

**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. \_\_\_\_\_  
ICC Office Use Only

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

VOX Group International, Inc. :  
: Application for a certificate of :  
: prepaid calling service provider authority :  
: throughout the State of Illinois. :

12-0337

ILLINOIS COMMERCE  
COMMISSION  
2012 MAY -9 1 A 9:46  
CHIEF CLERK'S OFFICE  
*John*

**APPLICATION TO OBTAIN A  
"CERTIFICATE OF PREPAID CALLING SERVICE PROVIDER AUTHORITY"**  
(Use additional sheets as necessary.)

**GENERAL**

1. Applicant's Name (including d/b/a, if any) FEIN # 45-1687685

VOX Group International, Inc.

Address: 421 7th Avenue, Suite 711  
New York, New York 10001

Please complete the following with respect to the Applicant and Underlying Carrier:

2. Please provide the Applicant's toll-free customer service number.

800-611-5007

3. In what area or areas of the state does the Applicant propose to provide service?

Statewide

4. Please attach a sheet designating contact persons to work with Illinois Commerce Commission Staff on the following:

- a) issues related to processing this application
- b) consumer issues
- c) customer service complaint resolution
- d) technical and service quality issues and compliance with service quality standards and remedies
- e) "tariff" and pricing issues
- f) 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.

See Exhibit 1.

5. Please check type of organization.

Individual

Corporation

Partnership

Date corporation was formed: April 14, 2011

In what state? New York

Other (Specify)

6. Submit a copy of articles of incorporation or other organization documents, a copy of any contract with any underlying carrier(s) and a copy of certificate of authority to transact business in Illinois.

See Exhibit 2.

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

Applicant is currently offering services in the states of \_\_\_\_\_ Applicant is in the process of filing applications for authority to provide service in the states of California and Texas.

8. 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

9. Have there been any complaints or judgments levied against the Applicant in any other jurisdiction?

YES  NO

If YES, describe fully. \_\_\_\_\_

10. Has Applicant provided service under any other name?

YES  NO

If YES, please list. \_\_\_\_\_

11. Is the Applicant seeking an expedited application pursuant to Section 13-404.1(b)?

YES  NO

If YES, please provide the name of the underlying carrier(s) and the docket number of the underlying carrier(s) certification proceeding. KDDI America, Inc. (01-0126), IDT America Corp. (02-0606), SBC Long Distance, LLC d/b/a AT&T Long Distance (04-0789), iBasis Retail, Inc. d/b/a iBasis (08-0254).

**MANAGERIAL**

12. Please attach evidence of the applicant's managerial and technical resources and ability to provide service. This may be in narrative form, resumes of key personnel, or a combination of these forms.

See Exhibit 3.

13. List officers or principals of Applicant.

Helene J. Kidary, CEO/President  
Gary G. Brandt, Chief Financial Officer

14. Does any officer or principals 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. \_\_\_\_\_

15. How does Applicant propose to handle service 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?)

Customer Care representative and 24-hour automated customer assistance allow customers to bring service, billing and repair questions or complaints to the Company's attention 24 hours a day, 7 days a week, facilitating the quick and efficient resolution of customer concerns. Customers may access Customer Care toll-free at (800) 611-5007 to initiate service complaints or credit requests or to receive updates on reported problems or pending credit requests. Inquiries regarding service or billing may also be made in writing. Customers may thereafter utilize the Company's automated update system or transfer to a Company representative for additional information or assistance. The Company's tariff advises customers that they have the right to contact the Illinois Commerce Commission for resolution of customer service and billing issues and provides the address and toll-free number of the Commission.

16. Does Applicant currently maintain service quality standards?

YES  NO

If YES, please attach what those standards are, any credits that may be issued for failures and how customers are notified. Please see Exhibit 5.

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

18. What telephone number(s) would a customer use to contact your company (other than the toll-free customer service number provided in response to question 1)?

646-476-4200

19. Is Applicant aware that it must file tariffs prior to providing service in Illinois?

YES  NO

**FINANCIAL**

20. 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.

See Exhibit 4.

**TECHNICAL**

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

If YES, please list the equipment and / or facilities Applicant intends to utilize. Also include evidence that Applicant possesses the necessary technical resources to deploy and maintain said facilities:

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If NO, which underlying carrier's facilities does the Applicant intend to use?

Telecom Italia, Millinium Group, Sprint, BeIagacom

22. Please describe the nature of prepaid service to be provided (e.g., general service, location specific service, discounted rates for specific countries, etc.).

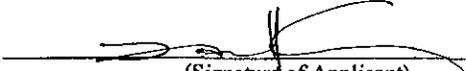
Applicant will provide discounted rates for specific countries.

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

YES  NO

24. Please attach a copy of the front and back of any prepaid calling cards Applicant currently sells.

See Exhibit 6.

  
(Signature of Applicant)

**VERIFICATION**

This application shall be verified under oath.

**OATH**

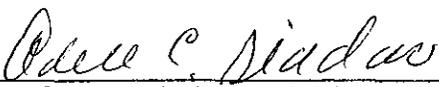
State of New York )  
 )ss  
County of New York )

Helene J. Kidary makes oath and says that she is CEO and President of VOX Group International, Inc.; that she has examined the foregoing application and that to the best of 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.

  
\_\_\_\_\_  
Helene J. Kidary

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

in the State and County above named, this 7 day of March, 2012.

  
\_\_\_\_\_  
(Signature of person authorized to administer oath)

**ADELE C. GIORDANO**  
**NOTARY PUBLIC STATE OF NEW YORK**  
**QUALIFIED IN NASSAU COUNTY**  
**No. 01GI-4623812**  
**COMMISSION EXPIRES** 12/31/14