

OFFICIAL FILE

ORIGINAL

ILLINOIS COMMERCE COMMISSION

(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.

(Applicant's Name) : PersonalOffice, Inc.

Application for a certificate of (local or interexchange) authority to operate as a (reseller or facilities based carrier) of telecommunications services in (list specific area) in the State of Illinois.

02-0566

SEP 3 12 39 PM '02  
ILLINOIS COMMERCE COMMISSION  
CHIEF CLERK'S OFFICE

APPLICATION FOR CERTIFICATE TO BECOME A TELECOMMUNICATIONS CARRIER  
(Use additional sheets as necessary.)

GENERAL

1. Applicant's Name(including d/b/a, if any) FEIN # 36-4218654  
PersonalOffice, Inc.

Address: Street 925 Milwaukee Ave

City Wheeling State/Zip IL, 60090

- 2. Authority Requested: (Mark all that apply) [x] 13-403 Facilities Based Interexchange [x] 13-404 Resale of Local and/or Interexchange [x] 13-405 Facilities Based Local

3. Request for waivers/variances: In applications for local exchange service authority under Sections 13-404 or 13-405, waivers of Part 710 and of Section 735.180 of Part 735 are generally requested. In applications for interexchange service authority under Sections 13-403 and 13-404, waivers of Part 710 and Part 735 are generally requested. Please indicate which waivers Applicant is requesting and explain why Applicant is requesting each waiver/variance.

\_\_\_\_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



11. Have there been any complaints or judgements levied against the Applicant in any other jurisdiction?

YES  NO

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

12. Has Applicant provided service under any other name?

YES  NO

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

13. Will the Applicant keep its books and records in Illinois?  YES  NO  
If NO, permission pursuant to 83 Ill. Adm Code Part 250 needs to be requested.

**MANAGERIAL**

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

15. List officers of Applicant.

Nelson Lopez \_\_\_\_\_

16. 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, list entity. \_\_\_\_\_

17. 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.)

Service will be billed on a monthly basis and a detail of usage with  
\_\_\_\_\_ be provided to the customer  
\_\_\_\_\_

18. 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, the timeframe and process by which the customer is notified by Applicant that they may seek assistance from the Commission?)

Our Procedure is that when a complaint comes in the customer is forwarded to a Customer Service Representative. If the situation can't be resolved the call is then forwarded to the head of the customer service deptment. If the situation still requires resolution by upper management then the call is forwarded to the owner/ President. If still unresloved, customer is given contact Information for The Illinois Commerce Commision.

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

20. What telephone number(s) would a customer use to contact your company?

The main customer service number - 877-753-8500

21. Will Applicant abide by all Federal and State slamming and cramming laws pursuant to Section 13-902 of the Public Utilities Act and Section 258 of the 1996 Telecommunications Act?

YES  NO

22. Please describe applicant's procedures to prevent slamming and cramming of customers?

23. If granted authority to operate as a local exchange carrier, will the applicant abide by the following 83 Illinois Administrative Code Parts: 705, 710, 720, 725, 730, 732, 735, 755, 756, 757, 770, and 772?

YES  NO (If no, please provide an explanation.)

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

YES  NO

#### **FINANCIAL**

25. 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.

#### **TECHNICAL**

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

If YES, please list the 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 facility provider(s)'s services does the Applicant intend to use?

Ameritech

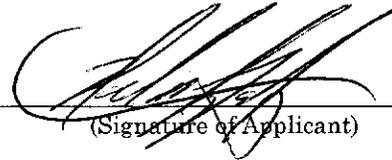
27. Please describe the nature of service to be provided (e.g., operator services, internet, debit cards, long distance service, data services, local service, prepaid local service).

Local Service ,Prepaid local service

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

  x   YES        NO

29. If Applicant intends to provide payphone 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?       x       YES        NO

  
\_\_\_\_\_  
(Signature of Applicant)

VERIFICATION

This application shall be verified under oath.

OATH

State of Illinois )  
County of Lake )ss

Nelson Lopez makes oath and says that he is President  
(Insert here the name of affiant) (Insert the official title of the affiant)  
of PersonalOffice, Inc.  
(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.

[Signature]  
(Signature of affiant)

Subscribed and sworn to before me, a Notary Public/ Laura M. Arcucci  
(Title of person authorized to administer oaths)

in the State and County above named, this 23 day of August, 2002

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

