

VHT Technologies, Inc. :
 :
 Application for a certificate of service :
 (local Authority to operate as a (reseller : Docket # _____
 and/or facilities based carrier) of :
 telecommunications services :
 throughout the State of Illinois. :

**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) FEIN # _____

VHT Technologies, Inc. _____

Address: Street 1106 13th Street, P. O. Box 309 _____

City Viola _____ State/Zip IL 61486 _____

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

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

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

VOIP _____

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.

Applicant seeks statewide authority to provide facilities based and resold local exchange and interexchange services.

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;
- 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.*)
- 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;

i) - vi): Jay Barton, 1106 13th Street, P.O. Box 309, Viola, IL 61486
jaybarton81@vhtmail.net

- vii) Regulatory issues.

vii): Gary L. Smith, Loewenstein, Hagen & Smith, P.C., 1204 South Fourth Street, Springfield, IL 62703

Note: 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: June 26, 2014

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:

8. Does applicant represent that it will comply with all current and future applicable Illinois and Federal laws, rules, and regulations?

YES NO

II. **MANAGERIAL (To be completed by All Applicants except Cellular Radio/Wireless Applicants)**

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. **SEE ATTACHED**

2. Please attach a current organization chart.

3. List officers of Applicant.

Robert Millikan, President _____

Jeffrey Crummy, Secretary _____

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.

Viola Home Telephone Company; 1/3 Tri-Rural Independent Operations, LLC

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

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 ___ X 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 ___ X 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? ___ X YES _____ NO

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

The officers and manager of VHT Technologies, Inc., have an indirect interest in Viola

Home Telephone Company through stock ownership of Viola Holding Company. Robert

Millikan, Jeffrey Crummy, and Carol Peterson are minority shareholders of Viola Holding

Company.

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.)

Applicant will bill monthly and provide all billing details required by law.

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 handle service, billing and repair complaints with the same management and personnel and technicians as presently provide those services for Viola Home Telephone Company. As a local exchange carrier, Viola Home Telephone Company is required by Part 730, 732 and 735.

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?

309-596-2222

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? None at the present time

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 Cellular Radio/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.

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.

Applicant is a subsidiary of Viola Holding Company, Inc., and Applicant has the ability to borrow and repay its parent corporation.

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 Cellular Radio/Wireless Applicants)

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).

Applicant will provide local and interexchange voice services that will connect to the public switch network.

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 presently leases facilities and will arrange to lease additional capacity to provide
the proposed services.

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

Applicant will offer both internet and voice services.

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

Applicant will lease employees and personnel from Viola Home Telephone Company who do
possess experience in providing voice and access to the internet services.

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.

Applicant will lease switching services and fiber loops from Viola Home Telephone Company.

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

Applicant will provide broadband and voice services to customers throughout the state.

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

Applicant will lease services from Viola Home Telephone Company and its personnel presently
maintain and operate the 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.

Applicant will resell services for local and interexchange providers.

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

Applicant will provide local and interexchange voice services in Western Illinois initially.

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 N/A

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. *N/A*

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 Cellular Radio/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)
call boxes; 725.525

Interexchange Service Please indicate which waivers Applicant is requesting. N/A

- 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")?

Part 710 would be unduly burdensome and expensive to applicant in a competitive environment when competitors do not have to comply with this rule.

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?

5200.50

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 Applicant is not required to have audited accounts and this will not have that information but applicant will provide its financial information upon request.

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)

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 Applicant is not an ETC.

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? Viola Home Telephone Company personnel.
3. How often will the Applicant update the 911 database with customer information? At least 1 time per week.
4. Please explain the procedures the Applicant will use to collect 911 surcharges and transmit them to the local 911 systems. Viola Communications, Inc., will collect and submit the surcharges in conjunction with Viola Home Telephone Company.

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

- N/A
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?

[Name of Applicant]

By: *[Signature]*
[Specify officer, agent, or attorney]

Name of Attorney: Gary L. Smith

Attorney's Firm or Company Name: Loewenstein, Hagen & Smith, P.C.

Address of Attorney: 1204 South Fourth Street, Springfield, IL 62703

Attorney's Telephone Number: 217-525-1199

Attorney's Fax and E-mail (optional): 217-522-6047; lexsmith@lhoslaw.com

VERIFICATION

This application shall be verified under oath.

OATH

State of Illinois)
County of MERCER) ss
)

ROBERT MILLIKAW makes oath and says that he is the PRESIDENT of VHT Technologies, 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.

Robert Millikaw
(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 11th day of July, 2014.



Carol A. Peterson
(Signature of person authorized to administer oath)

Appendix A

Local Exchange Telecommunication Carriers
Required Reporting

The following is a list of various reporting requirements. This list provides frequently applicable reporting requirements. It is not intended to be an exhaustive list of all reporting requirements that telecommunications providers might be subject to under Illinois rules, regulations, Orders of the Commission, etc.

Report	Timeframe	Statute
UTSAP (Universal Telephone Service Assistance Program)	Quarterly	Code Part 757.245
Lifeline/Link-Up	Quarterly	Code Part 757.120
Lifeline/Link-Up	Annually by August 1st	Code Part 757.430
Designated Agent	Annually by January 31st or 15 days after any change to the DA	Code Part 215.50
Annual Report (AR-13)	Annually by March 31 st	Code Part 210.30
Telecommunication Access for Persons with Disabilities (ITAC)	Monthly	Code Part 755.505
Public Utilities Fund Tax (PUF Tax) (Annual Gross Revenue Tax Return)	Annually by March 31 st	PUA Section 5-109
Answer Time Exception Reports	Monthly (15 days after the end of the month)	Code Part 730.510.b.2
Annual Answer Time Reports	Annually on or before March 1 st	Code Part 730.510.b
Service Quality and Customer Credit Quarterly Reporting	Quarterly (no later than 30 days after the end of the quarter) reported online	Code Part 730.115 & Code Part 732.60
IUSF (Illinois Universal Service Fund) (ISCECA)	Respond to Two Staff Annual Data Requests: Initial (June) and True-Up (November)	PUA Section 13.301.d
Competition Data Request	Annually	PUA Section 13-407 – Implemented Through Annual Commission Orders
Accident Reporting	Occurrence Based Reporting	Code Part 220.10 (ILECs only)
Outage Reporting	Occurrence Based Reporting	Code Part 730.550 Code Part 785.40

**Local Exchange Telecommunication Carriers
Required Taxes and Fees**

The following is a list of commonly applicable telecommunications taxes and fees. This list provides frequently applicable requirements. It is not intended to be an exhaustive list of all such requirements that telecommunications providers might be subject to under Illinois rules, regulations, Orders of the Commission, etc.

Report	Agency	Contact
<u>Illinois Excise Tax</u>	Illinois Department of Revenue	IDOR 1-800-732-8866 1-217-783-3336 (TDD: 1-800-544-5304)
<u>State Infrastructure Maintenance Fee</u>	Illinois Department of Revenue	IDOR 1-800-732-8866 1-217-783-3336 (TDD: 1-800-544-5304)
<u>Public Utility Fund</u>	Illinois Commerce Commission	ICC (Bureau of Planning and Operations) 217-524-7726
<u>Simplified Municipal Telecommunications Tax</u>	Illinois Department of Revenue	IDOR 1-800-732-8866 1-217-783-3336 (TDD: 1-800-544-5304)
<u>State Universal Service Fund</u>	Illinois Small Company Exchange Carrier Association (ISCECA)	ISCECA 1-217-698-2700
<u>Universal Telephone Service Assistance Program (UTSAP)</u>	Illinois Commerce Commission	Universal Telephone Assistance Corporation/ UTSAP Administrator Post Office Box 1176 Springfield, IL 62705 ICC (Consumer Services Division) 217-782-2024
<u>Illinois Telephone Assistance Corporation</u>	Illinois Commerce Commission	Illinois Telecommunications Access Corporation 3001 Montvale Dr., Suite D Springfield, IL 62704 217-698-4170 (V/TTY) 800-841-6167 (V/TTY) 217-698-0942 (Fax) ICC (Consumer Services Division) 217-782-2024
<u>Municipal 911</u>	Municipalities	Administered by Individual Municipalities

**Wireless Telecommunication Carriers
Required Taxes and Fees**

The following is a list of commonly applicable telecommunications taxes and fees. This list provides frequently applicable requirements. It is not intended to be an exhaustive list of all such requirements that telecommunications providers might be subject to under Illinois rules, regulations, Orders of the Commission, etc.

Report	Agency	Contact
<u>Illinois Excise Tax</u>	Illinois Department of Revenue	IDOR 1-800-732-8866 1-217-783-3336 (TDD: 1-800-544-5304)
<u>State Infrastructure Maintenance Fee</u>	Illinois Department of Revenue	IDOR 1-800-732-8866 1-217-783-3336 (TDD: 1-800-544-5304)
<u>Simplified Municipal Telecommunications Tax</u>	Illinois Department of Revenue	IDOR 1-800-732-8866 1-217-783-3336 (TDD: 1-800-544-5304)
<u>Wireless Emergency Telephone Safety Act</u>	Illinois Commerce Commission	ICC (Bureau of Planning and Operations) 217-524-7726

Wireless ETC Carriers Required Reporting

The following is a list of commonly applicable wireless ETC carrier reporting requirements. This list provides frequently applicable requirements. It is not intended to be an exhaustive list of all such requirements that telecommunications providers might be subject to under Illinois rules, regulations, Orders of the Commission, etc.

Report	Timeframe	Statute
Operator Answer Time	Annually on July 1st	Code Part 736.505(a)
Business and Repair Answer Time	Annually on July 1st	Code Part 736.505(b)
Dropped Calls and Signal Strength	Annually on July 1st	Code Part 736.515
Service Outages	Annually on July 1st	Code Part 736.520
Installation Requests – Failure to Provide Service	Annually July on 1st	Code Part 736.525
Trouble Reports	Annually on July 1st	Code Part 736.530
Lifeline/Link-Up	Quarterly	Code Part 757.120
Lifeline/Link-Up	Annually by August 1st	Code Part 757.430

II. MANAGERIAL (To be completed by All Applicants except Cellular Radio/Wireless Applicants)

1. The Viola Home Telephone Company has been operating for over 100 years and its present employees and staff will be utilized as the support personnel for the applicant. Carol Peterson has been the General Manager of Viola Home Telephone Company for _____ years and attached hereto is a copy of her Resume.

Outside plant personnel have worked for the company and complied with Illinois Commerce Commission rules and regulations pertaining to and incumbent local exchange carrier. Those same skills and duties will be adhered to for the applicant.

SHAREHOLDERS



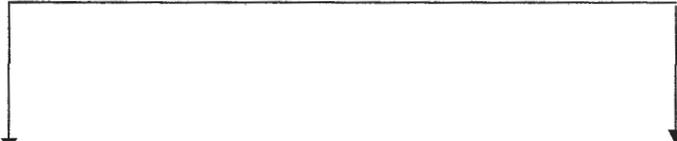
**VIOLA HOLDING COMPANY
(VHC)**



**Viola Home Telephone Company
(VHTC)**

Viola Communications, Inc.

VHT Technologies, Inc.



1/8 WIV

1/8 WINS



1/3 TRIO

VHT Technologies, Inc.
VIOLA, ILLINOIS

Projected BALANCE SHEET
July 31, 2014

	<u>July 31, 2014</u>
<u>ASSETS</u>	
CURRENT ASSETS	
Cash and cash equivalents	\$ 1,000
Prepayments	-
	<u>1,000</u>
TOTAL ASSETS	<u>1,000</u>
STOCKHOLDERS' EQUITY	
Common stock, \$1 par value, 10,000 shares authorized 1,000 shares issued and outstanding	1,000
Retained earnings	-
	<u>1,000</u>
TOTAL LIABILITIES AND STOCKHOLDERS' EQUITY	<u>\$ 1,000</u>

VHT Technologies, Inc.
VIOLA, ILLINOIS

Projected INCOME STATEMENTS
3 Years Ended 2017

	December 31, 2015	December 31, 2016	December 31, 2017
<u>PROJECTED:</u>			
Revenues:			
VOIP, phone, data, and wireless revenue	34,500	71,500	155,000
Expenses:			
Payroll, labor, wages and benefits	11,400	28,000	60,000
Insurance expenses	5,000	6,500	8,000
Regulatory, legal, and accounting	2,500	4,500	6,500
General and administrative	2,400	4,200	6,800
Miscellaneous	1,000	2,000	4,000
Total Projected Expenses	<u>22,300</u>	<u>45,200</u>	<u>85,300</u>
PROJECTED NET INCOME	<u>\$ 12,200</u>	<u>\$ 26,300</u>	<u>\$ 69,700</u>