

**Lance J.M. Steinhart, P.C.**

Attorneys At Law  
1725 Windward Concourse  
Suite 150  
Alpharetta, Georgia 30005

Also Admitted in New York  
Email: lsteinhart@telecomcounsel.com

Telephone: (770) 232-9200  
Facsimile: (770) 232-9208

June 4, 2014

**VIA OVERNIGHT DELIVERY**

Chief Clerk  
Illinois Commerce Commission  
527 East Capitol Avenue  
Springfield, IL 62701-1827  
(217) 782-7434

Re: Application to obtain a Certificate of Prepaid Calling Service Provider Authority  
Within the State of Illinois for 1 800 Collect, Inc. d/b/a Simple Billing Solutions

Dear Sir/Madam:

Enclosed please find the original, public copy, and one proprietary copy of the Application to obtain a Certificate of Prepaid Calling Service Provider Authority Within the State of Illinois for 1 800 Collect, Inc. d/b/a Simple Billing Solutions.

I have also enclosed an extra copy of this letter to be date stamped and returned to me in the enclosed, self-addressed, postage prepaid envelope.

If you have any questions or if I may provide you with additional information, please contact me at the above address or telephone number. Thank you for your attention to this matter.

Respectfully submitted,



Lance J.M. Steinhart  
Lance J.M. Steinhart, P.C.  
Attorneys for 1 800 Collect, Inc.

Enclosures

cc: Maritza Morales

(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.

1 800 Collect, Inc. d/b/a Simple Billing Solutions :  
: Application for a certificate of :  
prepaid calling service provider authority :  
throughout the State of Illinois. :

**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 # 52-1873855

1 800 Collect, Inc. d/b/a Simple Billing Solutions

Address:

Street: 1658 Gailes Boulevard, Suite B  
City: San Diego  
State/Zip: California, 92154

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

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

(800) 284-2913

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

Statewide



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.

AT&T Corp. Docket No. 08-0544

### 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 Attachment C.**

13. List officers or principals of Applicant.

Gregorio Galicot	President
Rafael Galicot	Vice President/Secretary
Brian Rhys	Treasurer

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. BBG Communications, Inc.

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?)

**Service, billing and repair complaints can be reached through a toll-free number. If the customer is not satisfied with the complaint resolution, customer will be advised it can contact the Illinois Commerce Commission for resolution.**

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.

**See Attachment D.**

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)?

(619) 710-1650

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 Attachment E.

**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:

\_\_\_\_\_  
\_\_\_\_\_

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

AT&T Corp.

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 intends to sell prepaid calling cards to customers throughout the State of Illinois.

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 Attachment F.

1 800 Collect, Inc.

\_\_\_\_\_  
By: Gregorio Galicot  
President

Lance J.M. Steinhart  
Lance J.M. Steinhart P.C.  
1725 Windward Concourse, Ste 150  
Alpharetta, GA 30005  
(770) 232-9200 (Phone)  
(770) 232-9208 (Fax)

VERIFICATION

This application shall be verified under oath.

OATH

State of California )
County of San Diego )ss
)

Gregorio Galicot makes oath and says that he/she is President
(Insert here the name of affiant) (Insert the official title of the affiant)

of 1 800 Collect, Inc. d/b/a Simple Billing Solutions
(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.

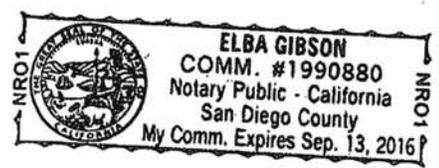
[Handwritten signature of Gregorio Galicot]
Gregorio Galicot
President

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

in the State and County above named, this 16 day of April, 2014.

[Handwritten signature of Elba Gibson]
(Signature of person authorized to administer oath)

State of California, County of San Diego
Subscribed and sworn to (or affirmed) before me
on this 16 day of April, 2014,
by Gregorio Galicot,
proved to me on the basis of satisfactory evidence
to be the person who appeared before me.
Signature: [Handwritten signature]



## List of Attachments

- A Designated Contact Persons
- B Articles of Incorporation and Certificate of Authority
- C Management & Technical Information
- D Quality Standards
- E Financial Information
- F Prepaid Calling Card
- G Kansas Order Denying Application For Certificate