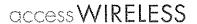
EXHIBIT 3

Sample Lifeline Certification Form



SOUTH DAKOTA LIFELINE CERTIFICATION FORM

This signed authorization is required in order to enroll you in the Lifeline Program in your state. This authorization is only for the purpose of verifying your participation in these programs and will not be used for any other purpose. Service requests will not be processed until this form has been received and verified by Company.

| (1) Lifeline is a fe (2) Lifeline Servi | ederal ce is a | the Lifeline Program: benefit. Ivailable for only one line per household. A household cannot receive in ned, for purposes of the Lifeline Program, as any individual or group o | bene of ind | fits from multiple provide ividuals who live together | rs; and rat the same address and share income and |
|--|---|---|----------------|--|---|
| Mail application | to: Ac | cess Wireless, 420 Progress Drive, Mattoon, IL 61938-9949 OR for | fast | er processing fax to: 1-97 | 73-599-6573 |
| APPLICANT INF | ORM | ATION: | | | |
| First Name: | | MI: Last Name: | | | |
| Residence Addre | ess: | (No PO Boxes, Must be your principal address) APT/Floor/Other | | This address is: | Permanent Temporary Multi-Household |
| City: | | State: ZIP Code: | Cor | ntact Telephone Number: | |
| Date of Birth: | | Last 4 digits of your Se | ocial | Security Number (or Trib | al ID Number): |
| ☐ Supplement ☐ Medicaid ☐ Supplement ☐ Temporary ☐ National Sc | tal Nut tal Sed Assista hool L | certify that I am currently enrolled in at least one of the following crition Assistance Program (SNAP) Food Stamps curity Income (SSI) ance for Needy Families (TANF) unch Program's Free Lunch Program (NSLP) e Energy Assistance Plan (LIHEAP) | ** 000 | Federal Public Housing NDIVIDUALS OR FAMIL Head Start Program (inc Bureau of Indian Affairs Food Distribution Progra | apply) Assistance (FPHA)/ Section 8 IIES LIVING IN TRIBAL LANDS ONLY come qualifying standards only) General Assistance (BIA) am on Indian Reservations ance for Needy Families (TTANF) |
| I he | ereby | certify that my household income is at or below 135% of the Fede | eral I | Poverty Guidelines (FP | G). There are individuals in my household. |
| YOU MUST PRO | OVIDE | DOCUMENTED PROOF OF YOUR PARTICIPATION IN THE ABOV | /E P | ROGRAMS OR PROOF | OF INCOME. |
| Ţ | ribal E | ligibility:I hereby certify that I reside on Federally-recogni | zed ' | Tribal lands. | |
| I certify, under | penalt | y of perjury: (Initial by Each Certification) | | | |
| (1) The information contained in my application remains true and correct to the best of my knowledge and I acknowledge that willfully providing false or fraudulent information to receive Lifeline benefits is punishable by law and may result in me being barred from the program. (2) That I am a current recipient of the above program, or have an annual household income at or below 135 percent of the FPG (3) I have provided documentation of eligibility if required to do so. (4) I understand that I and my household can only have one Lifeline-supported telephone service. My telephone company has explained the one-perhousehold requirement. Understand that violation of the one-perhousehold requirement constitutes a violation of the FCC's rules and will result in my de-enrollment from the lifeline program, and could result in criminal prosecution by the United States Government. (5) I attest to the best of my knowledge, that I and no one in my household are receiving a Lifeline supported service from any other land line or wireless company such as Safelink, Assurance, or Reachout Wireless. (6) I understand Lifeline service is a non-transferable, and that I may not transfer my service to any individual, including another eligible low-income consumer. (7) I understand that if my service goes unused for sixty (60) days, my service will be suspended subject to a thirty (30) day period which I may use the service or contact the Company to confirm that I want to continue receiving Lifeline service from the Company. (8) I will notify my telephone company within thirty (30) days if no longer qualify for Lifeline. I understand this requirement and may be subject to penalties if I fail to notify my phone company. Specifically, I will notify my company if my household: (1) is receiving more than one Lifeline support. (2) is receiving more than one Lifeline support deservice; (3) no longer satisfies the criteria for receiving Lifeline service; (3) no longer satisfies the criteria for receiving Lifeline support. (9) I wi | | | | | |
| X APPLICANT'S S | SIGNA | TURE (Please use blue or black ink) J | ŕ | iy Number: | |
| Application Num | ber | Agent Name | | | |