

**OFFICIAL FILE**  
**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. 10-074  
ICC Office Use Only

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

(Applicant's Name)	:	Call Select USA, LLC
	:	
Application for a certificate of (local or interexchange) authority to operate as a (reseller or facilities based carrier) of telecommunications services in (list specific area) in the State of Illinois.	:	Application for a certificate of interexchange authority to operate as a facility based carrier of telecommunication services in the State of Illinois

CHIEF CLERK'S OFFICE  
 2009 JAN 28 A 11:13  
 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 # 27-0801061

Call Select USA, LLC

Address: Street Corporation Trust Center 1209 Orange Street

City: Wilmington, Delaware State/Zip 19801

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

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

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?

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  
\_\_\_\_ Partnership

X Corporation  
Date corporation was formed: 07/20/2009  
In what state? Delaware

X Other (Specify) Limited Liability Company

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).

California      Florida      Texas  
New York      Illinois

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?



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

The Applicant will arrange a toll free Customer Service available 24 hrs per day \_\_\_\_\_

1-800-575-5512

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?

1-800-515-5512

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?

Our company prevents the slamming and cramming of customers by taking care that only the customer who has accepted the service agreement can modify its terms and conditions. By doing so we require the customer to provide his/her private contact information (as an example his/her birthday, mum's middle name, exe...), at the time the request for the modification of the agreement is applied, which have to match with those the customer had previously given. At the same time we request a specific approval by the customer before any change can be applied.

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?

N/A

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.

#### 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?

Phonetime, Inc.

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).

Service is offered to residential and business Customers of the Company to provide direct dialed calls originating and terminating partially or wholly within the State of Illinois, using the Company's network configuration. The Company provides switched long distance network services for voice grade and low speed dial up data transmission 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?  YES  NO

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

VERIFICATION

This application shall be verified under oath.

OATH

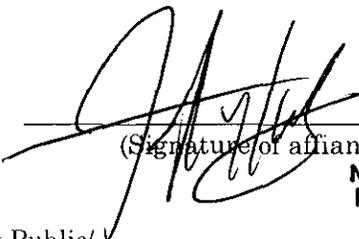
State of Maryland

County of Montgomery

JOE KATZ makes oath and says that he is CORPORATE SECRETARY  
(Insert here the name of affiant) (Insert the official title of the affiant)

of CALL SELECT USA, LLC  
(Insert here the exact legal title or name of the Applicant)

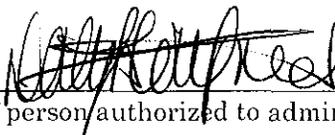
that he has examined the foregoing application and that to the best of his knowledge, information, and belief, all statements of fact contained in the said application are true, and the said application is a correct statement of the business and affairs of the above-named applicant in respect to each and every matter set forth therein.



(Signature of affiant) DOROTHY L. GOTTFRIED  
NOTARY PUBLIC STATE OF MARYLAND  
My Commission Expires March 13, 2013

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

in the State and County above named, this 27<sup>th</sup> day of January, 2010.

  
(Signature of person authorized to administer oath)