

RECOGNIZED OPERATING AGENCY FILING  
FOR OFFICIAL USE ONLY

APPLICANT INFORMATION

Enter a description of this application to identify it on the main menu

BRAIN BRAIN

1. Applicant			
<b>Name:</b>	BRAIN BRAIN	<b>Phone Number:</b>	224-356-4947
<b>DBA Name:</b>		<b>Fax Number:</b>	224-356-4947
<b>Street:</b>	PO BOX 1112	<b>E-Mail:</b>	BRAINBRAIN@USA.COM
<b>City:</b>	WOODSTOCK	<b>State:</b>	IL
<b>Country:</b>	USA	<b>Zipcode:</b>	60098 -1112
<b>Attention:</b>	Ms BRAIN BRAIN		

2. Contact

<b>Name:</b>	BRAIN GAYLORD BRAIN	<b>Phone Number:</b>	224-356-4947
<b>Company:</b>	BRAIN BRAIN	<b>Fax Number:</b>	224-356-4947
<b>Street:</b>	PO BOX 1112	<b>E-Mail:</b>	BRAINBRAIN@USA.COM
<b>City:</b>	WOODSTOCK	<b>State:</b>	IL
<b>Country:</b>	USA	<b>Zipcode:</b>	60098 -1112
<b>Attention:</b>	BRAIN BRAIN	<b>Relationship:</b>	Same

3. Other Company(ies) Involved in Application

STATE OF ILLINOIS

UNITED STATES DEPARTMENT OF THE TREASURY/IRS

TCF BANK

BANK OF AMERICA

<b>4. Destination Country USA</b>	<b>5. Place of Incorporation ILLINOIS</b>	
<p>6. Is a fee submitted with this application?</p> <p><input type="radio"/> If Yes, complete and attach FCC Form 159.</p> <p>If No, indicate reason for fee exemption (see 47 C.F.R. Section 1.1114).</p> <p><input checked="" type="radio"/> Governmental Entity      <input type="radio"/> Noncommercial educational licensee</p> <p><input type="radio"/> Other (please explain):</p>		
7. Attachment 1: FCN	Attachment 2:	Attachment 3:
8. Is the agency an Enhanced Service Provider?		<input checked="" type="radio"/> Yes <input type="radio"/> No
9. Is the agency a Common Carrier?		<input checked="" type="radio"/> Yes <input type="radio"/> No
10. If you answered "Yes" to questions 8 or 9, please check if required attachments are included in the filing.		<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A

11. Operator of radio frequency equipment capable of causing harmful interference internationally (Rule Part 63.701)?

Yes

No

12. I am aware that my company is bound by all laws and obligations of the United States, including Article 6 of the Constitution of the International Telecommunications Union and all binding telecommunications regulations promulgated thereunder. My company will obey those obligations in all respects.

Yes

No

#### FOREIGN AFFILIATION

13. Affiliation (a): A greater than 25 percent ownership of capital stock, or controlling interest at any level, by the applicant, or by any entity that directly or indirectly controls or is controlled by it, or that is under direct or indirect common control with it, in a foreign carrier or in any entity that directly or indirectly controls a foreign carrier.

Yes

No

14. Affiliation (b): A greater than 25 percent ownership of capital stock, or controlling interest at any level, in the applicant by a foreign carrier, or any entity that directly or indirectly controls or is controlled by a foreign carrier, or that is under direct or indirect common control with a foreign carrier; or by two or more foreign carriers investing in the applicant in the same manner in circumstances where the foreign carriers are parties to, or the beneficiaries of a contractual relation.

Yes

No

**BASIC QUALIFICATIONS**

15. By checking Yes, the undersigned certifies, that neither applicant nor any other party to the application is subject to a denial of Federal benefits that includes FCC benefits pursuant to Section 5301 of the Anti-Drug Act of 1988, 21 U.S.C. Section 862, because of a conviction for possession or distribution of a controlled substance. See 47 CFR 1.2002(b) for the meaning of "party to the application" for these purposes.  Yes  No

**16. Description. (Summarize the nature of the application and the services to be provided).** (If the complete description does not appear in this box, please go to the end of the form to view it in its entirety.)

CARRIER

**CERTIFICATION**

<b>17. Typed Name of Person Signing</b> BRAIN GAYLORD	<b>18. Title of Person Signing</b> CARRIER
--	---

WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND / OR IMPRISONMENT (U.S. Code, Title 18, Section 1001), AND/OR REVOCATION OF ANY STATION AUTHORIZATION (U.S. Code, Title 47, Section 312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, Section 503).

**FCC NOTICE REQUIRED BY THE PAPERWORK REDUCTION ACT**

The public reporting for this collection of information is estimated to average 5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the required data, and completing and reviewing the collection of information. If you have any comments on this burden estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, AMD-PERM, Paperwork Reduction Project (3060-0357), Washington, DC 20554. We will also accept your comments regarding the Paperwork Reduction Act aspects of this collection via the Internet if you send them to PRA@fcc.gov. PLEASE DO NOT SEND YOUR RESPONSE TO THIS ADDRESS.

Remember – You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0357.

**THE FOREGOING NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.**