

**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.)

16-0345

Docket No. \_\_\_\_\_  
ICC Office Use Only

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

CereTel Incorporated :  
: Application for a certificate of :  
prepaid calling service provider authority :  
in all of 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 # 47-3361511  
CereTel Incorporated

Address: Street 185 Admiral Cochran Dr Suite 115

City Annapolis State/Zip MD, 21401

**RECEIVED**  
JUN 06 2016

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

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

**ILLINOIS COMMERCE COMMISSION  
CHIEF CLERK'S OFFICE**

(800) 259-8748

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

ALL

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

See Attachment 1

5. Please check type of organization.

Individual  
 Partnership

Corporation  
Date corporation was formed 03/10/2015  
In what state? Delaware

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.

*Articles of Incorporation and Certificate of Authority found in Attachment 2. Contracts subject to confidentiality.*

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

All states  
\_\_\_\_\_  
\_\_\_\_\_

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. Applicant has no additional DBAs but does provide service under a variety of trademarked brands.

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. \_\_\_\_\_  
\_\_\_\_\_

### **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 3*

13. List officers or principals of Applicant.

Thomas Lynch

Marc Krens

Luis Mata

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

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?)

Customers contact the customer complaint department by calling the complaint line. If the customer complaint department is unable to help with connectivity, technical assistance is brought in. There is not currently a designated time or method by which the customer is told to seek assistance from 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.

*See Attachment 4*

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)?

(206) 926-8392

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 5*

**TECHNICAL**

21. Does Applicant utilize its own equipment and/or facilities? \_\_\_\_\_ YES  X  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?

Applicant intends to partner with numerous underlying carriers. Applicant will utilize a softswitch.

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

General services

\_\_\_\_\_

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

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

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

Applicant has numerous prepaid calling cards. Attachment 6 contains three samples. Additional samples can be provided upon request.



(Signature of Applicant)

VERIFICATION

This application shall be verified under oath.

OATH

State of MARYLAND )  
 ) ss  
County of ANNE ARUNDEL )

Marc Krens makes oath and says that he is Chief Financial Officer

(Insert here the name of affiant)

(Insert the official title of the affiant)

of CereTel Incorporated  
(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]  
(Signature of affiant)

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

in the State and County above named, this 26 day of MAY, 2016.

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

