



ING-7-09-01

Judith A. Riley, J.D.

5909 Northwest Expressway, Suite 101  
Oklahoma City, OK 73132

January 28, 2009

**Via UPS Overnight**

Idaho Public Utilities Commission  
Telecommunications Division  
472 W. Washington  
Boise, ID 83720-0074  
(208) 334-0300

RECEIVED  
JAN 29 AM 9:41  
IDAHO PUBLIC UTILITIES COMMISSION

Re: Application of iNetworks Group, Inc. for a Certificate of Authority

Dear Sir/Madam:

Enclosed please find in triplicate the Application of iNetworks Group, Inc. for a Certificate of Authority. It is my understanding that this process will take about ninety (90) days. Should you have any questions or need additional information, please feel free to call me at (405) 755-8177 ext 27. Thank you in advance for your attention to this filing.

Please acknowledge this filing by file-stamping the enclosed duplicate letter of transmittal and returning in the self-addressed and stamped envelope provided.

Sincerely,

A handwritten signature in cursive script that reads "Sally Cole".

Sally Cole, Regulatory Agent

/sc

Enclosures

BEFORE THE IDAHO PUBLIC UTILITIES COMMISSION

In the Matter of the Application of )  
iNetworks Group, Inc. for a Certificate )  
of Public Convenience and Necessity to )  
Provide Resold Basic Local Exchange )  
And Resold Interexchange Telecommunications )  
Services throughout the State of Idaho. )

Docket No.: \_\_\_\_\_

*INS-7-09-01*

RECEIVED  
2009 JAN 29 AM 9:41  
IDAHO PUBLIC  
UTILITIES COMMISSION

**APPLICATION FOR CERTIFICATION**

**iNetworks Group, Inc.** (hereinafter "Applicant"), by the undersigned and pursuant to *Idaho Code* of the Public Utilities Commission ("Commission"), hereby petitions the Commission for the issuance of a Certificate of Public Convenience and Necessity to provide Resold Local Exchange and Resold Interexchange Telecommunications Services throughout the State of Idaho. In support of this Application, the Applicant provides the following information:

**I. Form of Business**

This Applicant is a foreign for-profit corporation incorporated in the State of Illinois on January 16, 2002. A copy of the Applicant's Articles of Incorporation is attached hereto as **EXHIBIT A**. Applicant has obtained permission to do business in the State of Idaho as evidenced by **EXHIBIT B**, which is a copy of the Certificate of Authority issued by the Idaho Secretary of State.

Applicant maintains a principal business address at:

125 S. Wacker Drive, Suite 2510  
Chicago, IL 60606  
Telephone: (312) 212-0822  
Facsimile: (312) 212-9201  
Toll Free: (866) 363-6387  
Email: [info@inetworksgroup.com](mailto:info@inetworksgroup.com)

The Applicant shareholders and officers are listed below. The Officers are located at the above principal address.

<u>Names/Address</u>	<u>Shares Owned</u>	<u>% of Shares Issued</u>	<u>%/Voting Control</u>
David J. Smat, President/Treasurer	1000	80%	80%
Raymond Cowley, Senior Vice Pres., and Secretary	250	20%	20%

The Applicant CT Corporation Systems, located at 1111 West Jefferson, Suite 530, Boise, ID 83702 as its Registered Agent in the State of Idaho.

The Applicant has no affiliates, subsidiaries or a parent company.

## **II. Statement of Proposed Services:**

iNetworks Group Inc. is a reseller of telecommunications services with no pre-paid service offerings. The Applicant provides resold local exchange, interexchange, dedicated point-to-point private line service and dedicated Internet access to business customers only. The Company's voice product offerings include local dial tone, local calling features, bundled feature packages, 1+ outbound long and inbound toll free service. All services are offered over both switched and dedicated facilities including Intergraded Services Digital Network (ISDN). The Company's data product offerings provides bandwidth starting and T-1 (1.544 Mbps) and proceeds into the high speed optical carrier networks up to OC192. All operator services and access to 911 services will remain with the underlying carrier. The Company will not provide alternate operator services. The Company intends offer service throughout all exchanges currently served

by its underlying carriers of Citizen's, Qwest and Verizon. A map of the service territories is included as **EXHIBIT C**.

### **III. Statement of Public Interest**

Grant of this Application will further the public interest by expanding the availability of competitive telecommunications services in the State of Idaho. In addition, intrastate offering of these services is in the public interest because the services will provide Idaho customers with access to new technologies and service choices, and can permit customers to achieve increased efficiencies resulting in cost savings. The public will benefit directly through use of competitive services, and indirectly, due to the Applicant's in this market will increase incentives for other telecommunications providers to operate more efficiently, offer more innovative services, reduces their prices, and improve their quality of services.

### **IV. Statement of Financial Ability**

The Applicant possesses the requisite financial, managerial, and technical capacities to provide the proposed services. Attached as **EXHIBIT D** are the 2006 and 2007, as well as the 2008 statements for the Applicant for January to June. This exhibit is submitted in sealed envelope and filed pursuant to Idaho Code § 9-340D(1)(a)(b). iNetworks Group, Inc. is not a publicly traded company, as such, iNetworks Group, Inc. does not file financial statements with the SEC. The statements contain sensitive financial information, which iNetworks Group, Inc. protects from disclosure. This information is not generally available to those inside the Company without specific need-to-know, and the Company keeps it in a secure location to prevent inadvertent disclosure. This information has not been released previously. Public disclosure of the information would

cause undue harm to iNetworks Group, Inc. and would prove detrimental to iNetworks Group, Inc.'s competitive position in the marketplace; and due to the sensitive nature of this information, it is appropriate for the Commission to limit access to the information. The confidential information is being provided for the sole use of the Commission in exercising their respective governmental functions by examining the Application. There is no legitimate purpose to be served in disclosing this proprietary material to any person other than the appropriate reviewing staffs of the Commission.

**V. Statement of Managerial Ability**

The Applicant is providing as **EXHIBIT E** the biographies of the Principals who will have primary management responsibility for the Applicant's operations. These biographies demonstrate that Applicant possesses the requisite management and technical expertise to provide the telecommunications services for which it seeks authority.

**VI. Tariff Filings**

Attached hereto as **EXHIBIT F**, please find the Applicant's proposed Local Exchange Services Tariff. Also attached as **EXHIBIT G**, is the Applicants price list for Interexchange Services.

**VII. Contact Information**

Contact information for the Applicant is as follows:

Customer Inquiries/Complaints

Raymond Cowley  
Sr. Vice President/Secretary  
125 S. Wacker Drive, Suite 2510  
Chicago, IL 60606  
Phone: (312) 212-0822  
Fax: (312) 422-9201  
Email: [info@inetworksgroup.com](mailto:info@inetworksgroup.com)

Regulatory Matters

Judith A. Riley  
Regulatory Counsel  
5909 NW Expressway, Suite 101  
Oklahoma City, OK 73132-5103  
Phone: (405) 755-8177  
Fax: (405) 755-8377  
Email: [jriley@telecompliance.net](mailto:jriley@telecompliance.net)

A toll free number for customers is: 866-363-6387

**VIII. Statement of Interconnection Agreement**

The Applicant is currently in negotiations to complete Interconnection Agreements which will be filed with the Commission pursuant to Commission Rules and Regulations.

**IX. Affidavit of Compliance with Commission Rules**

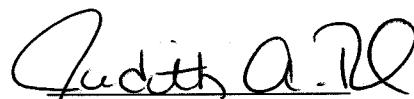
The Affidavit of David J. Smat is attached as **EXHIBIT H** hereto.

**X. Statement of no Escrow Account or Security Bond**

The Applicant does not collect deposits or require advance payments from Customers and therefore respectfully requests waiver of the Commission Escrow Account and/or Security Bond requirement.

WHEREFORE, Applicant, iNetworks Group, Inc. respectfully requests the Idaho Public Utilities Commission grant it a Certificate of Public Convenience and Necessity to provide Resold Local Exchange and resold Interexchange Telecommunications Services throughout the State of Idaho. In addition, Applicant requests confidential information submitted as Exhibit C and waiver of the Surety Bond requirements.

Respectfully submitted,



Judith A. Riley  
Regulatory Counsel  
On behalf of iNetworks Group, Inc.  
5909 NW Expressway, Suite 101  
Oklahoma City, OK 73132-5103  
Phone: (405) 755-8177  
Fax: (405) 755-8377

Email: [jriley@telecompliance.net](mailto:jriley@telecompliance.net)

## **LIST OF EXHIBITS**

<b>EXHIBIT A</b>	Illinois Articles of Incorporation
<b>EXHIBIT B</b>	Secretary of State of Idaho Certificate of Authority Statement of Good Standing
<b>EXHIBIT C</b>	Service Territory Map
<b>EXHIBIT D</b>	Financials Submitted as CONFIDENTIAL
<b>EXHIBIT E</b>	Principal Management Biographies
<b>EXHIBIT F</b>	Proposed Local Exchange Services Tariff
<b>EXHIBIT G</b>	Proposed Price List for Interexchange Services
<b>EXHIBIT H</b>	Affidavit of Compliance

**EXHIBIT A**

Illinois Articles of Incorporation



Form **BCA-2.10** | **ARTICLES OF INCORPORATION**

(Rev. Jan. 1999)

Jesse White  
 Secretary of State  
 Department of Business Services  
 Springfield, IL 62756  
 http://www.sos.state.il.us

This space for use by Secretary of State

**Filed 1/16/2002**

**Jesse White Secretary of State**

**SUBMIT IN DUPLICATE!**

This space for use by Secretary of State

Date **Filed 1/16/2002**

Franchise Tax \$ 25.00

Filing Fee \$ 75.00

Approved **BE** **\$100.00**

Payment must be made by certified check, cashier's check, Illinois attorney's check, Illinois C.P.A.'s check or money order, payable to "Secretary of State."

62002301



1. CORPORATE NAME: iNETWORKS Group, Inc. **RB**

(The corporate name must contain the word "corporation", "company", "incorporated", "limited" or an abbreviation thereof.)

2. Initial Registered Agent: Laurence J. DeVries

First Name	Middle Initial	Last name
566 West Adams, Suite 600		
Number	Street	Suite #
Chicago	IL Cook	60661
City	County	Zip Code

3. Purpose or purposes for which the corporation is organized:  
 (If not sufficient space to cover this point, add one or more sheets of this size.) **44**

To conduct any and all business for which corporations may be organized under the Illinois Business Corporation Act.

4. Paragraph 1: Authorized Shares, Issued Shares and Consideration Received:

Class	Par Value per Share	Number of Shares Authorized	Number of Shares Proposed to be Issued	Consideration to be Received Therefor
Common	\$ N/A	10,000	1000	\$100.00
				<b>TOTAL = \$100.00</b>

Paragraph 2: The preferences, qualifications, limitations, restrictions and special or relative rights in respect of the shares of each class are: N/A  
 (If not sufficient space to cover this point, add one or more sheets of this size.)

(over)

5. **OPTIONAL:** (a) Number of directors constituting the initial board of directors of the corporation: \_\_\_\_\_ .  
 (b) Names and addresses of the persons who are to serve as directors until the first annual meeting of shareholders or until their successors are elected and qualify:

Name	Residential Address	City, State, ZIP

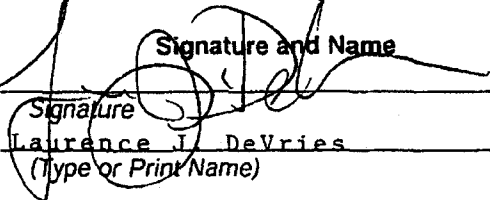
6. **OPTIONAL:** (a) It is estimated that the value of all property to be owned by the corporation for the following year wherever located will be: \$ \_\_\_\_\_  
 (b) It is estimated that the value of the property to be located within the State of Illinois during the following year will be: \$ \_\_\_\_\_  
 (c) It is estimated that the gross amount of business that will be transacted by the corporation during the following year will be: \$ \_\_\_\_\_  
 (d) It is estimated that the gross amount of business that will be transacted from places of business in the State of Illinois during the following year will be: \$ \_\_\_\_\_

7. **OPTIONAL: OTHER PROVISIONS**  
 Attach a separate sheet of this size for any other provision to be included in the Articles of Incorporation, e.g., authorizing preemptive rights, denying cumulative voting, regulating internal affairs, voting majority requirements, fixing a duration other than perpetual, etc.

8. **NAME(S) & ADDRESS(ES) OF INCORPORATOR(S)**

The undersigned incorporator(s) hereby declare(s), under penalties of perjury, that the statements made in the foregoing Articles of Incorporation are true.

Dated December 17, 2001  
 (Month & Day) Year

Signature and Name	Address
1. <u></u> Signature <u>Laurence J. DeVries</u> (Type or Print Name)	1. <u>566 West Adams Street, Suite 600</u> Street <u>Chicago, Illinois 60661</u> City/Town State ZIP Code
2. _____ Signature _____ (Type or Print Name)	2. _____ Street _____ City/Town State ZIP Code
3. _____ Signature _____ (Type or Print Name)	3. _____ Street _____ City/Town State ZIP Code

(Signatures must be in **BLACK INK** on original document. Carbon copy, photocopy or rubber stamp signatures may only be used on conformed copies.)

NOTE: If a corporation acts as incorporator, the name of the corporation and the state of incorporation shall be shown and the execution shall be by its president or vice president and verified by him, and attested by its secretary or assistant secretary.

**FEE SCHEDULE**

- The initial franchise tax is assessed at the rate of 15/100 of 1 percent (\$1.50 per \$1,000) on the paid-in capital represented in this state, with a minimum of \$25.
  - The filing fee is \$75.
  - The **minimum total due** (franchise tax + filing fee) is **\$100**.  
 (Applies when the Consideration to be Received as set forth in Item 4 does not exceed \$16,667)
  - The Department of Business Services in Springfield will provide assistance in calculating the total fees if necessary.
- Illinois Secretary of State Springfield, IL 62756  
 Department of Business Services Telephone (217) 782-9522 or 782-9523

FORM **BCA 5.10/5.20** (rev. Dec. 2003)  
**STATEMENT OF CHANGE OF  
 REGISTERED AGENT AND/OR  
 REGISTERED OFFICE**  
 Business Corporation Act

Jesse White, Secretary of State  
 Department of Business Services  
 Springfield, IL 62756  
 217-782-3647  
 www.cyberdriveillinois.com

**FILED**

**FEB 26 2007**

**JESSE WHITE  
 SECRETARY OF STATE**

**PAID**  
**FEB 27 2007**

**DEPARTMENT OF  
 BUSINESS SERVICES**

Remit payment in the form of a  
 check or money order payable  
 to Secretary of State.



File # 6200230-1 Filing Fee: \$25 Approved: JH

Submit in duplicate Type or Print clearly in black ink Do not write above this line

1. Corporate Name: iNETWORKS Group, Inc.

2. State or Country of Incorporation: Illinois

3. Name and Address of Registered Agent and Registered Office as they appear on the records of the Office of the Secretary of State (before change):

Registered Agent Laurence J. DeVries  
First Name Middle Name Last Name

Registered Office 566 W. Adams, Suite 600  
Number Street Suite No. (P.O. Box alone is unacceptable)  
Chicago 60661 Cook  
City ZIP Code County

4. Name and Address of Registered Agent and Registered Office shall be (after all changes herein reported):

Registered Agent Laurence J. DeVries  
First Name Middle Name Last Name

Registered Office 900 W. Jackson, Suite #7E  
Number Street Suite No. (P.O. Box alone is unacceptable)  
Chicago 60607 Cook  
City ZIP Code County

5. The address of the registered office and the address of the business office of the registered agent, as changed, will be identical.

6. The above change was authorized by: ("X" one box only)  
 a.  Resolution duly adopted by the board of directors. (Note 5)  
 b.  Action of the registered agent. (Note 6)

**SEE REVERSE FOR SIGNATURE(S).**

**7. If authorized by the board of directors, sign here. See Note 5 below.**

The undersigned corporation has caused this statement to be signed by a duly authorized officer who affirms, under penalties of perjury, that the facts stated herein are true and correct.

Dated \_\_\_\_\_, \_\_\_\_\_  
Month & Day Year Exact Name of Corporation

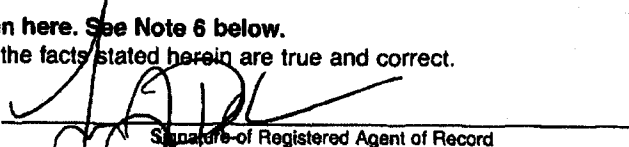
\_\_\_\_\_  
Any Authorized Officer's Signature

\_\_\_\_\_  
Name and Title (type or print)

**If change of registered office by registered agent, sign here. See Note 6 below.**

The undersigned, under penalties of perjury, affirms that the facts stated herein are true and correct.

Dated February 8, 2007  
Month & Day Year Signature of Registered Agent of Record

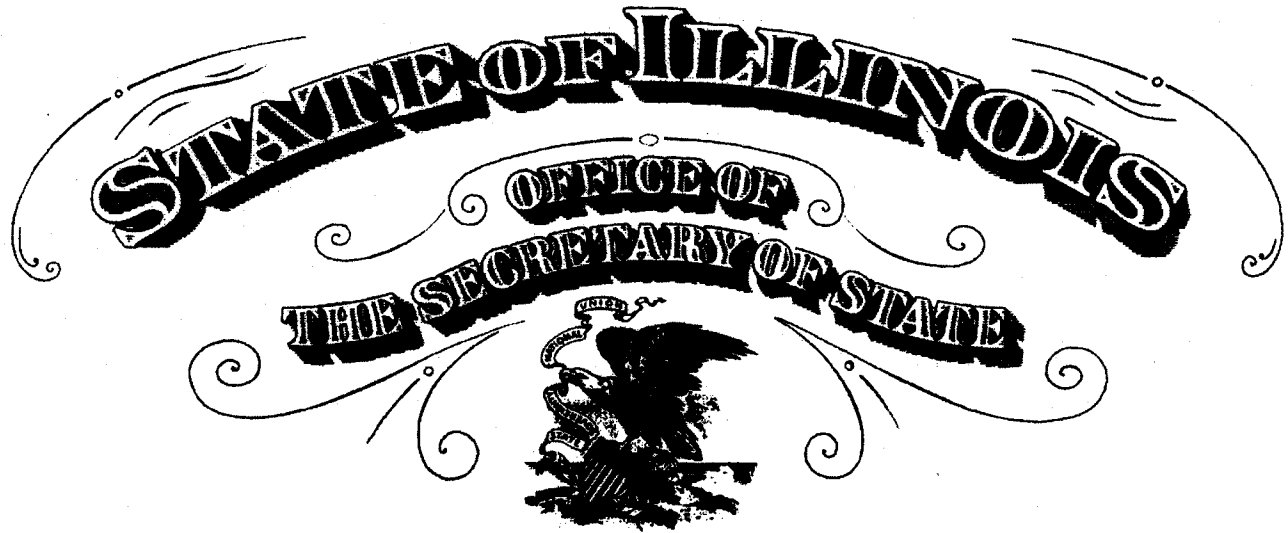


\_\_\_\_\_  
Laurence J. DeVries

Name (type or print)  
If Registered Agent is a corporation,  
Name and Title of officer who is signing on its behalf.

**NOTES**

1. The registered office may, but need not be, the same as the principal office of the corporation. However, the registered office and the office address of the registered agent must be the same.
2. The registered office must include a street or road address (P.O. Box alone is unacceptable).
3. A corporation cannot act as its own registered agent.
4. If the registered office is changed from one county to another, the corporation must file with the Recorder of Deeds of the new county a certified copy of the Articles of Incorporation and a certified copy of the Statement of Change of Registered Office. Such certified copies may be obtained ONLY from the Secretary of State.
5. Any change of registered agent must be by resolution adopted by the board of directors. This statement must be signed by a duly authorized officer.
6. The registered agent may report a change of the registered office of the corporation for which he/she is a registered agent. When the agent reports such a change, this statement must be signed by the registered agent. If a corporation is acting as the registered agent, a duly authorized officer of such corporation must sign this statement.



**To all to whom these Presents Shall Come, Greeting:**

*I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that*

THE FOREGOING AND HERETO ATTACHED IS A TRUE AND CORRECT COPY, CONSISTING OF 04 PAGES, AS TAKEN FROM THE ORIGINAL ON FILE IN THIS OFFICE FOR INETWORKS GROUP, INC..\*\*\*\*\*



**In Testimony Whereof,** I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 19TH day of SEPTEMBER A.D. 2008 .

*Jesse White*

**EXHIBIT B**

Secretary of State of Idaho Certificate of Authority  
Statement of Good Standing

# State of Idaho

Office of the Secretary of State

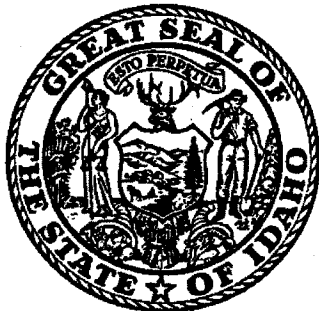
**CERTIFICATE OF AUTHORITY  
OF  
INETWORKS GROUP, INC.**

File Number C 180204

I, BEN YSURSA, Secretary of State of the State of Idaho, hereby certify that an Application for Certificate of Authority, duly executed pursuant to the provisions of the Idaho Business Corporation Act, has been received in this office and is found to conform to law.

ACCORDINGLY and by virtue of the authority vested in me by law, I issue this Certificate of Authority to transact business in this State and attach hereto a duplicate of the application for such certificate.

Dated: September 22, 2008



*Ben Yursa*

SECRETARY OF STATE

By

*Sally Lloyd*



## IDAHO SECRETARY OF STATE Viewing Business Entity

Ben Ysursa, Secretary of State

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 [ [Get a certificate of existence for INETWORKS GROUP, INC.](#) ]

### **INETWORKS GROUP, INC.**

5909 NW EXPRESS WAY STE 101  
 OKALHOMA CITY, OK 73132

**Type of Business:** CORPORATION, GENERAL BUSINESS

**Status:** GOODSTANDING 22 Sep 2008

**State of Origin:** ILLINOIS

**Date of** 22 Sep 2008

**Origination/Authorization:**

**Initial Registered Agent:** CT CORPORATION SYSTEM  
 1111 W JEFFERSON STE 530  
 BOISE, ID USA 83702

**Organizational ID / Filing  
 Number:** C180204

**Number of Authorized Stock  
 Shares:**

**Date of Last Annual Report:**

**Original Filing:**

[ [Help Me Print/View TIFF](#) ]

**Filed 22 Sep 2008** CERTIFICATE OF [View Image \(PDF format\)](#) [View  
 AUTHORITY](#) [Image \(TIFF format\)](#)

**Amendments:**

[ [Help Me Print/View TIFF](#) ]

[Idaho Secretary of State's Main Page](#)

[State of Idaho Home Page](#)

Comments, questions or suggestions can be emailed to: [sosinfo@sos.idaho.gov](mailto:sosinfo@sos.idaho.gov)



**EXHIBIT C**

**Service Territory Map**

