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January 15, 2015

VIA E-DOCKET

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

Re: Application for a Certificate to Become a Telecommunications Carrier Within the State of Illinois for SelecTel, Inc. d/b/a SelecTel Wireless

Dear Ms. Rolando:

Enclosed please find the Application for a Certificate to Become a Telecommunications Carrier Within the State of Illinois for SelecTel, Inc. d/b/a SelecTel Wireless.

Please acknowledge receipt via return e-mail.

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,

/s/ Lance J.M. Steinhart

Lance J.M. Steinhart
Lance J.M. Steinhart, P.C.
Attorneys for SelecTel, Inc. d/b/a SelecTel Wireless

SelecTel, Inc. d/b/a SelecTel Wireless :
:
Application for a certificate of :
Wireless Authority to operate as a :
reseller 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 # 26-4043451

SelecTel, Inc. d/b/a SelecTel Wireless

Address: Street 1825 N. Bell Street

City Freemont State/Zip Nebraska, 68025

Note: Assumed business names must be provided if and only if registered with the Illinois Secretary of State's Office.

1. 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
- Facilities Based Non-Prepaid Interexchange Service
- Resold Prepaid Interexchange Service
- 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
- Facilities Based Non-Prepaid Local Exchange Service
- Resold Prepaid Local Exchange Service
- 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.

X 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*)

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.

In areas covered by Sprint, Verizon and AT&T.

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;
 - vii) Regulatory issues.

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.

See Attachment A

5. How is the Applicant organized?

Individual

Partnership

Corporation:

Date Corporation was formed: December 18, 2008

State of incorporation: Nevada

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. **See Attachment B**

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)

WIRELESS ONLY, NOT APPLICABLE

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.

2. Please attach a current organization chart.

3. List officers of Applicant.

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.

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).

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.)

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.)

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?

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? _____

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)

WIRELESS ONLY, NOT APPLICABLE

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.

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)

WIRELESS ONLY, NOT APPLICABLE

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).

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.

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

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

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.

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

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

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

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

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.

Note: See <http://www.ilga.gov/commission/icar/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)

WIRELESS ONLY, NOT APPLICABLE

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)
-
-

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)

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")?

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?

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

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)

WIRELESS ONLY, NOT APPLICABLE

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)

WIRELESS ONLY, NOT APPLICABLE

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)

WIRELESS ONLY, NOT APPLICABLE

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?

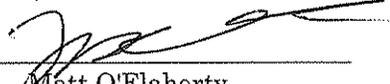
_____ YES _____ NO

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?

SelecTel, Inc. d/b/a SelecTel Wireless

By: _____


Matt O'Flaherty
President

Lance J.M. Steinhart
Lance J.M. Steinhart, P.C.
1725 Windward Concourse, Suite 150
Alpharetta, Georgia 30005
(770) 232-9200/Phone
(770) 232-9208/Fax
info@telecomcounsel.com/eE-Mail

VERIFICATION

This application shall be verified under oath.

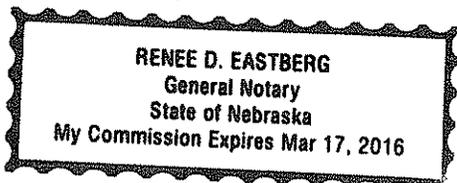
OATH

State of Nebraska)
)ss
County of Dodge)

Matt O'Flaherty makes oath and says that he/she is President
(Insert here the name of affiant) (Insert the official title of the affiant)

of SelecTel, Inc. d/b/a SelecTel Wireless
(Insert here the exact legal title or name of the Applicant)

that he/she has examined the foregoing application and that to the best of his/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.



Handwritten signature of Matt O'Flaherty
Matt O'Flaherty
President

Subscribed and sworn to before me, a Notary Public/ Renee D Eastberg
(Title of person authorized to administer oaths)

in the State and County above named, this 5 day of May 2014.

Handwritten signature of Renee D Eastberg
(Signature of person authorized to administer oath)

Appendix A

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

List of Attachments

- A Designated Contact Persons
- B Articles of Incorporation and Certificate of Authority
- C Biographical Information
- D Pre-filed Testimony

Attachment A
Designated Contact Persons

SelecTel, Inc. d/b/a SelecTel Wireless

Designated contact persons for:

- a. issues related to processing this application:
 - name: Lance J.M. Steinhart
 - title: Regulatory Counsel
 - mailing address: 1725 Windward Concourse, Suite 150
Alpharetta, Georgia 30005
 - telephone number: 770-232-9200
 - facsimile number: 770-232-9208
 - e-mail address: lsteinhart@telecomcounsel.com

- b. consumer issues
 - name: Matt O'Flaherty
 - title: President
 - mailing address: 1825 N. Bell Street
Freemont, Nebraska 68025
 - telephone number: (386) 492-7927
 - facsimile number: (386) 492-7928
 - e-mail address: oflaherty.matt@gmail.com

- c. customer complaint resolution
 - name: Matt O'Flaherty
 - title: President
 - mailing address: 1825 N. Bell Street
Freemont, Nebraska 68025
 - telephone number: (386) 492-7927
 - facsimile number: (386) 492-7928
 - e-mail address: oflaherty.matt@gmail.com

- d. technical and service quality issues
 - name: Matt O'Flaherty
 - title: President
 - mailing address: 1825 N. Bell Street
Freemont, Nebraska 68025
 - telephone number: (386) 492-7927
 - facsimile number: (386) 492-7928
 - e-mail address: oflaherty.matt@gmail.com

- e. "tariff" and pricing issues
 - name: Matt O'Flaherty
 - title: President
 - mailing address: 1825 N. Bell Street
Freemont, Nebraska 68025
 - telephone number: (386) 492-7927
 - facsimile number: (386) 492-7928
 - e-mail address: oflaherty.matt@gmail.com

f. 9-1-1 issues

name: Matt O'Flaherty
title: President
mailing address: 1825 N. Bell Street
Freemont, Nebraska 68025
telephone number: (386) 492-7927
facsimile number: (386) 492-7928
e-mail address: oflaherty.matt@gmail.com

g. Security/law enforcement

name: Matt O'Flaherty
title: President
mailing address: 1825 N. Bell Street
Freemont, Nebraska 68025
telephone number: (386) 492-7927
facsimile number: (386) 492-7928
e-mail address: oflaherty.matt@gmail.com

Attachment B - Articles of Incorporation and Certificate of Authority

See Attached



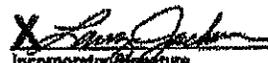
ROSS MILLER
 Secretary of State
 206 North Carson Street
 Carson City, Nevada 89701-4288
 (775) 684 5708
 Website: www.nvssos.gov

Filed in the office of Ross Miller Secretary of State State of Nevada	Document Number 20080819692-95
	Filing Date and Time 12/18/2008 10:15 AM
	Entity Number E0766592008-6

Articles of Incorporation
 (PURSUANT TO NRS CHAPTER 78)

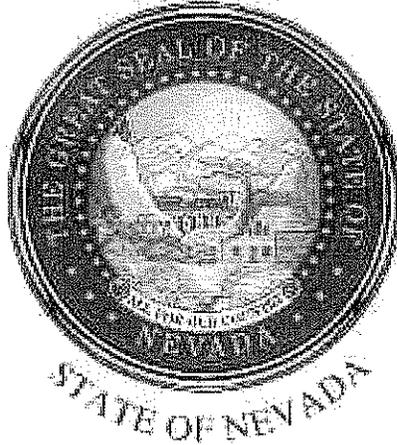
USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

1. Name of Corporation:	SelecTel, Inc.		
2. Registered Agent for Service of Process: (check only one box)	<input checked="" type="checkbox"/> Commercial Registered Agent: Incorp Services, Inc. Name <input type="checkbox"/> Noncommercial Registered Agent (name and address below) OR <input type="checkbox"/> Office or Position with Entity (name and address below) Name of Noncommercial Registered Agent OR Name of Title of Office or Other Position with Entity Street Address City Nevada Zip Code Mailing Address (if different from street address) City Nevada Zip Code		
3. Authorized Stock: (number of shares corporation is authorized to issue)	Number of shares with par value: 10,000	Par value per share: \$.01	Number of shares without par value:
4. Names and Addresses of the Board of Directors/Trustees: (each Director/Trustee must be a natural person at least 18 years of age; attach additional page if more than two directors/trustees)	1) Lanz Jackson, President & Secretary Name 2515 S. Atlantic Avenue, Unit 210 Daytona Beach Shores FL 32118 Street Address City State Zip Code 2) Name Street Address City State Zip Code		
5. Purpose: (optional; see instructions)	The purpose of the corporation shall be: Provide Telecommunication Services		
6. Name, Address and Signature of Incorporator: (attach additional page if more than one incorporator)	Lanz Jackson Name  Incorporator Signature 2515 S. Atlantic Avenue, Unit 210 Daytona Beach Shores FL 32118 Address City State Zip Code		
7. Certificate of Acceptance of Appointment of Registered Agent:	I hereby accept appointment as Registered Agent for the above named Entity.  Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity Date 12/18/2008		

This form must be accompanied by appropriate fees.

SECRETARY OF STATE



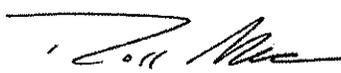
CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **SELECTEL, INC.**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since December 18, 2008, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on September 25, 2014.

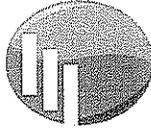



ROSS MILLER
Secretary of State

Electronic Certificate
Certificate Number: C20140925-0872
You may verify this electronic certificate
online at <http://www.nvsos.gov/>

Attachment C - Biographical Information

See Attached



SELECTEL INC

SelecTel, Inc., founded in 2009, offers competitive landline phone service to businesses and residential customers in New York, Pennsylvania, Oregon and Washington utilizing the Verizon and Qwest networks. SelecTel, Inc. also offers nationwide wireless service as an authorized dealer of Page Plus. SelecTel also has a marketing agreement with Verde Energy to acquire new customers.

Our mission at SelecTel, Inc is to provide the highest quality and most up to date telecom products at a competitive prices. We strive to obtain new customers with the highest level of integrity and to provide the most personalized and responsive customer service in the industry.

Prior to founding SelecTel, the co-owners of SelecTel Inc. founded Midwest Marketing Inc. in 1997 and NorthStar Telecom in 2003. Midwest Marketing Group, Inc. and NorthStar Telecom were purchased by Cordia Communications in 2007. Mr. and Mrs. O'Flaherty and Ms. Hergenrader have over 50 years of combined experience owning and managing the daily operations of telephone companies and call centers together as a team. .

Matthew S O'Flaherty, president of SelecTel, ensures that the products and services offered by SelecTel are the best in the industry. Mr. O'Flaherty oversees the marketing and IT departments as well as the regulatory filings. Mr. O'Flaherty performed similar duties and responsibilities at NorthStar Telecom and Midwest Marketing Group, Inc.

Previous Employment History:

Cordia Communications, October 2007-May 2010, National Sales Marketing Executive

NorthStar Telecom, May 2003-October 2007, Co-owner/Manager-Sales, IT, Regulatory

Midwest Marketing Group, Inc., July 1997-October 2007, Co-owner/Manager

Furst Group, 1993-July 1997, Sales Manager

Stacy L Hergenrader, secretary of SelecTel, Inc. manages the customer service, order provisioning and collections departments. Ms. Hergenrader also manages a wireless retail store located in Florida. Ms. Hergenrader performed similar duties and responsibilities at NorthStar Telecom and Midwest Marketing Group, Inc.

Previous Employment History:

NorthStar Telecom, May 2003-October 2007, Co-owner/Manager-Customer Service/
Provisioning

Midwest Marketing Group, Inc., July 1997-October 2007, Co-owner/Manager

Furst Group, 1994-July 1997, Sales

Teri L O'Flaherty, treasurer of SelecTel, Inc. manages the business finances, accounts receivable/payable and payroll. Ms. O'Flaherty oversees the operation of the wireless product and manages retail stores located in Nebraska. Ms. O'Flaherty performed similar duties and responsibilities at NorthStar Telecom and Midwest Marketing Group, Inc.

Previous Employment History:

Cordia Communications, October 2007-May 2010, Office Manager

NorthStar Telecom, May 2003-October 2007, Co-owner/Manager-Finances/Office/Accts
receivable/payable

Midwest Marketing Group, Inc. July 1997-October 2007, Co-owner/Manager

Furst Group, 1994-July 1997, Sales Manager

Attachment D – Pre-filed Testimony

See Attached

SelecTel, Inc. d/b/a SelecTel Wireless Ex. _____

STATE OF ILLINOIS
ILLINOIS COMMERCE COMMISSION

SelecTel, Inc. d/b/a SelecTel Wireless :
: Application for a certificate of :
Wireless Authority to operate as a : Docket No. _____
reseller of telecommunications services :
throughout the :
State of Illinois. :

PREFILED DIRECT TESTIMONY
OF
MATT O'FLAHERTY

1. Q. Please state your name and business address.
A. Matt O'Flaherty, 1825 N. Bell Street, Fremont, Nebraska 68025.
2. Q. What is your position with Applicant?
A. I am the President of SelecTel, Inc. d/b/a SelecTel Wireless ("Selectel").
3. Q. Please describe your management experience.
A. My management experience, as well as the other key members of SelecTel's management team is set forth on **Attachment C** to our application.
4. Q. What is the purpose of your testimony?
A. The purpose of my testimony is to describe SelecTel's business and to demonstrate SelecTel's ability to provide high quality, competitively priced, wireless telecommunications services, and to describe how the company will provide its services to customers within the State of Illinois.

5. Q. Please describe SelecTel's business.
- A. SelecTel is a wireless provider requesting authority to provide wireless services from points of origin within the State of Illinois to points of destination within the State of Illinois.
6. Q. In what state is SelecTel organized?
- A. Nevada. A copy of SelecTel's Articles of Incorporation is provided in **Attachment B** to our application.
7. Q. Is SelecTel certified to do business in Illinois?
- A. Yes. A copy of SelecTel's qualification documents from the Secretary of state is provided in **Attachment B** to our application.
8. Q. Who are the officers of SelecTel?
- A. The current officers of SelecTel are as follows:
Matt O'Flaherty, President; Teri O'Flaherty, Treasurer; Stacy Hergenrader, Secretary.
9. Q. Describe SelecTel's management team.
- A. SelecTel's management team is described on **Attachment C** to our application. As shown, our management team has many years' experience in the telecommunications industry.
10. Q. In your opinion, does SelecTel have the financial and managerial resources necessary to provide wireless services in the State of Illinois?
- A. Yes. In my opinion, SelecTel has the necessary financial and managerial resources to provide the proposed wireless services in the State of Illinois.
11. Q. Does SelecTel intend to file a tariff in Illinois?
- A. No. The company is requesting authority to provide resold wireless service, a tariff is not required.

12. Q. How would you describe the configuration of SelecTel's system and equipment?
- A. SelecTel will be a pure switchless reseller utilizing the equipment of and the service provided by facilities based carriers.
13. Q. When dialing out on a phone serviced by SelecTel, what number(s) does the end user dial in order to access SelecTel?
- A. The end user will dial the area code and number of the called party.
14. Q. How is the end user billed?
- A. End users will not receive bills for services. All services will be provided on a prepaid basis.
15. Q. In your opinion, does SelecTel have the technical ability and resources necessary to provide the proposed telecommunications services to customers in the State of Illinois?
- A. Yes. In my opinion, SelecTel has the necessary technical ability and resources to provide wireless service to customers within the State of Illinois.
17. Q. Are you familiar with the term slamming, and if so, what will your company do to prevent slamming?
- A. Yes, I am familiar with the term and the meaning of slamming. Since we will be providing prepaid wireless services, slamming issues should not apply. The company will clearly disclose all charges for service, and only bill such charges, in order to prevent any cramming complaints.
18. Q. Are there any pending complaints against SelecTel in any states where it is providing telecommunications services?
- A. No.

19. Q. Is the company currently authorized to provide service in any other states?
- A. Yes, the company is currently authorized to provide local and long distance service in Massachusetts, Minnesota, New Jersey, Oregon, Pennsylvania, and Washington. The company is authorized to provide wireless service in 15 states. No such applications have been denied.
20. Q. Please describe what services you intend to provide in the State of Illinois?
- A. We intend to provide wireless services, including local and long distance calling, and features, such as Caller ID & Call Waiting.
21. Q. Will SelecTel have any employees located in Illinois?
- A. No.
22. Q. Does the company wish to keep its books and records at its principal place of business in Nebraska?
- A. Yes.
23. Q. Does this conclude your testimony?
- A. Yes.

State of Nebraska)
)ss
County of Dodge)

AFFIDAVIT

I, Matt O'Flaherty, first being duly sworn upon oath depose and say that I am the President of SelecTel, Inc. d/b/a SelecTel Wireless, the Applicant, and that I have read the above and foregoing pre-filed testimony by me subscribed and know the contents thereof, which testimony was filed in support of SelecTel, Inc. d/b/a SelecTel Wireless's Application for a Certificate to Become a Wireless Reseller within the State of Illinois; that said contents are true in substance and in fact, except as to matters stated upon information and belief, and as to those, I believe the same to be true.

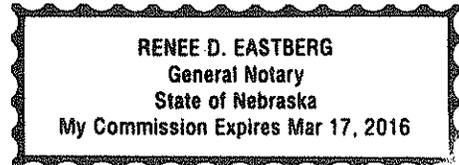


Matt O'Flaherty
President

Sworn to and subscribed before me
this 5th day of May, 2014.



Notary Public



My Commission Expires:

3-17-2016