

Docket Number: TC24-040
Subject Matter: First Data Request
Request to: ImOn Communications, LLC
Request from: South Dakota Public Utilities Commission Staff
Date of Request: 10/29/24
Responses Due: 11/13/24

1-1. Refer to section 1 of the application, provide a facsimile number.

Response: Applicant's facsimile number is (319) 261-4636.

1-2. Refer to the application on page 5, part 11. If the company is using its own facilities, will it still "rely upon other carries for the provision of emergency services (911 or E911, operator services, directory assistance, and telecommunications relay services"? If not, explain part 11 given the use of your own facilities.

Response: Applicant plans to provision emergency services and telecommunications relay service in the same manner as its subsidiary FiberComm, L.C., which holds a certificate from the Commission. Specifically, Applicant will connect its facilities with the State's PSAPs and will provide enhanced 911 consistent with current E911 requirements. Applicant will contact the proper county officials and will provision and test E911 before offering any services. Applicant will configure its switch to provide and properly route all telecommunications relay services. Applicant intends to rely upon other carriers to provide operator and directory assistance services.

1-3. Refer to the financial statements filed as Exhibit E. Explain how year over year significant losses, and growing losses, will be sustainable.

Response: Applicant is currently in a period of growth resulting in significant capital expenditures. Applicant expects a return on these capital expenditures will result in revenue growth and a decrease in losses. Further, Applicant's operating losses seen on the Consolidated Statements of Comprehensive Income are the result of significant non-cash depreciation and amortization charges. BEGIN CONFIDENTIAL

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1-4. Refer to the application on page 6, part 13 a, does the company plan to interconnect in any of the other rural incumbent local exchange carrier territories? If so, which ones.

Response: At this time, Applicant intends to interconnect, like its subsidiary FiberComm, L.C., with CenturyLink/Lumen and Long Lines – Jefferson in their respective service areas. Pursuant to all applicable requirements, the Applicant will file with the Commission any interconnection agreements it enters into with other carriers.

1-5. Refer to the application on page 9, part 17, provide a facsimile number for the complaint contact.

Response: For inquiries regarding customers complaints and other regulatory matters, the facsimile number is (319) 298-6484.

1-6. Does the company offer any prepaid services?

Response: At this time, Applicant has no plans to offer prepaid services in South Dakota.

1-7. Refer to ARSD 20:10:24:02(10), provide a description of how the applicant handles customer service matters.

Response: Customers can contact Applicant via phone at 712-224-6000 or 1-800-836-2472, or via live chat with a customer care agent at www.myimon.com or via text at 319-243-1919. Customer may also submit inquiries via email to support@imon.net. Applicant maintains a dedicated staff focused on customer support, with support available 24 hours a day, 7 days a week to address technical inquiries and outage/emergency issues.

1-8. Pursuant to ARSD 20:10:32:04, confirm that the applicant has given notice of its application to each telecommunications company that already holds a certificate of authority to provide local exchange service in the geographic area where the applicant seeks to provide local exchange service.

Response: On October 30, 2024, Applicant filed with the Commission a Certificate of Service confirming that the Applicant has given notice of its application to each telecommunications company that already holds a certificate of authority to provide local exchange service in the geographic area where the Applicant seeks to provide local exchange service.

1-9. Pursuant to SDCL 49-31-3, provide the necessary \$250 filing fee for the application.

Response: On October 30, 2024, a check in the amount of \$250.00 was sent to the Commission via overnight courier to cover the requisite filing fee.

1-10. Confirm that the Applicant will make each service listed in ARSD 20:10:32:10 available to customers. Alternatively, if the Applicant does not plan to make each of these services available, provide a waiver request for those particular services.

Response: Applicant confirms that it will make each service listed in ARSD 20:10:32:10 available to customers.

1-11. Pursuant to ARSD 20:10:32:11, confirm that the Applicant will provide no less than the same local calling area than that provided by incumbent local exchange carriers. Alternatively, if the Applicant wishes to offer a different local calling area, explain how it would not be contrary to universal service, public safety and welfare, quality of service, and consumer rights concerns.

Response: Pursuant to ARSD 20:10:32:11, Applicant confirms that it will provide no less than the same local calling area than that provided by incumbent local exchange carriers.