



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*)

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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.

**Public pay telephone service primarily servicing the greater Chicago metro area, but request the certification to operate within the entire state in both metro and rural areas.**

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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;

**Andy Majernik**

**158 Brandon Drive – Unit 1A, Glendale Heights, IL 60139**

**bizonet@sbcglobal.net**

**630-924-0019 primary number      630-924-7543 fax**

- 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.*)

**Andy Majernik**

**158 Brandon Drive – Unit 1A, Glendale Heights, IL 60139**

**bizonet@sbcglobal.net**

**630-924-0019 primary number      630-924-7543 fax**

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;
- ii) Customer complaint resolution;
- iii) Technical and service quality issues;
- iv) "Tariff" and pricing issues;
- v) 9-1-1 issues;
- vi) Security/law enforcement issues;
- vii) Regulatory issues.

For all items i) thru vii) above:

**Andy Majernik**

**158 Brandon Drive – Unit 1A, Glendale Heights, IL 60139**

**bizonet@sbcglobal.net**

**630-924-0019 primary number**

**630-924-7543 fax**

*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: 7-19-2011

State of incorporation: Illinois

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.

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:

FORM **BCA 2.10**  
**ARTICLES OF INCORPORATION**  
 Business Corporation Act

Filing Fee: \$150  
 Franchise Tax: \$ 25  
**Total: \$175**

File #: **68036933**

Approved By: CLD

**FILED**  
**JUL 19 2011**  
**Jesse White**  
**Secretary of State**

1. Corporate Name: INFINITY BUSINESS SOLUTIONS, INC.

2. Initial Registered Agent: ANDREW MAJERNIK  
First Name Middle Initial Last Name

Initial Registered Office: 1N342 PLEASANT AVE  
Number Street Suite No.  
GLEN ELLYN IL 60137-3751 DU PAGE  
City ZIP Code County

3. Purposes for which the Corporation is Organized:  
 The transaction of any or all lawful businesses for which corporations may be incorporated under the Illinois Business Corporation Act.

4. Authorized Shares, Issued Shares and Consideration Received:

Class	Number of Shares Authorized	Number of Shares Proposed to be Issued	Consideration to be Received Therefor
COMMON	1000	500	\$ 500

**NAME & ADDRESS OF INCORPORATOR**

5. The undersigned incorporator hereby declares, under penalties of perjury, that the statements made in the foregoing Articles of Incorporation are true.

Dated JULY 19, 2011 158 BRANDON DRIVE  
Month & Day Year Street  
ANDREW MAJERNIK GLENDALE HEIGHTS IL 60139  
Name City/Town State ZIP Code



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).

**None at this time.**

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.)

**Commonly, public telephone service is offered without charge. In the event that an invoice is required for services rendered, billing would occur upon completion of work performed. It is anticipated that the invoice, at a minimum, will include service date(s), work or services performed, itemized charges, remittance address and phone number, and an invoice number and date**

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.)

**Applicant will be fully capable of assisting with service, billing, and/or repair. Initial complaints involve assessment of the problem(s) and an initial response with a proposed solution, including an expected completion date. Escalation only occurs in the event that a complaint issue was not corrected properly or within the estimated timeframe. Escalation would involve assignment of priority service, a more specific arrival/completion time, and a firm committed response. From prior experience, a complaint has never been required to be referred to the Commission. Applicant anticipates that the only time a referral to the Commission would be required, is in the event that there is a complete disagreement to the course of action to resolve a problem or a conflict that is specific to the jurisdiction of 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?

630-924-0019

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? Four

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 Permitted or Licensed Wireless Applicants)**

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.

**Applicant has access to \$10,000 in investment capital. Applicant is a newly formed Illinois Corporation. No financial statements are available. Applicant is awaiting certification prior to providing public telephone services.**

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.

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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 Permitted or Licensed Wireless**

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).

**Public pay telephone service as needed, where needed. Primary service offerings will include public telephone service that caters to multiple market segments including gas & convenience, municipal, regional airports, public pools, factories, non-profit organizations, and anywhere that there is the need for a payphone. All payphones will be able to place calls using coins, credit cards, and collect calling as well as free access to toll free numbers and access codes and 911. Calling destinations will include local, long distance, and international locale.**

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.

**Applicant will own and operate the actual payphone, operational software & hardware, and related enclosures and accessories. Applicant will use the local exchange carrier(s) (LEC) or competitive local exchange carrier(s) (CLEC) as well as long distance carriers to provide dialtone and carry the placed calls.**

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

**Central operations and management will be performed from our office address: 158 Brandon Drive - Unit 1A, Glendale Heights, IL 60139. All communications regarding billing and service will be performed from this address during normal business hours.**

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

**Applicant's President has years of experience from the public telecommunications industry. Applicant's place of business is equipped and fully capable to operate this type of business.**

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.

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

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

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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.

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

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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.

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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.

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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.

**Applicant agrees to comply with all rules outlined in Section 771.330 of the ICC's rules. This includes, but is not limited to, providing proper signage with dialing instructions, refund and repair information, free access to 911, incoming call blocking capability, provider name address and telephone number(s), OSP information, TTY instructions (where applicable), and with the required font size(s). Further, Applicant intends to utilize authorized industry vendors that offer products and services that comply with the requirements of the ICC.**

*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)**

*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)

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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)

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Local and Interexchange Public Pay Telephone Service Please indicate which waivers Applicant is requesting. **(NONE REQUESTED)**

\_\_\_\_ 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)

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

N/A

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

\_\_\_\_\_ 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? N/A

\_\_\_\_\_ 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? N/A

\_\_\_\_\_ 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? N/A

\_\_\_\_\_ YES \_\_\_\_\_ NO

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

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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? N/A

\_\_\_\_\_ 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? N/A

\_\_\_\_\_ YES \_\_\_\_\_ NO

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

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)**

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)**

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?

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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?
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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?

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ANDY MAJERNIK

[Name of Applicant]

By: PRESIDENT  
[Specify officer, agent, or attorney]

Name of Attorney  
Attorney's Firm or Company Name  
Address of Attorney  
Attorney's Telephone Number  
Attorney's Fax and E-mail (optional)

**(Intentionally blank)**

**VERIFICATION**

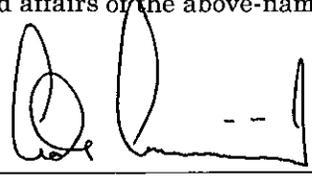
This application shall be verified under oath.

**OATH**

State of Illinois )  
County of Du Page ) ss

ANDY MAJERNIK makes oath and says that he is PRESIDENT + SECRETARY  
(Insert here the name of affiant) (Insert the official title of the affiant)  
of INFINITY BUSINESS SOLUTIONS, INC.  
(Insert here the exact legal title or name of the Applicant)

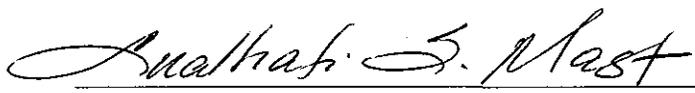
that he has examined the foregoing application and that to the best of his knowledge, information, and belief, all statements of fact contained in the said application are true, and the said application is a correct statement of the business and affairs of the above-named applicant in respect to each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



(Signature of affiant)

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

in the State and County above named, this 12<sup>th</sup> day of August 2011.



(Signature of person authorized to administer oath)

