

**Application for a certificate of local authority
To operate as a facilities-based carrier of
Telecommunications services in the State
Of Illinois**

ILLINOIS
COMMERCE COMMISSION

2002 OCT -9 P 3:40

Docket No. _____

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**APPLICATION FOR CERTIFICATE TO BECOME A
TELECOMMUNICATIONS CARRIER**

02-0667

GENERAL

1. Applicant's Name(including d/b/a, if any)

**Applicant: Camarato Distributing, Inc.
900 Camarato Drive
Herrin, IL 62948**

F.E.I.N. 37-1148006

**Illinois Chartered Corporation File Number 5326-715-7
Incorporated November 16, 1983
(Certificate of Good Standing Attached hereto).**

Assumed business name and registered service mark: New-Phon

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

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

Section 735.180 Directories

_____ Other

4. For all applicants requesting local exchange authority under Section 13-404 or Section 13-405, please complete the following:
- (a) the Standard Questions for Applicants Seeking Local Exchange Service Authority found in Appendix A of this document; **Appended hereto.**
 - (b) the 9-1-1 Questions for Applicants Seeking Local Exchange Service Authority found in Appendix B of this document; **Appended hereto.**
 - (c) the Financial Questions for Applicants Seeking Local Exchange Service Authority found in Appendix C of this document; **Appended heret**
 - (d) if applicable, the Prepaid Service Questions for Applicants Seeking Local Exchange Service Authority found in Appendix D of this document. **Appended hereto.**

5. In what area of the state does the Applicant propose to provide service?

Applicant seeks authority to provide facilities-based local exchange service throughout the State of Illinois.

6. Please attach a sheet designating contact persons to work with Staff on the following:

- a) issues related to processing this application
- b) consumer issues
- c) customer complaint resolution
- d) technical and service quality issues
- e) "tariff" and pricing issues
- f) 9-1-1 issues
- g) security/law enforcement

Please identify each contact person's (i) name, (ii) title, (iii) mailing address, (iv) telephone number, (v) facsimile number, and (vi) e-mail address.

Please see Attachment A, appended hereto. Contact Names

7. Please check type of organization?

- Individual
- Partnership
- Other (Specify)

Corporation
 Date corporation was formed **November 16, 1983**
 In what state? **Illinois**

8. Submit a copy of articles of incorporation and a copy of certificate of authority to transact business in Illinois.

Please see Attachment B, appended hereto: Articles of Incorporation
Please see Attachment C, appended hereto: Certificate of Good Standing

9. List jurisdictions in which Applicant is offering service(s).

Illinois, Indiana, Wisconsin, Missouri, Kansas and Nevada

10. 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

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. **New-Phon** _____

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.

Please see Attachment D , appended hereto: Managerial and Technical Resources

15. List officers of Applicant.

Keith Camarato, President

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. **Applicant, Camarato Distributing, Inc. is currently providing service as a reseller in Illinois, Indiana, Wisconsin and Missouri and is certified to do so in Kansas and Nevada. Applicant does not have any ownership or interest in any other 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.)

Applicant's local exchange services will be provided initially on a prepaid basis. However, at a later date, Applicant may provide local exchange services on a non-prepaid basis. The billing statement for non-prepaid service will include all recurring charges and applicable toll charges Telecommunications taxes, surcharges and fees will be disclosed as separate line items. Applicant's name, address and toll-free customer service number will appear on the bill. Applicant's billing, suspension and disconnection policies for the provision of such local exchange service will comply with Part 735 of the Illinois Administrative Code.

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?)

Applicant will resolve promptly all service, billing and repair complaints from customers. Customers with complaints or billing inquires may contact Applicant's customer service center toll-free at 1-877-639-7466 or customers may write to applicant at Camarato Distributing, Inc., 900 Camarato Drive, Herrin, IL 62948. Applicant commits to resolving all customer disputes and outages in a reasonable, timely manner and to comply with the rules set forth in 83 Illinois Administrative Code § 735.190 for addressing customer complaints.

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?

Toll-free 1-877-639-7466

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?

To ensure that its customers have affirmatively selected the Company or any additional services, Applicant will not switch a new customer's long distance carrier or provide additional telecommunications until it has received a "Letter of Authorization" from the new customer in accordance with Section 13-902 of the Illinois Public Utilities Act and Section 64.1100 of Rules of the Federal Communications Commission, 47 C.F.R. § 64.1100.

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?

X unless specifically waived 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.

Please see Attachment E, appended hereto.

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:

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

Unbundled Network Elements to include: unbundled loops, unbundled local switching and ports with shared transport.

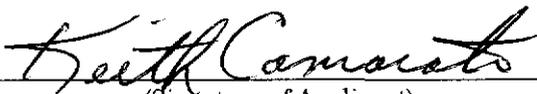
27. Please describe the nature of service to be provided (e.g., operator services, internet, debit cards, long distance service, data services, local service, prepaid local service).

Prepaid Local Service.

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

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? **Applicant will not provide payphone service.**



(Signature of Applicant)

VERIFICATION

OATH

State of Illinois)
)ss
County of Williamson)

KEITH CAMARATO makes oath and says that he is PRESIDENT
of CAMARATO DISTRIBUTING, 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.

Keith Camarato
(Signature of affiant)

Subscribed and sworn to before me, a Notary Public/ Merry Jo Arvai

in the State and County above named, this 1st day of October, 2002

Merry Jo Arvai
(Signature of person authorized to administer oath)

