

BullsEye Telecom, Inc.
Application for a Certificate of
Wireless Authority to Operate as a Reseller
of Telecommunications Services
throughout the State of Illinois

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Docket No.

10-0701

ICC Office Use Only

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

I. GENERAL (To be completed by All Applicants)

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

BullsEye Telecom, Inc.
25925 Telegraph Road, Suite 210
Southfield, MI 48033
Phone: 248-784-2500
Fax: 248-784-2501
Toll-Free: 877-819-3025
FEIN # 20-1469986

Note: Assumed business names must be provided if and only if registered with the Illinois Secretary of State's Office.

2. Authority Requested: (Mark all that apply)

Interexchange Service (*Authorities: See Sections 13-401, 13-403 and 13-404 of the IPUA*)

- _____ Facilities Based Prepaid Interexchange Service
- _____ Facilities Based Non-Prepaid Interexchange Service
- _____ Resold Prepaid Interexchange Service
- _____ Resold Non-Prepaid Interexchange Service
- _____ Interexchange Public Pay Telephone Service

Local Exchange Service (*Authorities: See Sections 13-401, 13-404, and 13-405 of the IPUA*)

- _____ Facilities Based Prepaid Local Exchange Service
- _____ Facilities Based Non-Prepaid Local Exchange Service
- _____ Resold Prepaid Local Exchange Service
- _____ Resold Non-Prepaid Local Exchange Service
- _____ Local Exchange Public Pay Telephone Service

CHIEF CLERK'S OFFICE
2010 DEC -6 A 10:47
ILLINOIS
COMMERCE COMMISSION

Cellular Radio/Wireless Telephone Service (*Authorities: See Section 13-401 of the IPUA*)

- _____ FCC Permitted or Licensed Prepaid Cellular Radio/Wireless Telephone Service
- _____ FCC Permitted or Licensed Non-Prepaid Cellular Radio/Wireless Telephone Svc.
- _____ Resold Prepaid Cellular Radio/Wireless Telephone Service
- _____ Resold Non-Prepaid Cellular Radio/Wireless Telephone Service

_____ Other Telecommunications Services (Specify) (*Authorities: See Section 13-401 of the IPUA*)

3. For each service that the Applicant is requesting authority to provide, please specify the area or areas of the State for which the applicant is seeking authority to provide such service and the services (as designed in question 2 above) that will be provided in each area.

The Applicant plans to offer its wireless service statewide.

4. Contact Information - Please provide contact information, including name(s), address(es), telephone number(s), and e-mail address(es), for personnel or entities responsible for the areas below:

- a) Issues related to processing this application;

Robin Norton, Consultant to BullsEye Telecom, Inc.
2600 Maitland Center Parkway Suite 300
Maitland FL 32751
Phone: 407-740-3004
Fax: 407-740-0613
Email: Rnorton@tminc.com

- b) Designated agent (*Note: Applicants must have an Illinois In-State Designated Agent listed. An additional Out-of-State Designate Agent is permitted, but not required.*)

Corporation Service Company
2730 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
Phone: 800-927-9800
Fax: 217-492-2727

c) Business Operations (*Note: The contact numbers reported in this questionnaire are intended to be used by the ICC Staff to contact the Applicant as issues arise. They are not intended to be contact numbers used by customers or the general public. If separate contacts apply for different issue areas, please report the separate numbers by issue below.*)

i) Consumer issues;

LaToya Simpson – Customer Service
25925 Telegraph Road, Suite 210
Southfield, MI 48033
Phone: 248-784-2500
Fax: 248-784-2501
Email: customerservice@bullseyetelecom.com

ii) Customer complaint resolution;

LaToya Simpson – Customer Service
25925 Telegraph Road, Suite 210
Southfield, MI 48033
Phone: 248-784-2500
Fax: 248-784-2501
Email: customerservice@bullseyetelecom.com

iii) Technical and service quality issues;

Mr. Bill Edwards, VP Customer Operations
25925 Telegraph Road, Suite 210
Southfield, MI 48033
Phone: 248-784-2587
Fax: 248-784-2501
Email: bedwards@bullseyetelecom.com

iv) “Tariff” and pricing issues;

Mr. David Bailey, VP Business Development
25925 Telegraph Road, Suite 210
Southfield, MI 48033
Phone: 248-784-2544
Fax: 248-784-2501
Email: dbailey@bullseyetelecom.com

v) 9-1-1 issues;

Mr. Bill Edwards, VP Customer Operations
25925 Telegraph Road, Suite 210
Southfield, MI 48033
Phone: 248-784-2587
Fax: 248-784-2501
Email: bedwards@bullseyetelecom.com

vi) Security/law enforcement issues;

Mr. Bill Edwards, VP Customer Operations
25925 Telegraph Road, Suite 210
Southfield, MI 48033
Phone: 248-784-2587
Fax: 248-784-2501
Email: bedwards@bullseyetelecom.com

vii) Regulatory issues.

Mr. David Bailey, VP Business Development
25925 Telegraph Road, Suite 210
Southfield, MI 48033
Phone: 248-784-2544
Fax: 248-784-2501
Email: dbailey@bullseyetelecom.com

Note: To avoid possible revocation of service authority, the name and contact information above must be kept current. Changes in the applicants Designated Agent(s) should be directed to the Chief Clerk's Office of the ICC at 217-782-7434. All other changes should be directed to the Telecommunications Division of the ICC at 217-524-5073.

5. How is the Applicant organized?

Individual

Partnership

Corporation:

Date Corporation was formed: April 3, 2000
State of incorporation: Michigan

Other (Specify) _____

6. Please attach a copy of articles of incorporation. Applicants that are not Illinois corporations should also submit a copy of its Certificate of Authority to Transact Business in Illinois as issued by the Secretary of State.

Please see Exhibit A.

7. Has the Applicant been issued by the Federal Communications Commission a construction permit or an operating license to construct or operate a cellular radio system in the areas, or a portion of the area, for which the Applicant seeks a Certificate of Service Authority?

YES NO

If YES, please provide all relevant license or permit numbers:

MANAGERIAL (To be completed by All Applicants except Wireless Applicants)
NOT APPLICABLE

1. Please attach evidence of the applicant's managerial and technical resources and ability to provide service. This may be in narrative form, in the form of resumes of key personnel, or a combination of these forms.
2. Please attach a current organization chart.
3. List officers of Applicant.
4. Does the Applicant currently, or has it in the past, held a certificate from the Illinois Commerce Commission?

_____ YES _____ NO

5. Does the Applicant currently, or has it in the past, provided service under any other name in Illinois?

_____ YES _____ NO

If YES, please provide all other names under which service is being or has been provided.

6. Is any affiliate of the Applicant providing, or has any affiliate provided, service in Illinois?

_____ YES _____ NO

If YES, please provide the names of all affiliates under which service is being or has been provided in Illinois.

7. Has the Applicant, or any principal in Applicant, been denied a Certificate of Service or had its certification revoked or suspended in Illinois under this or another name?

_____ YES _____ NO

If YES, describe fully.

8. Have there been any complaints or judgments levied against the Applicant in Illinois in this or another name?

_____ YES _____ NO

If YES, describe fully.

9. List jurisdictions other than Illinois in which the Applicant is offering service(s).

10. Has the Applicant, or any principal of the Applicant, been denied a Certificate of Service or had its certification revoked in any jurisdiction other than Illinois under this or another name?

_____ YES _____ NO

If YES, describe fully.

11. Have there been any complaints or judgments levied against the Applicant in any jurisdiction other than Illinois in this or another name?

_____ YES _____ NO

If YES, describe fully.

12. 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, please list, by officer, each entity in which the officer has an ownership or other interest.

13. 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.)

14. 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, and the timeframe and process by which the customer is notified by Applicant that they may seek assistance from the Commission.)

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

16. What telephone number(s) would a customer use to contact the Applicant?

17. If granted authority to operate as provider of anything other than a Pay Telephone service, will the applicant file tariffs prior to providing service in Illinois and within 2 years of Application approval?
_____ YES _____ NO

18. How many employees does the Applicant employ? _____

19. Has the Applicant reviewed all ICC rules applicable to the services it seeks to provide?

_____ YES _____ NO

Note: See <http://www.ilga.gov/commission/jcar/admincode/083/083parts.html> for the ICC's Title 83: Public Utility Rules.

20. Will the Applicant abide by all ICC rules applicable to the services it seeks to provide?

_____ YES _____ NO

21. If granted the authority to operate as a telecommunications provider, will the Applicant comply with all the applicable filing requirements listed in Appendix A?

_____ YES _____ NO

22. If granted the authority to operate as a telecommunications provider, will the applicant remit all applicable taxes, contributions, or other assessments specified in Appendix A?

_____ YES _____ NO

**III. FINANCIAL (To be completed by All Applicants except Wireless Applicants)
NOT APPLICABLE**

1. Please attach evidence of Applicant's financial fitness through the submission of its most current income statement, balance sheet, chart of accounts and any other appropriate documentation of applicant's financial resources and ability to provide service.

2. Does the Applicant have a financial relationship with any other companies?

_____ YES _____ NO

If YES, please provide the names of all companies with which the Applicant has a financial relationship and a brief explanation of the relationship.

3. Will the Applicant keep its books and records in Illinois? _____ YES _____ NO

Note: If the Applicant will not keep its books and records in Illinois, then the Applicant must request a waiver of Code Part 250.

4. Has the applicant or any other company with which the Applicant has a financial arrangement filed for bankruptcy within the last 7 years?

_____ YES _____ NO

If YES, please explain:

**IV. TECHNICAL (to be completed by All Applicants except Wireless Applicants)
NOT APPLICABLE**

1. 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).

2. Does Applicant utilize its own equipment and/or facilities? _____ YES _____ NO

If YES, please provide a brief description of the facilities Applicant owns and intends to utilize.

If YES, please explain what services will be offered with these facilities and where the Applicant will utilize its own facilities.

If YES, please include evidence that Applicant possesses the necessary technical resources to deploy and maintain the said facilities.

If YES, and if the Applicant is a switch based provider, please provide an attachment that includes the following information regarding each switch: (i) switch type, (ii) address, (iii) CLLI code, (iv) location of remotes or POIs, and (v) any tandems to which the switch is homed.

3. Does Applicant lease equipment and/or facilities? _____ YES _____ NO

If YES, please provide a brief description of the facilities the Applicant leases and the entity or entities from which such equipment or facilities are leased.

If YES, please explain what services will be provided with these facilities and where the Applicant will utilize these leased facilities.

If YES, please include evidence that Applicant possesses the necessary technical resources to maintain and operate said facilities.

4. Does Applicant resell services? _____ YES _____ NO

If YES, please provide a brief description of the entity or entities from which wholesale service is purchased.

If YES, please explain what services will be provided through resale and where the Applicant will provide resold services.

5. Does the Applicant provide its own repair service?

_____ YES _____ NO

If NO, please provide the name of the entity or entities providing repair service for the Applicant.

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

_____ YES _____ NO

If NO, please provide the hours of assistance.

7. If Applicant intends to provide Public Pay Telephone 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

8. If Applicant intends to provide Public Pay Telephone service, please explain the method the Applicant will used to comply with Section 771.330 of the ICC's rules.

Note: See <http://www.ilga.gov/commission/jcar/admincode/083/08300771sections.html> for the ICC's Pay Telephone Service Provider rules.

V. WAIVERS (To be completed by All Applicants except Wireless Applicants)
NOT APPLICABLE

Note: If Applicant is seeking any waivers or variances of Commission rules and regulations in this proceeding, then, other than when explained below, please attach an explanation of why the Applicant is seeking any waiver or variance.

Local Exchange Service authority applicants under Sections 13-401, 13-404 and/or 13-405 generally seek waivers of Part 710, Section 735.180 of Part 735 and Part 250. Additionally, a waiver from Parts 730.115 and 732.60 may be requested for those applicants that will only be providing data services.

Interexchange Service authority applicants under Sections 13-401, 13-403 and 13-404 generally request waivers of Parts 710, 735 and 250 of Title 83 of the Illinois Administrative Code

Public Pay Telephone Service authority applicants under Sections 13-401, 13-403, 13-404, and/or 13-405 generally request waivers of Parts 710, 735 and 250 of Title 83 of the Illinois Administrative Code

Local Exchange Service Please indicate which waivers Applicant is requesting.

_____ Part 710 Uniform System of Accounts for Telecommunications Carriers

_____ Part 735.180 Directories (within 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)

_____ Part 730.115 and 732.60 Service Quality and Customer Credit Quarterly Reporting – Waiver is available for carriers providing Data Services only. (ref. 13-517c)

_____ Part 250 Public Utility Books and Accounts (maintaining books and records out of state)

_____ Others (Please indicate which additional waivers Applicant is requesting and explain why Applicant is requesting each waiver/variance)

Interexchange Service Please indicate which waivers Applicant is requesting.

_____ 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

_____ Part 250 Public Utility Books and Accounts (maintaining books and records out of state)

_____ Others (Please indicate which additional waivers Applicant is requesting and explain why Applicant is requesting each waiver/variance)

Local and Interexchange Public Pay Telephone Service Please indicate which waivers Applicant is requesting.

_____ 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

_____ Part 250 Public Utility Books and Accounts (maintaining books and records out of state)

____ Others (Please indicate which additional waivers Applicant is requesting and explain why Applicant is requesting each waiver/variance)

1. If the Applicant is requesting a waiver of Part 710, what circumstances warrant a departure from the prescribed Uniform System of Accounts (“USOA”)?

2. If the Applicant is requesting a waiver of Part 710, then will records be maintained in accordance with Generally Accepted Accounting Principles (“GAAP”)?

____ YES ____ NO

3. If the Applicant is requesting a waiver of Part 710, then will applicants accounting system provide an equivalent portrayal of operating results and financial condition as the USOA?

____ YES ____ NO

4. If the Applicant is requesting a waiver of Part 710, then will applicant maintain its records in sufficient detail to facilitate the calculation of all applicable taxes and surcharges?

____ YES ____ NO

5. If the Applicant is requesting a waiver of Part 710, then does the accounting system currently in use by Applicant provide sufficiently detailed data for the preparation of Illinois Gross Receipts Tax returns?

____ YES ____ NO

If YES, What specific accounts or sub-accounts provide this data?

6. If the Applicant is requesting a waiver of Part 710, then will the Applicant provide annual audited statements when required or requested subsequent to granting of the waiver?

YES NO

Note: See <http://www.icc.illinois.gov/forms/results.aspx?st=3&t=2> for Annual Reports instructions for detail.

7. If the Applicant is requesting a waiver of Part 710, does the Applicant understand that the requested waiver of Part 710 will not excuse it from compliance with future Commission rules or amendments to Part 710 otherwise applicable to the Company?

YES NO

VI. TELEPHONE ASSISTANCE PROGRAMS (To be completed by Local Exchange Service Applicants)

NOT APPLICABLE

1. Has the Applicant signed and returned the ITAC Membership Application and Agreement to Commission Staff?

YES NO

Note: See <http://www.icc.illinois.gov/telecommunications/Certification.aspx> for application forms.

2. Will the Applicant's billing system be able to distinguish between resale and facilities based service for the collection of the ITAC line charge?

YES NO

3. Has the Applicant signed and returned the Universal Telephone Access Corporation (UTAC) - Membership Application to Commission Staff?

YES NO

Note: See <http://www.icc.illinois.gov/telecommunications/Certification.aspx> for application forms.

4. Will the Applicant solicit, collect, and remit the voluntary contributions from its telephone subscribers to support the Telephone Assistance Programs?

YES NO

5. Does the Applicant realize that it will not be able to receive any of the federal reimbursements for the Lifeline and Link-Up Programs if it is not an eligible carrier?

_____ YES _____ NO

6. Does the Applicant plan on filing to become an Eligible Telecommunications Carrier?

_____ YES _____ NO

VII. 911 SERVICE (To be completed by Local Exchange Service Applicants)

NOT APPLICABLE

1. Will the Applicant ensure that 911 traffic is handled in accordance with the 83 Illinois Administrative Code Part 725 and the Emergency Telephone System Act?

_____ YES _____ NO

Note: See <http://www.icc.illinois.gov/911/> for links to the Emergency Telephone System Act and other 911 related rules and regulations.

2. Who will be responsible for building and maintaining the 911 database for your local exchange customers?
3. How often will the Applicant update the 911 database with customer information?
4. Please explain the procedures the Applicant will use to collect 911 surcharges and transmit them to the local 911 systems.

VIII. PREPAID SERVICE (To be completed by Local Exchange Service Applicants that Provide Prepaid Service)

NOT APPLICABLE

1. Will customers have the ability to sign up with any long distance company they choose?

_____ YES _____ NO

2. Will customers have the ability to use dial around long distance companies?

_____ YES _____ NO

3. Will customers have access to the Illinois Relay Service?

_____ YES _____ NO

4. Will customers be able to make 1-800 calls for free?

_____ YES _____ NO

5. Will the Applicant offer operator services?

_____ YES _____ NO

6. Please describe how applicant plans to collect the monthly fee to be paid in advance.

7. Will customers' monthly bills show a breakdown of services, features, surcharges, taxes, etc.?

_____ YES _____ NO

8. Will customers pay an installation fee?

_____ YES _____ NO

If YES, will payment arrangements be offered for the installation fee?

_____ YES _____ NO

9. Will telephone service be in the Applicant's name or the customer's name?

_____ YES _____ NO

If YES, please describe how information will appear in data bases, such as 9-1-1, directory assistance, etc.?

10. Will applicant offer prepaid service as a monthly service or as a usage service?

_____ Monthly _____ Usage

11. Will applicant provide a warning when the remaining value of service is about to cease?

_____ YES _____ NO

If YES, is the customer given more than one notice of the remaining value of service?

_____ YES _____ NO

If YES, how much advance notice is given to the customer of the remaining value of service?

12. If the customer is in the middle of a call will they be disconnected when the remaining value of service has expired?

_____ YES _____ NO

If YES, are customers made aware of potentially being disconnected during a call when the remaining value of service expires?

_____ YES _____ NO

13. When does the timing of a call start?

14. If the person called does not answer, is any time deducted from the customer's account?

_____ YES _____ NO

15. Will there be any other instances in which the Company would disconnect a customer, other than running out of prepaid time?

_____ YES _____ NO

If YES, please explain.

16. When a customer runs out of time is their phone immediately disconnected or on suspension?

_____ YES _____ NO

If YES, will they still be able to receive calls?

_____ YES _____ NO

17. Are the Applicant's services available to TTY callers?

_____ YES _____ NO

18. How will the Applicant handle a complaint from a customer who disputes the amount of time used or remaining?

19. The Public Utilities Act requires a local calling area that has no time or duration charges. How will the Applicant define each customer's untimed local calling area?

BullsEye Telecom, Inc.

By: 

David Bailey

VP Business Development

VERIFICATION

This application shall be verified under oath.

OATH

State of MICHIGAN)
) ss.
County of OAKLAND)

David Bailey makes oath and says that he is VP Business Development of BullsEye Telecom, Inc.

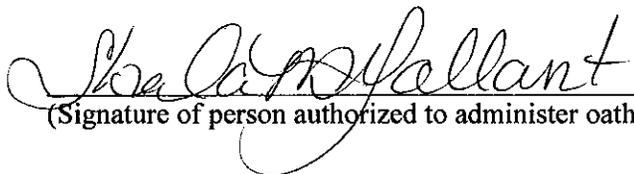
That he has examined the foregoing application and that to the best of his knowledge, information, and belief, all statements of fact contained in the said application are true, and the said application is a correct statement of the business and affairs of the above-named applicant in respect to each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


(Signature of affiant)

Subscribed and sworn to before me, a Notary Public/

Sheila M. Gallant
(Title of person authorized to administer oaths)

in the State and County above named, this 1st day of December, 2010


(Signature of person authorized to administer oath)

SHEILA M. GALLANT
NOTARY PUBLIC, STATE OF MI
COUNTY OF MACOMB
MY COMMISSION EXPIRES Oct 1, 2015
ACTING IN COUNTY OF Oakland