delaware.*

8. Submit a copy of articles of incorporation and a copy of certificate of authority to transact business in Illinois. *See Attachment 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? \_\_\_ YES  X  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.)

*Conversent will bill its own customers and will issue its invoices monthly. The billing statement will include customer account identification, service usage and charges for the billing period including taxes and fees, contact information for billing and service inquiries, payment instructions and the total amount to be remitted for services rendered.*

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?)

*Conversent will resolve all service, maintenance and billing issues raised by customers in a reasonable and timely manner. The Company's customer service representatives will be available to assist customers with questions and complaints regarding monthly billing statements, problems or concerns with current service, and general telecommunications issues. For assistance with service, maintenance or billing issues, customers may contact Conversent toll-free, at any time, at 1-800-962-2488. In addition, customers may submit written inquiries to Conversent at the following address:*

Conversent Communications Resale L.L.C.  
d/b/a One Communications IV  
Attn: Customer Service  
100 Chestnut Street, Suite 600  
Rochester, NY 14604

*Conversent will address customer complaints and will resolve all customer disputes related to billing, and service quality in an expeditious and fair manner, and in accordance with the Commission's guidelines. The Company's representatives will be authorized to resolve most customer complaints promptly, at the time of the customer's call or shortly thereafter. Complaints of a more complex nature may necessitate consultation with managerial staff, and may require internal investigation and review. Where such procedures are necessary, Conversent will notify the customer, in writing, of the results of its investigation and review. If the customer is dissatisfied with these results, and if the complaint cannot otherwise be resolved internally by Conversent's managerial personnel, the customer will be informed of his (or her) right to file the complaint with the Commission and will be provided with the appropriate Commission contact information.*

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

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

1-800-962-2488

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?

*Conversent is committed to full compliance with the anti-slamming regulations promulgated both by the FCC and by this Commission. All marketing, promotion and outreach programs will be reviewed specifically to ensure that appropriate customer authorizations for interexchange carrier changes are obtained. Conversent will utilize the various approved verification protocols to substantiate its submitted change requests. Additionally, the Company will respond quickly to any inquiries or complaints and will cooperate fully with the Commission to ensure that no inappropriate carrier changes have occurred. Similarly, Conversent is committed to prevention of cramming and maintains internal procedures to ensure adequate customer authorization of services as well as pro-active customer service to resolve disputed charges.*

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 Subject to any waiver(s) granted by the Commission.

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 Attachment 5.*

*Conversent is submitting these materials separately under seal with a motion for confidential treatment.*

#### 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:

---

---

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

*Conversent has not finalized its plans for provisioning services in Illinois, but anticipates maximizing its flexibility and strategic market advantage by utilizing the underlying services and facilities of various authorized providers based upon factors including availability and competitive cost.*

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 offer a full range of resold local and long distance services to small and medium-sized business customers in Illinois.*

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

X  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

  
\_\_\_\_\_  
(Signature of Applicant)

VERIFICATION

This application shall be verified under oath.

OATH

State of Massachusetts )  
 )ss  
County of Middlesex )

Pamela L. Hintz makes oath and says that <sup>she</sup> ~~he~~ is VP-Regulatory Compliance  
(Insert here the name of affiant) (Insert the official title of the affiant)  
of Conversent Communications Resale L.L.C. dba ONE  
(Insert here the exact legal title or name of the Applicant) Communication

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/  
(Title of person authorized to administer oaths)

in the State and County above named, this 8<sup>th</sup> day of June, 2009.

  
(Signature of person authorized to administer oath)