

OFFICIAL FILE
ILLINOIS COMMERCE COMMISSION

ORIGINAL
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(File this application via e-docket, or if unable to do so, file one original verified application with the Chief Clerk.)

2007 OCT -3 A 11: 14

Docket No. _____

CHIEF CLERK'S OFFICE

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

(Applicant's Name) Choice Telco :
:
Application for a certificate of :
(interexchange) authority :
to operate as a (reseller :
carrier) of telecommunications :
services in (list specific area) in the :
State of Illinois. Statewide :

02-0659

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 # 06-1615366
Choice Telco L.L.C.

Address: Street Bushnell On The Park 100 Wells St.
City Hartford State/Zip CT 06103

2. Authority Requested: (Mark all that apply) 13-403 Facilities Based Interexchange
X 13-404 Resale of Interexchange
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.

X 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

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.

We are requesting a Waiver to keep the books in Illinois since our Company
is located and operates primarily in Connecticut.
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. see attached

15. List officers of Applicant.

Geoffrey Rowntree _____

R. Bartley Halloran _____

Joseph Sauer III _____

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. CT. Payphone - Joe Sauer

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.)

Issue bills monthly to its customers and provide details in compliance with applicable federal and state requests.

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?)

Complaints will be directed to the customer care department and the customer will receive an acknowledgement (if not resolution) within a 12 hour time frame. Acknowledgement of the call will be within an hour with the 12 hour time frame for research & solving of the problem. Customer will be notified by the phone number that they leave.

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?

866-249-7400 (toll free)

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?

X YES _____ NO

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

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?

N/A YES _____ NO (If no, please provide an explanation.)

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

X 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.
see attached

TECHNICAL

26. Does Applicant utilize its own equipment and/or facilities? _____ YES X 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:

If NO, which facility provider(s)'s services does the Applicant intend to use?

Global Crossings _____ Sprint _____

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).

long distance service

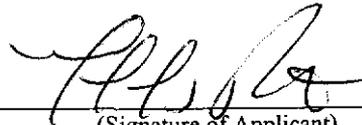
28. Will technical personnel be available at all times to assist customers with service problems?

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

N/A

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)

