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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. 09-0472
ICC Office Use Only

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

Rivers Edge Telecom, Inc. :
: Application for a certificate of :
(local or interexchange) authority :
to operate as a (reseller or facilities :
based carrier) of telecommunications :
services in portions of Madison County in the :
State of Illinois. :

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

CHIEF CLERK'S OFFICE
2009 OCT 28 A 10:49
ILLINOIS
COMMERCE COMMISSION

GENERAL

1. Applicant's Name(including d/b/a, if any) FEIN # 27-0744040
Rivers Edge Telecom, Inc.
Address: Street 1635 West First Street, Suite 314
City Granite City State/Zip IL 62040

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
A waiver is requested. Applicant maintains its accounting records
in accordance with Generally Accepted Accounting Principles.
 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
Applicant will offer white page directory services through its
interconnection services with other carriers.
 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?
Local services would be offered in Madison County, Illinois and interexchange services would be offered 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.

7. Please check type of organization?

Individual Corporation
 Partnership Date corporation was formed 07/09/09
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.

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

Applicant will be assuming responsibility for offering services in portions of the Cities of Madison and Granite City on the property formerly known as the U.S. Army Charles Melvin Price Support Center which has previously been provided by the Tri-City Regional Port District d/b/a River's Edge Telecommunications.

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 judgements 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 §3 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.

Barbra L. Davis _____

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 its customers for services on a monthly basis. A sample billing invoice is attached.

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?)

See attached Complaint Procedure.

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?

618-452-8155

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? See attached.

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 attached Balance Sheet

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 own and utilize equipment and transmission lines acquired from the Tri-City Regional Port District which has previously provided telecommunications services within the area which will be served by Applicant.

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 continue to provide the services currently being provided by Tri-City Regional Port District, including: Local Exchange Services, Long Distance Services, Switched Access Services, Special Access and Private Line Service, Enhanced Network Services, Internet Services, and Integration Services which will be offered directly. By interconnection arrangements with other carriers, Applicant will provide

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

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

911 Emergency Services, operator services, white page directory services, directory assistance, operator assisted calling, toll-free calling, access to toll blocking, and access to telephone relay services.

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 payphone services.

RIVERS EDGE TELECOM, INC.

By:



Barbara L. Davis, President

VERIFICATION

This application shall be verified under oath.

OATH

State of Illinois)
County of Madison)ss

Barbra L. Davis makes oath and says that ~~she~~ ^{she} is President
(Insert here the name of affiant) (Insert the official title of the affiant)

of Rivers Edge Telecom, Inc.
(Insert here the exact legal title or name of the Applicant)

that ~~she~~ ^{she} has examined the foregoing application and that to the best of ~~her~~ ^{her} 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.

Barbra L. Davis
(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 21 day of October, 2009.

Michelle L. Probst
(Signature of person authorized to administer oath)

