

01-0355

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. 01-0355
ICC Office Use Only

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

Reduced Rate Long Distance, LLC

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

ILLINOIS
COMMERCE COMMISSION
MAY 2 10 24 AM '01
CHIEF CLERK'S OFFICE

**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 # 59-3706061
Reduced Rate Long Distance, LLC

Address: Street 1025 Greenwood Blvd., Suite 300
City Lake Mary, Florida State/Zip 32746

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: **The Company is not requesting local exchange authority.**
- (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?

The Company will offer interexchange service on a statewide basis.

6. Please attach a sheet designating contact persons to work with Staff on the following:

Exhibit A

- 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

____ Other (Specify)

Corporation (Limited Liability Company)

Date corporation was formed March 2, 2001

In what state? Nevada

8. Submit a copy of articles of incorporation and a copy of certificate of authority to transact business in Illinois. **Exhibit B**

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 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 83 Ill. Adm Code Part 250 needs to be requested.

The Applicant hereby request permission pursuan to 83 Ill. Adm. Code Part 250 to maintain its books and records at its principal offices in Florida.

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. **Exhibit C**

15. List officers of Applicant.

David Butler, CEO

Beth Wieler, V.P. Operations

Greg Taylor, C.O.O.

Anna Machuca, Financial Controller

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.)

The Company will bill customers on a monthly basis through LEC billing.

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?)

The Applicant receives inquiries and complaints via its toll free Customer Service telephone number 1-800-597-0028. Customer Service representatives will try to resolve the inquiries immediately, however, if they are unable to do so, the customer is advised that an investigation will be made by the Company, and the customer will be informed of the outcome of the investigation. Should the customer be dissatisfied with the resolution, the customer is advised that assistance may be sought from the Illinois Commerce Commission.

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?

(407) 804-5206 or 1-800-597-0028 (Toll free)

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?

The Applicant will use independent third party verification prior to switching services.

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, 735, 755, 756, 757, 770, and 772?

YES NO (If no, please provide an explanation.)

Except to the extent any waivers are granted.

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. **Exhibit D**

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?

Qwest Communications Corp. and/or WorldCom

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).

Long distance service

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

_____ YES NO (Only during normal business hours)

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

The Company will not provide payphone service.



(Signature of Applicant)

VERIFICATION

This application shall be verified under oath.

OATH

State of FLORIDA)
County of SEMINOLE)ss

David Butler makes oath and says that he is CEO
(Insert here the name of affiant) (Insert the official title of the affiant)

of Reduced Rate Long Distance, 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]
(Signature of affiant)

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

in the State and County above named, this 24 day of April, 2001.

[Signature]
(Signature of person authorized to administer oath)

