Exhibit 1

Form 555 for all states

FCC Form 555 November 2014

Approved by OMB 3060-0819

### Annual Lifeline Eligible Telecommunications Carrier Certification Form All carriers must complete all or portions of all sections Form must be submitted to USAC and filed with the Federal Communications Commission IMPORTANT: PLEASE READ INSTRUCTIONS FIRST Deadline: January 31<sup>st</sup> (Annually)

Study Area Code (SAC) (An Eligible Telecommunications Carrier (ETC) must provide a certification form for each SAC through which it provides Lifeline service).

State

DBA, Marketing or Other Branding Name (If same as ETC name, list "N/A" Do not leave blank)

JIPPL **ETC** Name

N/A

Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)

Does the reporting company have affiliated ETCs?

Yes 🖸 No 🔀

Provide a list of all ETCs that are affiliated with the reporting ETC, using page 4 and additional sheets if necessary. Affiliation shall be determined in accordance with Section 3(2) of the Communications Act. That Section defines "affiliate" as "a person that (directly or indirectly) owns or controls, is owned or controlled by, or is under common ownership or control with, another person." 47 U.S.C. § 153(2). See also 47 C.F.R. § 76.1200.

Affiliated ETC's SAC	ľ	Affiliated ETC's Name	
	·· · · · 1		

For purposes of this filing, an officer is an occupant of a position listed in the article of incorporation, articles of formation, or other similar legal document. An officer is a person who occupies a position specified in the corporate bylaws (or partnership agreement), and would typically be president, vice president for operations, vice president for finance, comptroller, treasurer, or a comparable position. If the filer is a sole proprietorship, the owner must sign the certification.

### Section 1: Initial Certification All ETCs must complete this section

I certify that the company listed above has certification procedures in place to:

- A) Review income and program-based eligibility documentation prior to enrolling a consumer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline; and/or
- B) Confirm consumer eligibility by relying upon access to a state database and/or notice of eligibility from the state Lifeline administrator prior to enrolling a consumer in the Lifeline program.

I am an officer of the company named above. I am authorized to make this certification for the Study Area Code listed above.

Initial Du

Do not leave empty blocks.		

A	В	C	D	$\mathbf{E} = (\mathbf{A} - \mathbf{B} - \mathbf{C} - \mathbf{D})$
Number of subscribers claimed on February FCC Form 497 of current Form 555 calendar year (February data month)	Number of lines claimed on February FCC Form 497 of current Form 555 calendar year provided to wireline resellers	Number of subscribers claimed on the February FCC Form 497 that were <u>initially</u> enrolled in the current Form 555 calendar year (These subscribers did not have Lifeline service prior to January 1 of the current 555 calendar year.)	Number of subscribers de-enrolled <u>prior</u> to recertification attempt by either the ETC, a state administrator, access to an eligibility database, or by USAC	Number of subscribers ETC is responsible for recertifying for current Form 555 calendar year
6,901	Ø	2,109	2,926	2,388

### **Recertification Results:**

F	G	H = (F-G)		J = (H+I)
Number of subscribers ETC contacted directly to recertify eligibility through attestation	Number of subscribers responding to ETC contact	Number of non- responding subscribers	Number of subscribers responding that they are no longer eligible (This should be a subset of Block G.)	Number of subscribers de- enrolled or scheduled to be de-enrolled as a result of non-response or response of ineligibility from ETC recertification attempt
2,388	329	2.059	T)	2,059

K	L
Number of subscribers whose eligibility was reviewed by state administrator, ETC access to eligibility database, or by USAC	Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of finding of ineligibility by state administrator, ETC access to eligibility database, or USAC
A	78

Note: If any subscriber was reviewed by an ETC accessing a state database or by a state administrator and subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in Blocks F through J as appropriate and not in Blocks K and L. As a result, all subscribers subject to recertification who were not de-enrolled prior to the recertification attempt must be accounted for in Block F or Block K.

The total of Block F and Block K should equal the number reported in Block E.

### **Certification:**

Based on the data entered above, initial the certification(s) below that apply. Both Certification A and B may apply depending on the recertification procedures in place for the SAC reporting on this form. If Certification C applies, neither Certification A nor B may apply.

A.) I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. Results are provided in the chart above in Blocks F through J. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial Im \*

AND/OR

B.) I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on:

(List database or name of administrator here) . Results are provided in the chart above in Blocks K through L. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial \_\_\_\_\_

OR

C.) I certify that my company did not claim federal low income support for any Lifeline subscribers for the February Form 497 data month for the current Form 555 calendar year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above. Initial \_\_\_\_\_\_

### Section 3: De-enroll Percentage

Using the data entered in Section 2, complete the chart below to find the percentage of subscribers de-enrolled for this ETC.

M=(F+K)	N = (J+L)	$O = ((N \div M) * 100)$
Number of subscribers that the ETC attempted to recertify directly or through a state administrator, ETC access to a state database, or by USAC (This should equal the number reported in Block E)	Number of subscribers de- enrolled or scheduled to be de- enrolled as a result of non-response or ineligibility	Percentage of subscribers de-enrolled or scheduled to be de-enrolled as a result of ineligibility or non-response
2,388	2.059	86%

### Section 4: Pre-Paid ETCs

All ETCs must complete the appropriate check-box; pre-paid ETCs must complete all of Section 4. Pre-paid ETCs generally do not assess or collect a monthly fee from their Lifeline subscribers. ETCs that only assess a fee but do not collect such fees are pre-paid ETCs and must complete the chart below.

No 🔲

Is the ETC Pre-Paid? Yes

If Yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	Q
Month	Subscribers De-Enrolled for Non-Usage
January	282
February	246
March	177
April	139
May	170
June	303
July	577
August	514
September	465
October	422
November	546
December	1220
Total Subscribers	5,06

### Signature Block

By signing below, I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code (SAC) listed above.

Signed, Durif Wareshing Signature of Officer Dwareiking Chuefappinedess Com Email Address of Officer Lawen Moxley Person Completing This Certification Form

David Wareikis, El Printed Name and Title of Officer 1-31-15 Date - 0954 Contact Phone Number

SAC	Name
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***************************************	
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FCC Form 555 November 2014 Approved by OMB 3060-0819

### Annual Lifeline Eligible Telecommunications Carrier Certification Form All carriers must complete all or portions of all sections Form must be submitted to USAC and filed with the Federal Communications Commission IMPORTANT: PLEASE READ INSTRUCTIONS FIRST Deadline: January 31<sup>st</sup> (Annually)

Study Area Code (SAC) (An Eligible Telecommunications Carrier (ETC) must provide a certification form for each SAC through which it provides Lifeline service).

State

NIA

DBA, Marketing or Other Branding Name (If same as ETC name, list "N/A" Do not leave blank)

JWIVeles

NIA

Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)

Does the reporting company have affiliated ETCs?

Yes D No 🖄

Provide a list of all ETCs that are affiliated with the reporting ETC, using page 4 and additional sheets if necessary. Affiliation shall be determined in accordance with Section 3(2) of the Communications Act. That Section defines "affiliate" as "a person that (directly or indirectly) owns or controls, is owned or controlled by, or is under common ownership or control with, another person." 47 U.S.C. § 153(2). See also 47 C.F.R. § 76.1200.

Affiliated ETC's SAC	Affiliated ETC's Name

For purposes of this filing, an officer is an occupant of a position listed in the article of incorporation, articles of formation, or other similar legal document. An officer is a person who occupies a position specified in the corporate bylaws (or partnership agreement), and would typically be president, vice president for operations, vice president for finance, comptroller, treasurer, or a comparable position. If the filer is a sole proprietorship, the owner must sign the certification.

### Section 1: Initial Certification All ETCs must complete this section

I certify that the company listed above has certification procedures in place to:

- A) Review income and program-based eligibility documentation prior to enrolling a consumer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline; and/or
- B) Confirm consumer eligibility by relying upon access to a state database and/or notice of eligibility from the state Lifeline administrator prior to enrolling a consumer in the Lifeline program.

I am an officer of the company named above. I am authorized to make this certification for the Study Area Code listed above.

Initial DW

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

A	B	Ċ	D	$\mathbf{E} = (\mathbf{A} - \mathbf{B} - \mathbf{C} - \mathbf{D})$
Number of subscribers claimed on February FCC Form 497 of current Form 555 calendar year (February data month)	Number of lines claimed on February FCC Form 497 of current Form 555 calendar year provided to wireline resellers	Number of subscribers claimed on the February FCC Form 497 that were <u>initially</u> enrolled in the current Form 555 calendar year (These subscribers did not have Lifeline service prior to January 1 of the current 555 calendar year.)	Number of subscribers de-enrolled <u>prior</u> to recertification attempt by either the ETC, a state administrator, access to an eligibility database, or by USAC	Number of subscribers ETC is responsible for recertifying for current Form 555 calendar year
7,992	Ø	A1753	1,981	1.77Le

**Recertification Results:** 

F	G	H = (F-G)		J = (H+l)
Number of subscribers ETC contacted directly to recertify eligibility through attestation	Number of subscribers responding to ETC contact	Number of non- responding subscribers	Number of subscribers responding that they are no longer eligible ( <i>This should be a subset of Block</i> <i>G.</i> )	Number of subscribers de- enrolled or scheduled to be de-enrolled as a result of non-response or response of ineligibility from ETC recertification attempt
1777le	529	1.247	0	1.247

ĸ		
Number of subscribers whose eligibility was reviewed by state administrator, ETC access to eligibility database, or by USAC	Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of finding of ineligibility by state administrator, ETC access to eligibility database, or USAC	
Q	Ø	

Note: If any subscriber was reviewed by an ETC accessing a state database or by a state administrator and subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in Blocks F through J as appropriate and not in Blocks K and L. As a result, all subscribers subject to recertification who were not de-enrolled prior to the recertification attempt must be accounted for in Block F or Block K.

The total of Block F and Block K should equal the number reported in Block E.

### Certification:

Based on the data entered above, initial the certification(s) below that apply. Both Certification A and B may apply depending on the recertification procedures in place for the SAC reporting on this form. If Certification C applies, neither Certification A nor B may apply.

A.) I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. Results are provided in the chart above in Blocks F through J. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above. Initial DW

AND/OR

B.) I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on:

(List database or name of administrator here). Results are provided in the chart above in Blocks K through L. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial

OR

C.) I certify that my company did not claim federal low income support for any Lifeline subscribers for the February Form 497 data month for the current Form 555 calendar year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above. Initial\_\_\_\_\_

### Section 3: De-enroll Percentage

Using the data entered in Section 2, complete the chart below to find the percentage of subscribers de-enrolled for this ETC.

M=(F+K)	N = (J+L)	O = ((N + M) * 100)
Number of subscribers that the ETC attempted to recertify directly <u>or</u> through a state administrator, ETC access to a state database, or by USAC ( <i>This should equal the number</i> reported in Block E)	Number of subscribers de- enrolled or scheduled to be de- enrolled as a result of non-response or ineligibility	Percentage of subscribers de-enrolled or scheduled to be de-enrolled as a result of ineligibility or non-response
1,776	1,247	70%

### Section 4: Pre-Paid ETCs

All ETCs must complete the appropriate check-box; pre-paid ETCs must complete all of Section 4. Pre-paid ETCs generally do not assess or collect a monthly fee from their Lifeline subscribers. ETCs that only assess a fee but do not collect such fees are pre-paid ETCs and must complete the chart below.

#### Is the ETC Pre-Paid?



If Yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

Yes 🛱

R	Q Subscribers De-Enrolled for Non-Usage	
Month		
January	35	
February	349	
March	208	
April	190	
May	346	
June	490	
July	375	
August	1,203	
September	1,035	
October	905	
November	598	
December	1,60Le	
Total Subscribers	7,440	

### Signature Block

By signing below, I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code (SAC) listed above.

Signed.

David Wareiful Signature of Officer DWaveikis@Wiveless.com Email Address of Officer Lawen Moxley Person Completing This Certification Form

Jareikis, CE Printed Name and Title of Officer -21-15 Date - 1954 **Contact Phone Number** 

SAC	Name
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FCC Form 555 November 2014

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Deadline: January 31<sup>st</sup> (Annually)

ertification form for each SAC through which it provides Lifeline service).
BLUC JAY WIRELESS, LLC
NIA
Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)
i

Provide a list of all ETCs that are affiliated with the reporting ETC, using page 4 and additional sheets if necessary. Affiliation shall be determined in accordance with Section 3(2) of the Communications Act. That Section defines "affiliate" as "a person that (directly or indirectly) owns or controls, is owned or controlled by, or is under common ownership or control with, another person." 47 U.S.C. § 153(2). See also 47 C.F.R. § 76,1200.

Affiliated ETC's SAC	Affiliated ETC's Name	
	 A CONTRACT OF A CONTRACT. CONTRACT OF A CONTRACT. CONTRACT OF A CONTRACT. CONTRACT OF	

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- B) Confirm consumer eligibility by relying upon access to a state database and/or notice of eligibility from the state Lifeline administrator prior to enrolling a consumer in the Lifeline program.

I am an officer of the company named above. I am authorized to make this certification for the Study Area Code listed above.

Initial Jour #

o not leave empty block	s. If an ETC has not	hing to repor	rt in a block	, enter a zero.

<b>A</b>	<b>B</b> .	Ċ	D	$\mathbf{E} = (\mathbf{A} - \mathbf{B} - \mathbf{C} - \mathbf{D})$
Number of subscribers claimed on February FCC Form 497 of current Form 555 calendar year (February data month)	Number of lines claimed on February FCC Form 497 of current Form 555 calendar year provided to wireline resellers	Number of subscribers claimed on the February FCC Form 497 that were <u>initially</u> enrolled in the current Form 555 calendar year (These subscribers did not have Lifeline service prior to January 1 of the current 555 calendar year.)	Number of subscribers de-enrolled <u>prior</u> to recertification attempt by either the ETC, a state administrator, access to an eligibility database, or by USAC	Number of subscribers ETC is responsible for recertifying for current Form 555 calendar year
9,158	Ø	6,024	1,297	2,270

### **Recertification Results:**

F	G	H=(F-G)	1	J = (H+I)
Number of subscribers ETC contacted directly to recertify eligibility through attestation	Number of subscribers responding to ETC contact	Number of non- responding subscribers	Number of subscribers responding that they are no longer eligible (This should be a subset of Block G.)	Number of subscribers de- enrolled or scheduled to be de-enrolled as a result of non-response or response of ineligibility from ETC recertification attempt
2,270	535	1,735	d	1,735

ĸ	L
Number of subscribers whose eligibility was reviewed by state administrator, ETC access to eligibility database, or by USAC	Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of finding of ineligibility by state administrator, ETC access to eligibility database, or USAC
Ø	Ø

**Note:** If any subscriber was reviewed by an ETC accessing a state database or by a state administrator and subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in Blocks F through J as appropriate and not in Blocks K and L. As a result, all subscribers subject to recertification who were not de-enrolled prior to the recertification attempt must be accounted for in Block F or Block K.

The total of Block F and Block K should equal the number reported in Block E.

### **Certification:**

Based on the data entered above, initial the certification(s) below that apply. Both Certification A and B may apply depending on the recertification procedures in place for the SAC reporting on this form. If Certification C applies, neither Certification A nor B may apply.

A.) I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. Results are provided in the chart above in Blocks F through J. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.
 Initial → ✓

#### AND/OR

B.) I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on:

OR

C.) I certify that my company did not claim federal low income support for any Lifeline subscribers for the February Form 497 data month for the current Form 555 calendar year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above. Initial \_\_\_\_\_\_

### Section 3: De-enroll Percentage

Using the data entered in Section 2, complete the chart below to find the percentage of subscribers de-enrolled for this ETC.

M = (F+K)	N = (J+L)	O = ((N ÷ M) * 100)
Number of subscribers that the ETC attempted to recertify directly <u>or</u> through a state administrator, ETC access to a state database, or by USAC (This should equal the number reported in Block E)	Number of subscribers de- enrolled or scheduled to be de- enrolled as a result of non-response or ineligibility	Percentage of subscribers de-enrolled or scheduled to be de-enrolled as a result of ineligibility or non-response
2,270	11735	He%

#### Section 4: Pre-Paid ETCs

All ETCs must complete the appropriate check-box; pre-paid ETCs must complete all of Section 4. Pre-paid ETCs generally do not assess or collect a monthly fee from their Lifeline subscribers. ETCs that only assess a fee but do not collect such fees are pre-paid ETCs and must complete the chart below.

No 🗖

Is the ETC Pre-Paid? Yes

If Yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	Q	
Month	Subscribers De-Enrolled for Non-Usage	
January	43	
February	78	
March	212	
April	152	
May	491	
June	652	
July	888	
August	972	
September	833	
October	563	
November	812	
December	2(133	
Total Subscribers	7,829	

### Signature Block

By signing below, I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code (SAC) listed above.

Signed Signature of Officer DWNEIKISCHI +Wholess.com Email Address of Offic Lauren Mox Person Completing This Certification Borm

d Wareikis, CEO Printed Name and Title of Officer 1-31-1 Date 202 **Contact Phone Number** 

SAC	Name
######################################	

#### Annual Lifeline Eligible Telecommunications Carrier Certification Form All carriers must complete all or portions of all sections

Form must be submitted to USAC and filed with the Federal Communications Commission

form must be submitted to USAC and field with the redenate Communications commission

### IMPORTANT: PLEASE READ INSTRUCTIONS FIRST

Deadline: January 31<sup>st</sup> (Annually)

Study Area Code (SAC) (An Eligible Telecommunications Carrier (ETC) must provide a certification form for each SAC through which it provides Lifeline service). le Jay Wireless, State NA DBA, Marketing or Other Branding Name (If same as ETC name, list "N/A" Do not leave blank) Holding Company Name (If same as ETC name, list "N/A" Do not leave blank) Yes 🔲 No XI Does the reporting company have affiliated ETCs?

Provide a list of all ETCs that are affiliated with the reporting ETC, using page 4 and additional sheets if necessary. Affiliation shall be determined in accordance with Section 3(2) of the Communications Act. That Section defines "affiliate" as "a person that (directly or indirectly) owns or controls, is owned or controlled by, or is under common ownership or control with, another person." 47 U.S.C. § 153(2). See also 47 C.F.R. § 76.1200.

Affiliated ETC's SAC	Affiliated ETC's Name	· · · · ·	

For purposes of this filing, an officer is an occupant of a position listed in the article of incorporation, articles of formation, or other similar legal document. An officer is a person who occupies a position specified in the corporate bylaws (or partnership agreement), and would typically be president, vice president for operations, vice president for finance, comptroller, treasurer, or a comparable position. If the filer is a sole proprietorship, the owner must sign the certification.

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- B) Confirm consumer eligibility by relying upon access to a state database and/or notice of eligibility from the state Lifeline administrator prior to enrolling a consumer in the Lifeline program.

I am an officer of the company named above. I am authorized to make this certification for the Study Area Code listed above.

Initial Ju +

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

A	8	C	D	$\mathbf{E} = (\mathbf{A} - \mathbf{B} - \mathbf{C} - \mathbf{D})$
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Ø	Ø	d	a	Ø

### **Recertification Results:**

P	G	H = (F-G)	The second se	J = (H+i)
Number of subscribers ETC contacted directly to recertify eligibility through attestation	Number of subscribers responding to ETC contact	Number of non- responding subscribers	Number of subscribers responding that they are no longer eligible (This should be a subset of Block G.)	Number of subscribers de- enrolled or scheduled to be de-enrolled as a result of non-response or response of ineligibility from ETC recertification attempt
N	Ø	Ø	R	Ø

K	L
Number of	Number of
subscribers whose	subscribers de-enrolled or
eligibility was	scheduled to be de-enrolled as
reviewed by state	a result of finding of
administrator,	ineligibility by state
ETC access to eligibility	administrator, ETC access to
database, or by USAC	eligibility database, or USAC

Note: If any subscriber was reviewed by an ETC accessing a state database or by a state administrator and subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in Blocks F through J as appropriate and not in Blocks K and L. As a result, all subscribers subject to recertification who were not de-enrolled prior to the recertification attempt must be accounted for in Block F or Block K.

The total of Block F and Block K should equal the number reported in Block E.

### Certification:

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#### AND/OR

OR

### Section 3: De-enroll Percentage

Using the data entered in Section 2, complete the chart below to find the percentage of subscribers de-enrolled for this ETC.

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	or ineligibility	

### Section 4: Pre-Paid ETCs

All ETCs must complete the appropriate check-box; pre-paid ETCs must complete all of Section 4. Pre-paid ETCs generally do not assess or collect a monthly fee from their Lifeline subscribers. ETCs that only assess a fee but do not collect such fees are pre-paid ETCs and must complete the chart below.

Is the ETC Pre-Paid?



If Yes, record the number of subscribers de-enfolled for non-usage by month in Block Q below.

Yes

P	Q
Month	Subscribers De-Enrolled for Non-Usage
January	$\mathcal{O}_{\mathcal{O}}$
February	Q
March	Q
April	0
May	0
June	Q
July	$\mathcal{Q}$
August	D
September	44
October	97
November	140
December	435
Total Subscribers	734

### **Signature Block**

By signing below, I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code (SAC) listed above.

reless.com Email Address Nen Person Completing This Certification Form

Frinted Name and Title of Officer Date 2 Contact Phone Number

SAC	Name
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### Annual Lifeline Eligible Telecommunications Carrier Certification Form All carriers must complete all or portions of all sections Form must be submitted to USAC and filed with the Federal Communications Commission

MINING OF SIGNATED IN THE AND THE AND TRICEDUCTIONS COMMISSION

IMPORTANT: PLEASE READ INSTRUCTIONS FIRST

Deadline: January 31<sup>st</sup> (Annually)

Study Area Code (SAC) (An Eligible Telecommunications Carrier (ETC) must provide a certification form for each SAC through which it provides Lifeline service). BILLE JAY WIRELESS State N Holding Company Name (If same as ETC name, list "N/A" Do not leave blank) DBA, Marketing or Other Branding Name (If same as ETC name, list "N/A" Do not leave blank) No Z Does the reporting company have affiliated ETCs? Yes 🔲

Provide a list of all ETCs that are affiliated with the reporting ETC, using page 4 and additional sheets if necessary. Affiliation shall be determined in accordance with Section 3(2) of the Communications Act. That Section defines "affiliate" as "a person that (directly or indirectly) owns or controls, is owned or controlled by, or is under common ownership or control with, another person." 47 U.S.C. § 153(2). See also 47 C.F.R. § 76.1200.

Affiliated ETC's SAC	Affiliated ETC's Name	

For purposes of this filing, an officer is an occupant of a position listed in the article of incorporation, articles of formation, or other similar legal document. An officer is a person who occupies a position specified in the corporate bylaws (or partnership agreement), and would typically be president, vice president for operations, vice president for finance, comptroller, treasurer, or a comparable position. If the filer is a sole proprietorship, the owner must sign the certification.

### Section 1: Initial Certification All ETCs must complete this section

I certify that the company listed above has certification procedures in place to:

- A) Review income and program-based eligibility documentation prior to enrolling a consumer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline; and/or
- B) Confirm consumer eligibility by relying upon access to a state database and/or notice of eligibility from the state Lifeline administrator prior to enrolling a consumer in the Lifeline program.

I am an officer of the company named above. I am authorized to make this certification for the Study Arca Code listed above.

Initial New

If an ETC has nothing to report in a block, enter a zero	

A	B	C	D	$\mathbf{E} = (\mathbf{A} - \mathbf{B} - \mathbf{C} - \mathbf{D})$
Number of subscribers claimed on February FCC Form 497 of current Form 555 calendar year (February data month)	Number of lines claimed on February FCC Form 497 of current Form 555 calendar year provided to wireline resellers	Number of subscribers claimed on the February FCC Form 497 that were <u>initially</u> enrolled in the current Form 555 calendar year (These subscribers did not have Lifeline service prior to January 1 of the current 555 calendar year.)	Number of subscribers de-enrolled <u>prior</u> to recertification attempt by either the ETC, a state administrator, access to an eligibility database, or by USAC	Number of subscribers ETC is responsible for recertifying for current Form 555 calendar year
Ø	Ø	Ø	Ø	Ø

### **Recertification Results:**

F	G	H = (F-G)	1	J = (H+I)
Number of subscribers ETC contacted directly to recertify eligibility through attestation	Number of subscribers responding to ETC contact	Number of non- responding subscribers	Number of subscribers responding that they are no longer eligible (This should be a subset of Block G.)	Number of subscribers de- enrolled or scheduled to be de-enrolled as a result of non-response or response of ineligibility from ETC recertification attempt
N	Ø	Ø	Ø	8

ĸ	L
Number of subscribers whose eligibility was reviewed by state administrator, ETC access to eligibility database, or by USAC	Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of finding of ineligibility by state administrator, ETC access to eligibility database, or USAC
X	TY

**Note:** If any subscriber was reviewed by an ETC accessing a state database or by a state administrator and subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in Blocks F through J as appropriate and not in Blocks K and L. As a result, all subscribers subject to recertification who were not de-enrolled prior to the recertification attempt must be accounted for in Block F or Block K.

The total of Block F and Block K should equal the number reported in Block E.

### **Certification:**

Based on the data entered above, initial the certification(s) below that apply. Both Certification A and B may apply depending on the recertification procedures in place for the SAC reporting on this form. If Certification C applies, neither Certification A nor B may apply.

A.) I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. Results are provided in the chart above in Blocks F through J. 1 am an officer of the company named above. I am authorized to make this certification for the SAC listed above.
Initial \_\_\_\_\_\_

#### AND/OR

B.) I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on:

(List database or name of administrator here) \_\_\_\_\_\_. Results are provided in the chart above in Blocks K through L. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial \_\_\_\_\_

OR

C.) I certify that my company did not claim federal low income support for any Lifeline subscribers for the February Form 497 data month for the current Form 555 calendar year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above. Initial \_\_\_\_\_\_ X

#### Section 3: **De-enroll Percentage**

Using the data entered in Section 2, complete the chart below to find the percentage of subscribers de-enrolled for this ETC.

$\mathbf{M} = (\mathbf{F} + \mathbf{K})$	N = (J+L)	O = ((N + M) + 100)
Number of subscribers that the ETC attempted to recertify directly or through a state administrator, ETC access to a state database, or by USAC (This should equal the number reported in Block E)	Number of subscribers de- enrolled or scheduled to be de- enrolled as a result of non-response or ineligibility	Percentage of subscribers de-enrolled or scheduled to be de-enrolled as a result of ineligibility or non-response

#### **Pre-Paid ETCs** Section 4:

All ETCs must complete the appropriate check-box; pre-paid ETCs must complete all of Section 4. Pre-paid ETCs generally do not assess or collect a monthly fee from their Lifeline subscribers. ETCs that only assess a fee but do not collect such fees are pre-paid ETCs and must complete the chart below.



Is the ETC Pre-Paid? Yes X No If Yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	Q
Month	Subscribers De-Enrolled for Non-Usage
January	$\mathcal{Q}$
February	Ø
March	Ø
April	Ø
May	To.
June	D.
July	Ø
August	Ør
September	
October	92
November	389
December	1092
Total Subscribers	1,173

### **Signature Block**

By signing below, I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code (SAC) listed above.

ductaywiveless.com auren NV Person Completing This Certification Form

Printed Name and Title of Office 1-20-15 Date -0454 7.02 Contact Phone Number

SAC	Name
L	1

### Annual Lifeline Eligible Telecommunications Carrier Certification Form All carriers must complete all or portions of all sections Form must be submitted to USAC and filed with the Federal Communications Commission

# **IMPORTANT: PLEASE READ INSTRUCTIONS FIRST**

Deadline: January 31<sup>st</sup> (Annually)

Study Area Code (SAC) (An Eligible Telecommunications Carrier (ETC) must provide a certification form for each SAC through which it provides Lifeline service). BILLE JAY WIVELES ETC Name State NIA Holding Company Name (If same as ETC name, list "N/A" Do not leave blank) DBA, Marketing or Other Branding Name (If same as ETC name, list "N/A" Do not leave blank) No 🗹 Does the reporting company have affiliated ETCs? Yes 🗌 Provide a list of all ETCs that are affiliated with the reporting ETC, using page 4 and additional sheets if necessary. Affiliation shall be

determined in accordance with Section 3(2) of the Communications Act. That Section defines "affiliate" as "a person that (directly or indirectly) owns or controls, is owned or controlled by, or is under common ownership or control with, another person." 47 U.S.C. § 153(2). See also 47 C.F.R. § 76.1200.

Affiliated ETC's SAC	Affiliated ETC's Name

For purposes of this filing, an officer is an occupant of a position listed in the article of incorporation, articles of formation, or other similar legal document. An officer is a person who occupies a position specified in the corporate bylaws (or partnership agreement), and would typically be president, vice president for operations, vice president for finance, comptroller, treasurer, or a comparable position. If the filer is a sole proprietorship, the owner must sign the certification.

### Section 1: Initial Certification All ETCs must complete this section

I certify that the company listed above has certification procedures in place to:

- A) Review income and program-based eligibility documentation prior to enrolling a consumer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline; and/or
- B) Confirm consumer eligibility by relying upon access to a state database and/or notice of eligibility from the state Lifeline administrator prior to enrolling a consumer in the Lifeline program.

I am an officer of the company named above. I am authorized to make this certification for the Study Area Code listed above.

Initial AU

The second se	If an ETC has nothing to repe	
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A	B	С	D	$\mathbf{E} = (\mathbf{A} - \mathbf{B} - \mathbf{C} - \mathbf{D})$
Number of subscribers claimed on February FCC Form 497 of current Form 555 calendar year (February data month)	Number of lines claimed on February FCC Form 497 of current Form 555 calendar year provided to wireline resellers	Number of subscribers claimed on the February FCC Form 497 that were <u>initially</u> enrolled in the current Form 555 calendar year (These subscribers did not have Lifeline service prior to January 1 of the current 555 calendar year.)	Number of subscribers de-enrolled <u>prior</u> to recertification attempt by either the ETC, a state administrator, access to an eligibility database, or by USAC	Number of subscribers ETC is responsible for recertifying for current Form 555 calendar year
Ø	0	Ø	Ø	Ø

### **Recertification Results:**

r	G	H = (F-G)		J = (H+i)
Number of subscribers ETC contacted directly to recertify eligibility through attestation	Number of subscribers responding to ETC contact	Number of non- responding subscribers	Number of subscribers responding that they are no longer eligible (This should be a subset of Block G.)	Number of subscribers de- enrolled or scheduled to be de-enrolled as a result of non-response or response of ineligibility from ETC recertification attempt
Ø	Ø	Ø	Ø	Ø

K	L	
Number of subscribers whose eligibility was reviewed by state administrator, ETC access to eligibility database, or by USAC	Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of finding of ineligibility by state administrator, ETC access to eligibility database, or USAC	
database, or by USAC	eligibility datab	

**Note:** If any subscriber was reviewed by an ETC accessing a state database or by a state administrator and subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in Blocks F through J as appropriate and not in Blocks K and L. As a result, all subscribers subject to recertification who were not de-enrolled prior to the recertification attempt must be accounted for in Block F or Block K.

The total of Block F and Block K should equal the number reported in Block E.

### **Certification:**

Based on the data entered above, initial the certification(s) below that apply. Both Certification A and B may apply depending on the recertification procedures in place for the SAC reporting on this form. If Certification C applies, neither Certification A nor B may apply.

A.) I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. Results are provided in the chart above in Blocks F through J. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.
Initial \_\_\_\_\_\_\_

#### AND/OR

B.) I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on:

(List database or name of administrator here) . Results are provided in the chart above in Blocks K through L. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial \_\_\_\_\_

OR

C.) I certify that my company did not claim federal low income support for any Lifeline subscribers for the February Form 497 data month for the current Form 555 calendar year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above. Initial

### Section 3: De-enroll Percentage

Using the data entered in Section 2, complete the chart below to find the percentage of subscribers de-enrolled for this ETC.

umber of ibscribers de- irolled or scheduled be de- enrolled as a sult of non-response	Percentage of subscribers de-enrolled or scheduled to be de-enrolled as a result of ineligibility or non-response
ineligibility	
	ineligibility

### Section 4: Pre-Paid ETCs

All ETCs must complete the appropriate check-box; pre-paid ETCs must complete all of Section 4. Pre-paid ETCs generally do not assess or collect a monthly fee from their Lifeline subscribers. ETCs that only assess a fee but do not collect such fees are pre-paid ETCs and must complete the chart below.

Is the ETC Pre-Paid?



If Yes, record the number of subscribers de-ehrolled for non-usage by month in Black Q below.

Yes

Р	Q	
Month	Subscribers De-Enrolled for Non-Usage	
January	0	
February	Ø	
March	Ø	
April	0	
May	0	
June	0	
July		
August	0	
September	18	
October	47	
November	41	
December	133	
Total Subscribers	240	

### **Signature Block**

By signing below, I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code (SAC) listed above.

Sigi wireless com Email Address of DY auren Person Completing This Certification Form

Printed Name and Date Contact Phone Number

SAC	Name

FCC Form 555 November 2014

### Annual Lifeline Eligible Telecommunications Carrier Certification Form All carriers must complete all or portions of all sections Form must be submitted to USAC and filed with the Federal Communications Commission IMPORTANT: PLEASE READ INSTRUCTIONS FIRST Deadline: January 31<sup>st</sup> (Annually)

Study Area Code (SAC) (An Eligible Telecommunications Carrier (ETC) must provide a certification form for each SAC through which it provides Lifeline service).

M

State

NI

DBA, Marketing or Other Branding Name (If same as ETC name, list "N/A" Do not leave blank)

Blue	Tay	Wireles	S. LL
ETC Nat	me		- ,

Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)

No 🗵

Does the reporting company have affiliated ETCs?

Provide a list of all ETCs that are affiliated with the reporting ETC, using page 4 and additional sheets if necessary. Affiliation shall be determined in accordance with Section 3(2) of the Communications Act. That Section defines "affiliate" as "a person that (directly or indirectly) owns or controls, is owned or controlled by, or is under common ownership or control with, another person." 47 U.S.C. § 153(2). See also 47 C.F.R. § 76.1200.

Yes 🔲

Affiliated ETC's	SAC	-	Affiliated ETC's Name		
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For purposes of this filing, an officer is an occupant of a position listed in the article of incorporation, articles of formation, or other similar legal document. An officer is a person who occupies a position specified in the corporate bylaws (or partnership agreement), and would typically be president, vice president for operations, vice president for finance, comptroller, treasurer, or a comparable position. If the filer is a sole proprietorship, the owner must sign the certification.

### Section 1: Initial Certification All ETCs must complete this section

I certify that the company listed above has certification procedures in place to:

- A) Review income and program-based eligibility documentation prior to enrolling a consumer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline; and/or
- B) Confirm consumer eligibility by relying upon access to a state database and/or notice of eligibility from the state Lifeline administrator prior to enrolling a consumer in the Lifeline program.

I am an officer of the company named above. I am authorized to make this certification for the Study Area Code listed above.

Initial Du \*

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Do not leave empty blocks. If an ETC has nothing to report in a block, enter
--

A	B	C	D	$\mathbf{E} = (\mathbf{A} - \mathbf{B} - \mathbf{C} - \mathbf{D})$
Number of subscribers claimed on February FCC Form 497 of current Form 555 calendar year (February data month)	Number of lines claimed on February FCC Form 497 of current Form 555 calendar year provided to wireline resellers	Number of subscribers claimed on the February FCC Form 497 that were <u>initially</u> enrolled in the current Form 555 calendar year (These subscribers did not have Lifeline service prior to January 1 of the current 555 calendar year.)	Number of subscribers de-enrolled <u>prior</u> to recertification attempt by either the ETC, a state administrator, access to an eligibility database, or by USAC	Number of subscribers ETC is responsible for recertifying for current Form 555 calendar year
881	Ø	Ø	1,124	205

### **Recertification Results:**

F	G	H = (F-G)	I I I I I I I I I I I I I I I I I I I	J = (H+J)
Number of subscribers ETC contacted directly to recertify eligibility through attestation	Number of subscribers responding to ETC contact	Number of non- responding subscribers	Number of subscribers responding that they are no longer eligible ( <i>This should be a subset of Block</i> <i>G.</i> )	Number of subscribers de- enrolled or scheduled to be de-enrolled as a result of non-response or response of ineligibility from ETC recertification attempt
205	43	162	K	1102

mber of scribers de-enrolled or eduled to be de-enrolled as		
esult of finding of ligibility by state ministrator, ETC access to gibility database, or USAC		
B		
2		

Note: If any subscriber was reviewed by an ETC accessing a state database or by a state administrator and subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in Blocks F through J as appropriate and not in Blocks K and L. As a result, all subscribers subject to recertification who were not de-enrolled prior to the recertification attempt must be accounted for in Block F or Block K.

The total of Block F and Block K should equal the number reported in Block E.

### Certification:

Based on the data entered above, initial the certification(s) below that apply. Both Certification A and B may apply depending on the recertification procedures in place for the SAC reporting on this form. If Certification C applies, neither Certification A nor B may apply.

A.) I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. Results are provided in the chart above in Blocks F through J. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.
 Initial <u>Dub</u>

AND/OR

B.) I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on:

(List database or name of administrator here) \_\_\_\_\_\_. Results are provided in the chart above in Blocks K through L. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above. Initial \_\_\_\_\_\_

OR

C.) I certify that my company did not claim federal low income support for any Lifeline subscribers for the February Form 497 data month for the current Form 555 calendar year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above. Initial \_\_\_\_\_\_

3000-0017

### Section 3: De-enroll Percentage

Using the data entered in Section 2, complete the chart below to find the percentage of subscribers de-enrolled for this ETC.

M = (F+K)	N = (J+L)	O = ((N ÷ M) * 100)
Number of subscribers that the ETC attempted to recertify directly or through a state administrator, ETC access to a state database, or by USAC (This should equal the number reported in Block E)	Number of subscribers de- enrolled or scheduled to be de- enrolled as a result of non-response or ineligibility	Percentage of subscribers de-enrolled or scheduled to be de-enrolled as a result of ineligibility or non-response
205	162	79%

### Section 4: Pre-Paid ETCs

All ETCs must complete the appropriate check-box; pre-paid ETCs must complete all of Section 4. Pre-paid ETCs generally do not assess or collect a monthly fee from their Lifeline subscribers. ETCs that only assess a fee but do not collect such fees are pre-paid ETCs and must complete the chart below.

No 🗖

Is the ETC Pre-Paid? Yes

If Yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	Q		
Month	Subscribers De-Enrolled for Non-Usage		
January	13		
February	434		
March	75		
April	59		
May	76		
June	49		
July	32		
August	37		
September	43		
October	FA .		
November	107		
December	286		
Total Subscribers	1,285		

### **Signature Block**

By signing below, I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code (SAC) listed above.

Signed

Signature of Officer DALYCIE OFFICE Email Address of Officer LAUYEN MOXLEY Person Completing This Certification Form

David Warakis, CED Printed Name and Title of Officer K 1-31-1 Date -0954 **Contact Phone Number** 

SAC	Name
₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩	
<b>ĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸ</b>	ֈֈֈֈֈֈֈֈֈֈֈֈֈֈֈֈֈֈֈֈֈֈֈֈֈֈֈֈֈֈֈֈֈֈֈֈֈֈ
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### Annual Lifeline Eligible Telecommunications Carrier Certification Form

All carriers must complete all or portions of all sections

Form must be submitted to USAC and filed with the Federal Communications Commission

### **IMPORTANT: PLEASE READ INSTRUCTIONS FIRST**

Deadline: January 31<sup>st</sup> (Annually)

# 559020

Study Area Code (SAC) (An Eligible Telecommunications Carrier (ETC) must provide a vertification form for each SAC through which it provides Lifeline service).

NV

State

N/A

DBA, Marketing or Other Branding Name (If same as ETC name, list "N/A" Do not leave blank)

Blue Jav Wireless

ETC Name

Yes  $\square$ 

NIA

Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)

No V

Does the reporting company have affiliated ETCs?

Provide a list of all ETCs that are affiliated with the reporting ETC, using page 4 and additional sheets if necessary. Affiliation shall be determined in accordance with Section 3(2) of the Communications Act, That Section defines "affiliate" as "a person that (directly or indirectly) owns or controls, is owned or controlled by, or is under common ownership or control with, another person." 47 U.S.C. § 153(2). See also 47 C.F.R. § 76,1200.

Affiliated ETC's SAC	Affiliated ETC's Name

For purposes of this filing, an officer is an occupant of a position listed in the article of incorporation, articles of formation, or other similar legal document. An officer is a person who occupies a position specified in the corporate bylaws (or partnership agreement), and would typically be president, vice president for operations, vice president for finance, comptroller, treasurer, or a comparable position. If the filer is a sole proprietorship, the owner must sign the certification.

### Section 1: Initial Certification All ETCs must complete this section

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- A) Review income and program-based eligibility documentation prior to enrolling a consumer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline; and/or
- B) Confirm consumer eligibility by relying upon access to a state database and/or notice of eligibility from the state Lifeline administrator prior to enrolling a consumer in the Lifeline program.

I am an officer of the company named above. I am authorized to make this certification for the Study Area Code listed above.

Initial JU

lf an ETC has nothing to report	

A	В	C	D	$\mathbf{E} = (\mathbf{A} - \mathbf{B} - \mathbf{C} - \mathbf{D})$
Number of subscribers claimed on February FCC Form 497 of current Form 555 calendar ycar (February data month)	Number of lines claimed on February FCC Form 497 of current Form 555 calendar year provided to wireline resellers	Number of subscribers claimed on the February FCC Form 497 that were <u>initially</u> enrolled in the current Form 555 calendar year (These subscribers did not have Lifeline service prior to January 1 of the current 555 calendar year.)	Number of subscribers de-enrolled <u>prior</u> to recertification attempt by either the ETC, a state administrator, access to an eligibility database, or by USAC	Number of subscribers ETC is responsible for recertifying for current Form 555 calendar year
35	Ø	35	Ø	Ø

### **Recertification Results:**

F	G	H = (F-G)		J = (H+I)
Number of subscribers ETC contacted directly to recertify eligibility through attestation	Number of subscribers responding to ETC contact	Number of non- responding subscribers	Number of subscribers responding that they are no longer eligible ( <i>This should be a subset of Block</i> <i>G.</i> )	Number of subscribers de- enrolled or scheduled to be de-enrolled as a result of non-response or response of ineligibility from ETC recertification attempt
(7)	Ø	Ø	Ø	Ø

K	L
Number of	Number of
subscribers whose	subscribers de-enrolled or
eligibility was	scheduled to be de-enrolled as
reviewed by state	a result of finding of
administrator,	ineligibility by state
ETC access to eligibility	administrator, ETC access to
database, or by USAC	eligibility database, or USAC

**Note:** If any subscriber was reviewed by an ETC accessing a state database or by a state administrator and subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in Blocks F through J as appropriate and not in Blocks K and L. As a result, all subscribers subject to recertification who were not de-enrolled prior to the recertification attempt must be accounted for in Block F or Block K.

The total of Block F and Block K should equal the number reported in Block F.

### **Certification:**

Based on the data entered above, initial the certification(s) below that apply. Both Certification A and B may apply depending on the recertification procedures in place for the SAC reporting on this form. If Certification C applies, neither Certification A nor B may apply.

A.) I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. Results are provided in the chart above in Blocks F through J. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.
 Initial Yuy

### AND/OR

B.) I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on:

(List database or name of administrator here) . Results are provided in the chart above in Blocks K through L. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial \_\_\_\_\_

### OR

C.) I certify that my company did not claim federal low income support for any Lifeline subscribers for the February Form 497 data month for the current Form 555 calendar year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above. Initial\_\_\_\_\_\_

### Section 3: De-enroll Percentage

Using the data entered in Section 2, complete the chart below to find the percentage of subscribers de-enrolled for this ETC.

M = (F+K)	N = (J+L)	$O = ((N \div M) \star 100)$
Number of subscribers that the ETC attempted to recertify directly or through a state administrator, ETC access to a state database, or by USAC (This should equal the number reported in Block E)	Number of subscribers de- enrolled or scheduled to be de- enrolled as a result of non-response or ineligibility	Percentage of subscribers de-enrolled or scheduled to be de-enrolled as a result of ineligibility or non-response
Ø	X	d

Section 4:	Pre-Paid	ETCs

All ETCs must complete the appropriate check-box; pre-paid ETCs must complete all of Section 4. Pre-paid ETCs generally do not assess or collect a monthly fee from their Lifeline subscribers. ETCs that only assess a fee but do not collect such fees are pre-paid ETCs and must complete the chart below.

### Is the ETC Pre-Paid?



If Yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

Yes X

P	Q
Month	Subscribers De-Enrolled for Non-Usage
January	0
February	Ŭ
March	Ö
April	Q
May	
June	20
July	38
August	٩́4
September	157
October	165
November	त्रहा
December	6801
Total Subscribers	1,426

### **Signature Block**

By signing below, I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code (SAC) listed above.

Signe Sig repulsiveless com Email Address of Nen NA. . AV.I Person Completing This Certification Form

Printed Name and Title of Officer 1 - 30 - 15Date 9-0954 202 5 **Contact Phone Number** 

SAC	Name
	<u>.</u>
	1

### Annual Lifeline Eligible Telecommunications Carrier Certification Form

All carriers must complete all or portions of all sections

Form must be submitted to USAC and filed with the Federal Communications Commission

### **IMPORTANT: PLEASE READ INSTRUCTIONS FIRST**

Deadline: January 31<sup>st</sup> (Annually)

<u>439058</u> Study Area Code (SAC)	
(An Eligible Telecommunications Carrier (ETC) must provide a certification of the second seco	fication form for each SAC through which it provides Lifeline service). Blue Tay Wireloss, UC ETC Name
DBA, Marketing or Other Branding Name (If same as ETC name, list "N/A" Do not leave blank)	N/A Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)
Does the reporting company have affiliated ETCs?	Yes 🗖 No 🕅

Provide a list of all ETCs that are affiliated with the reporting ETC, using page 4 and additional sheets if necessary. Affiliation shall be determined in accordance with Section 3(2) of the Communications Act. That Section defines "affiliate" as "a person that (directly or indirectly) owns or controls, is owned or controlled by, or is under common ownership or control with, another person." 47 U.S.C. § 153(2). See also 47 C.F.R. § 76.1200.

Affiliated ETC's SAC	Affiliated ETC's Name

For purposes of this filing, an officer is an occupant of a position listed in the article of incorporation, articles of formation, or other similar legal document. An officer is a person who occupies a position specified in the corporate bylaws (or partnership agreement), and would typically be president, vice president for operations, vice president for finance, comptroller, treasurer, or a comparable position. If the filer is a sole proprietorship, the owner must sign the certification.

### Section 1: Initial Certification All ETCs must complete this section

I certify that the company listed above has certification procedures in place to:

- A) Review income and program-based eligibility documentation prior to enrolling a consumer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline; and/or
- B) Confirm consumer eligibility by relying upon access to a state database and/or notice of eligibility from the state Lifeline administrator prior to enrolling a consumer in the Lifeline program.

I am an officer of the company named above. I am authorized to make this certification for the Study Area Code listed above.

Initial DW

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

Å	B	С	D	$\mathbf{E} = (\mathbf{A} - \mathbf{B} - \mathbf{C} - \mathbf{D})$
Number of subscribers claimed on February FCC Form 497 of current Form 555 calendar year (February data month)	Number of lines elaimed on February FCC Form 497 of current Form 555 calendar year provided to wireline resellers	Number of subscribers claimed on the February FCC Form 497 that were initially enrolled in the current Form 555 calendar year (These subscribers did not have Lifeline service prior to January 1 of the current 555 calendar year.)	Number of subscribers de-enrolled <u>prior</u> to recertification attempt by either the ETC, a state administrator, access to an eligibility database, or by USAC	Number of subscribers ETC is responsible for recertifying for current Form 555 calendar year
18	Ø	B	Ø	Ø

### **Recertification Results:**

F	G	H = (F-G)	1	J = (H+I)
Number of subscribers ETC contacted directly to recertify eligibility through attestation	Number of subscribers responding to ETC contact	Number of non- responding subscribers	Number of subscribers responding that they are no longer eligible ( <i>This should be a subset of Block</i> <i>G.</i> )	Number of subscribers de- enrolled or scheduled to be de-enrolled as a result of non-response or response of ineligibility from ETC recertification attempt
X	X	X	Ø	8

K	Ľ	247 E 1
Number of	Number of	
subscribers whose	subscribers de-enrolled or	
eligibility was	scheduled to be de-enrolled as	
reviewed by state	a result of finding of	
administrator,	ineligibility by state	
ETC access to eligibility	administrator, ETC access to	
database, or by USAC	eligibility database, or USAC	100
N	R	

Note: If any subscriber was reviewed by an ETC accessing a state database or by a state administrator and subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in Blocks F through J as appropriate and not in Blocks K and L. As a result, all subscribers subject to recertification who were not de-enrolled prior to the recertification attempt must be accounted for in Block F or Block K.

The total of Block F and Block K should equal the number reported in Block

### Certification:

Based on the data entered above, initial the certification(s) below that apply. Both Certification A and B may apply depending on the recertification procedures in place for the SAC reporting on this form. If Certification C applies, neither Certification A nor B may apply.

A.) I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. Results are provided in the chart above in Blocks F through J. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.
Initial \_\_\_\_\_\_

#### AND/OR

B.) I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on: (List database or name of administrator here) Blocks K through L. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above. Initial\_\_\_\_\_

OR

C.) I certify that my company did not claim federal low income support for any Lifeline subscribers for the February Form 497 data month for the current Form 555 calendar year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above. Initial Max + y

#### Section 3: **De-enroll Percentage**

Using the data entered in Section 2, complete the chart below to find the percentage of subscribers de-enrolled for this ETC.

M = (F+K)	N = (J+L)	$O = ((N \div M) * 100)$
Number of subscribers that the ETC attempted to recertify directly or through a state administrator, ETC access to a state database, or by USAC (This should equal the number reported in Block E)	Number of subscribers de- enrolled or scheduled to be de- enrolled as a result of non-response or ineligibility	Percentage of subscribers de-enrolled or scheduled to be de-enrolled as a result of ineligibility or non-response

#### **Pre-Paid ETCs** Section 4:

All ETCs must complete the appropriate check-box; pre-paid ETCs must complete all of Section 4. Pre-paid ETCs generally do not assess or collect a monthly fee from their Lifeline subscribers. ETCs that only assess a fee but do not collect such fees are pre-paid ETCs and must complete the chart below.

Is the ETC Pre-Paid?

No 🗖

If Yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

Yes 💟

P	Q
Month	Subscribers De-Enrolled for Non-Usage
January	0
February	Ğ
March	0
April	0
May	0
June	0
July	Ô
August	q
September	32
October	55
November	83
December	214
Total Subscribers	393

### **Signature Block**

By signing below, I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code (SAC) listed above.

Signed Sig paymineters.com Email Address of Officer lauren moder Person Completing This Certifidation Form

areik inted Name and Title of Officer Date Contact Phone Number
SAC	Name
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## Annual Lifeline Eligible Telecommunications Carrier Certification Form All carriers must complete all or portions of all sections Form must be submitted to USAC and filed with the Federal Communications Commission

## **IMPORTANT: PLEASE READ INSTRUCTIONS FIRST**

Deadline: January 31<sup>st</sup> (Annually)

<u>179023</u> Study Area Code (SAC) (An Eligible Telecommunications Carrier (ETC) must provide a carri	fication form for <b>each SAC</b> through which it provides Lifeline service).
PA	Blue Jay Wireless, LLC
State	ETC Name
N/A	N/A
DBA, Marketing or Other Branding Name	Holding Company Name
(If same as ETC name, list "N/A" Do not leave blank)	(If sume as ETC name, list "N/A" Do not leave blank)
Does the reporting company have affiliated ETCs?	Yes 🗖 No 🕅

Provide a list of all ETCs that are affiliated with the reporting ETC, using page 4 and additional sheets if necessary. Affiliation shall be determined in accordance with Section 3(2) of the Communications Act. That Section defines "affiliate" as "a person that (directly or indirectly) owns or controls, is owned or controlled by, or is under common ownership or control with, another person " 47 U.S.C. § 153(2). See also 47 C.F.R. § 76.1200.

Affiliated ETC's SAC	Affiliated ETC's Name

For purposes of this filing, an officer is an occupant of a position listed in the article of incorporation, articles of formation, or other similar legal document. An officer is a person who occupies a position specified in the corporate bylaws (or partnership agreement), and would typically be president, vice president for operations, vice president for finance, comptroller, treasurer, or a comparable position. If the filer is a sole proprietorship, the owner must sign the certification.

#### Section 1: Initial Certification All ETCs must complete this section

I certify that the company listed above has certification procedures in place to:

- A) Review income and program-based eligibility documentation prior to enrolling a consumer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline; and/or
- B) Confirm consumer eligibility by relying upon access to a state database and/or notice of eligibility from the state Lifeline administrator prior to enrolling a consumer in the Lifeline program.

Initial In \*

A	В	С	D	$\mathbf{E} = (\mathbf{A} - \mathbf{B} - \mathbf{C} - \mathbf{D})$
Number of subscribers claimed on February FCC Form 497 of current Form 555 calendar year (February data month)	Number of lines claimed on February FCC Form 497 of current Form 555 calendar year provided to wireline resellers	Number of subscribers claimed on the February FCC Form 497 that were <u>initially</u> enrolled in the current Form 555 calendar year (These subscribers did not have Lifeline service prior to January 1 of the current 555 calendar year.)	Number of subscribers de-enrolled <u>prior</u> to recertification attempt by either the ETC, a state administrator, access to an eligibility database, or by USAC	Number of subscribers ETC is responsible for recertifying for current Form 555 calendar year
D	Ø	Ø	Ø	8

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

## **Recertification Results:**

				T T T T T T T T T T T T T T T T T T T
F	G	H = (F-G)		J = (H+l)
Number of subscribers ETC contacted directly to recertify eligibility through attestation	Number of subscribers responding to ETC contact	Number of non- responding subscribers	Number of subscribers responding that they are no longer eligible ( <i>This should be a subset of Block</i> <i>G.</i> )	Number of subscribers de- enrolled or scheduled to be de-enrolled as a result of non-response or response of ineligibility from ETC recertification attempt
Ø	Ø	ø	8	Ø

Number of	Number of
subscribers whose	subscribers de-enrolled or
eligibility was	scheduled to be de-enrolled as
reviewed by state	a result of finding of
administrator,	ineligibility by state
ETC access to eligibility	administrator, ETC access to
database, or by USAC	eligibility database, or USAC

Note: If any subscriber was reviewed by an ETC accessing a state database or by a state administrator and subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in Blocks F through J as appropriate and not in Blocks K and L. As a result, all subscribers subject to recertification who were not de-enrolled prior to the recertification attempt must be accounted for in Block F or Block K.

The total of Block F and Block K should equal the number reported in Block F.

#### **Certification:**

Initial \_

Based on the data entered above, initial the certification(s) below that apply. Both Certification A and B may apply depending on the recertification procedures in place for the SAC reporting on this form. If Certification C applies, neither Certification A nor B may apply.

A.) I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. Results are provided in the chart above in Blocks F through J. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.
Initial \_\_\_\_\_\_

AND/OR

B.) I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on:

(List database or name of administrator here) . Results are provided in the chart above in Blocks K through L. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

OR

C.) I certify that my company did not claim federal low income support for any Lifeline subscribers for the February Form 497 data month for the current Form 555 calendar year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above. Initial \_\_\_\_\_¥

#### **De-enroll Percentage** Section 3:

Using the data entered in Section 2, complete the chart below to find the percentage of subscribers de-enrolled for this ETC.

$\mathbf{M} = (\mathbf{F} + \mathbf{K})$	N = (J+L)	O = ((N + M) * 100)
Number of subscribers that the ETC attempted to recertify directly <u>or</u> through a state administrator, ETC access to a state database, or by USAC ( <i>This should equal the number</i> reported in Block E)	Number of subscribers de- enrolled or scheduled to be de- enrolled as a result of non-response or ineligibility	Percentage of subscribers de-enrolled or scheduled to be de-enrolled as a result of ineligibility or non-response

#### Section 4: **Pre-Paid ETCs**

All ETCs must complete the appropriate check-box; pre-paid ETCs must complete all of Section 4. Pre-paid ETCs generally do not assess or collect a monthly fee from their Lifeline subscribers. ETCs that only assess a fee but do not collect such fees are pre-paid ETCs and must complete the chart below.

Is the ETC Pre-Paid?

No 🗌

If Yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

Yes IV

P	Q
Month	Subscribers De-Enrolled for Non-Usage
January	0
February	0
March	0
April	0
May	0
June	0
July	0
August	0
September	0
October	$\mathbf{O}$
November	0
December	0
Total Subscribers	0

#### **Signature Block**

By signing below, I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code (SAC) listed above.

Signed 100 hu 5 Email Address of Officer Lauren M oxie Person Completing This Certification Form

rinted Name and Title of Officer Date -0954 202-31 **Contact Phone Number** 

SAC	Name

FCC Form 555 November 2014 Approved by OMB 3060-0819

#### Annual Lifeline Eligible Telecommunications Carrier Certification Form All carriers must complete all or portions of all sections Form must be submitted to USAC and filed with the Federal Communications Commission IMPORTANT: PLEASE READ INSTRUCTIONS FIRST Deadline: January 31<sup>st</sup> (Annually)

639019	
QL-1- A Q-1- 10 4 Ch	

Study Area Code (SAC) (An Eligible Telecommunications Carrier (ETC) must provide a certification form for each SAC through which it provides Lifeline service).

State

NIA

DBA, Marketing or Other Branding Name (If same as ETC name, list "N/A" Do not leave blank)

Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)

Does the reporting company have affiliated ETCs?

Yes 🖸 No 🗖

Provide a list of all ETCs that are affiliated with the reporting ETC, using page 4 and additional sheets if necessary. Affiliation shall be determined in accordance with Section 3(2) of the Communications Act. That Section defines "affiliate" as "a person that (directly or indirectly) owns or controls, is owned or controlled by, or is under common ownership or control with, another person." 47 U.S.C. § 153(2). See also 47 C.F.R. § 76.1200.

Affiliated ETC's SAC	Affiliated ETC's Name	

For purposes of this filing, an officer is an occupant of a position listed in the article of incorporation, articles of formation, or other similar legal document. An officer is a person who occupies a position specified in the corporate bylaws (or partnership agreement), and would typically be president, vice president for operations, vice president for finance, comptroller, treasurer, or a comparable position. If the filer is a sole proprietorship, the owner must sign the certification.

#### Section 1: Initial Certification All ETCs must complete this section

I certify that the company listed above has certification procedures in place to:

- A) Review income and program-based eligibility documentation prior to enrolling a consumer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline; and/or
- B) Confirm consumer eligibility by relying upon access to a state database and/or notice of eligibility from the state Lifeline administrator prior to enrolling a consumer in the Lifeline program.

I am an officer of the company named above. I am authorized to make this certification for the Study Area Code listed above.

Initial \_\_\_\_\_\_

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wo not reave entry blocks. If an all on all nonling to report the block enter a lei g.	Do not leave empty blocks.	If an ETC has nothing to rep	ort in a block, enter a zero.
--	----------------------------	------------------------------	-------------------------------

A	B	C	D	E = (A - B - C - D)
Number of subscribers claimed on February FCC Form 497 of current Form 555 calendar year (February data month)	Number of lines claimed on February FCC Form 497 of current Form 555 calendar year provided to wireline resellers	Number of subscribers claimed on the February FCC Form 497 that were <u>initially</u> enrolled in the current Form 555 calendar year (These subscribers did not have Lifeline service prior to January 1 of the current 555 calendar year.)	Number of subscribers de-enrolled <u>prior</u> to recertification attempt by either the ETC, a state administrator, access to an eligibility database, or by USAC	Number of subscribers ETC is responsible for recertifying for current Form 555 calendar year
15,298	Ø	V1527	3,562	6,081

#### **Recertification Results:**

F	G	H=(F-G)		J = (H+l)
Number of subscribers ETC contacted directly to recertify eligibility through attestation	Number of subscribers responding to ETC contact	Number of non- responding subscribers	Number of subscribers responding that they are no longer eligible ( <i>This should be a subset of Block</i> <i>G.</i> )	Number of subscribers de- enrolled or scheduled to be de-enrolled as a result of non-response or response of ineligibility from ETC recertification attempt
21260	3	2,263	0	2,263

K	L	
Number of subscribers whose eligibility was reviewed by state administrator, ETC access to eligibility database, or by USAC	Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of finding of ineligibility by state administrator, ETC access to eligibility database, or USAC	
3,815	Ø	

Note: If any subscriber was reviewed by an ETC accessing a state database or by a state administrator and subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in Blocks F through J as appropriate and not in Blocks K and L. As a result, all subscribers subject to recertification who were not de-enrolled prior to the recertification attempt must be accounted for in Block F or Block K.

The total of Block F and Block K should equal the number reported in Block E.

#### **Certification:**

Based on the data entered above, initial the certification(s) below that apply. Both Certification A and B may apply depending on the recertification procedures in place for the SAC reporting on this form. If Certification C applies, neither Certification A nor B may apply.

A.) I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. Results are provided in the chart above in Blocks F through J. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.
 Initial <u>D</u>

AND/OR

OR

C.) I certify that my company did not claim federal low income support for any Lifeline subscribers for the February Form 497 data month for the current Form 555 calendar year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above. Initial

#### Section 3: **De-enroll** Percentage

Using the data entered in Section 2, complete the chart below to find the percentage of subscribers de-enrolled for this ETC.

M = (F+K)	N = (J+L)	O = ((N + M) * 100)
Number of subscribers that the ETC attempted to recertify directly or through a state administrator, ETC access to a state database, or by USAC (This should equal the number reported in Block E)	Number of subscribers de- enrolled or scheduled to be de- enrolled as a result of non-response or ineligibility	Percentage of subscribers de-enrolled or scheduled to be de-enrolled as a result of ineligibility or non-response
4,081	2,263	37%

#### Section 4: **Pre-Paid ETCs**

All ETCs must complete the appropriate check-box; pre-paid ETCs must complete all of Section 4. Pre-paid ETCs generally do not assess or collect a monthly fee from their Lifeline subscribers. ETCs that only assess a fee but do not collect such fees are pre-paid ETCs and must complete the chart below.



Is the ETC Pre-Paid? Yes No IIII If Yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	Q	
Month	Subscribers De-Enrolled for Non-Usage	
January	236	
February	451	
March	293	
April	296	
May	436	
June	406	
July	817	
August	988	
September	1,159	
October	1/4/6/6	
November	1294	
December	2,430	
Total Subscribers	10,472	

#### **Signature Block**

By signing below, I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code (SAC) listed above.

Signed Signature of Officer animireless.com Email Address OXIC Person Completing This Certification Form

Printed Name and Title of Officer -3 Ľ. Date **Contact Phone Number** 

SAC	Name
	***************************************
	and a second
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#### Annual Lifeline Eligible Telecommunications Carrier Certification Form All carriers must complete all or portions of all sections

Form must be submitted to USAC and filed with the Federal Communications Commission

## **IMPORTANT: PLEASE READ INSTRUCTIONS FIRST**

Deadline: January 31<sup>st</sup> (Annually)

# 589010

Study Area Code (SAC) (An Eligible Telecommunications Carrier (ETC) must provide a certification form for each SAC through which it provides Lifeline service).

State

DBA, Marketing or Other Branding Name (If same as ETC name, list "N/A" Do not leave blank)

au wirpless u

ETC Name

Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)

Does the reporting company have affiliated ETCs?

Yes 🔲 No 🔀

Provide a list of all ETCs that are affiliated with the reporting ETC, using page 4 and additional sheets if necessary. Affiliation shall be determined in accordance with Section 3(2) of the Communications Act. That Section defines "affiliate" as "a person that (directly or indirectly) owns or controls, is owned or controlled by, or is under common ownership or control with, another person." 47 U.S.C. § 153(2). See also 47 C.F.R. § 76.1200.

Affiliated ETC's SAC	Affiliated ETC's Name	

For purposes of this filing, an officer is an occupant of a position listed in the article of incorporation, articles of formation, or other similar legal document. An officer is a person who occupies a position specified in the corporate bylaws (or partnership agreement), and would typically be president, vice president for operations, vice president for finance, comptroller, treasurer, or a comparable position. If the filer is a sole proprietorship, the owner must sign the certification.

### Section 1: Initial Certification All ETCs must complete this section.

I certify that the company listed above has certification procedures in place to:

- A) Review income and program-based eligibility documentation prior to enrolling a consumer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline; and/or
- B) Confirm consumer eligibility by relying upon access to a state database and/or notice of eligibility from the state Lifeline administrator prior to enrolling a consumer in the Lifeline program.

Initial

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

A	B	Ê	α	$\mathbf{E} = (\mathbf{A} - \mathbf{B} - \mathbf{C} - \mathbf{D})$
Number of subscribers claimed on February FCC Form 497 of current Form 555 calendar year (February data month)	Number of lines claimed on February FCC Form 497 of current Form 555 calendar year provided to wireline resellers	Number of subscribers claimed on the February FCC Form 497 that were <u>initially</u> enrolled in the current Form 555 calendar year (These subscribers did not have Lifeline service prior to January 1 of the current 555 calendar year.)	Number of subscribers de-enrolled <u>prior</u> to recertification attempt by either the ETC, a state administrator, access to an eligibility database, or by USAC	Number of subscribers ETC is responsible for recertifying for current Form 555 calendar year
Pb 1	B	Ø	Ø	Ø

### **Recertification Results:**

R	G	H = (F-G)	I	J = (H+1)
Number of subscribers ETC contacted directly to recertify eligibility through attestation	Number of subscribers responding to ETC contact	Number of non- responding subscribers	Number of subscribers responding that they are no longer eligible (This should be a subset of Block G.)	Number of subscribers de- enrolled or scheduled to be de-enrolled as a result of non-response or response of ineligibility from ETC recertification attempt
Ø	Ø	Ø	8	Ø

K	L
Number of	Number of
subscribers whose	subscribers de-enrolled or
eligibility was	scheduled to be de-enrolled as
reviewed by state	a result of finding of
administrator,	ineligibility by state
ETC access to eligibility	administrator, ETC access to
database, or by USAC	eligibility database, or USAC

Note: If any subscriber was reviewed by an ETC accessing a state database or by a state administrator and subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in Blocks F through J as appropriate and not in Blocks K and L. As a result, all subscribers subject to recertification who were not de-enrolled prior to the recertification attempt must be accounted for in Block F or Block K.

The total of Block F and Block K should equal the number reported in Block E.

#### **Certification:**

Based on the data entered above, initial the certification(s) below that apply. Both Certification A and B may apply depending on the recertification procedures in place for the SAC reporting on this form. If Certification C applies, neither Certification A nor B may apply.

A.) I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. Results are provided in the chart above in Blocks F through J. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.
Initial \_\_\_\_\_\_

#### AND/OR

B.) I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on: (List database or name of administrator here) Blocks K through L. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above. Initial\_\_\_\_\_\_

OR

C.) I certify that my company did not claim federal low income support for any Lifeline subscribers for the February Form 497 data month for the current Form 555 calendar year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above. Initial <u>JUL</u>

#### Section 3: De-enroll Percentage

Using the data entered in Section 2, complete the chart below to find the percentage of subscribers de-enrolled for this ETC.

$\mathbf{M} = (\mathbf{F} + \mathbf{K})$	N = (J+L)	O = ((N + M) * 100)
Number of subscribers that the ETC attempted to recertify directly <u>or</u> through a state administrator, ETC access to a state database, or by USAC ( <i>This should equal the number</i> <i>reported in Block E</i> )	Number of subscribers de- enrolled or scheduled to be de- enrolled as a result of non-response or ineligibility	Percentage of subscribers de-enrolled or scheduled to be de-enrolled as a result of ineligibility or non-response
	·	

#### Section 4: Pre-Paid ETCs

All ETCs must complete the appropriate check-box; pre-paid ETCs must complete all of Section 4. Pre-paid ETCs generally do not assess or collect a monthly fee from their Lifeline subscribers. ETCs that only assess a fee but do not collect such fees are pre-paid ETCs and must complete the chart below.

#### Is the ETC Pre-Paid?



If Yes, record the number of subscribers de-enfolled for non-usage by month in Block Q below.

Yes

P	Q Subscribers De-Enrolled for Non-Usage	
Month		
January	q	
February	Ø	
March	han a start and the start and	
April	l.	
May	Ø	
June	Ø	
July	Ø.	
August	Ø	
September	Ø-	
October	Q.	
November	6	
December	Ø	
Total Subscribers	Ø	

#### **Signature Block**

By signing below, I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code (SAC) listed above.

blueigymirelerc. com Email Address of AI IN PN Person Completing This Certification Form

Wareik Printed Name and Title of Officer 130/15 Date **Contact Phone Number** 

SAC	Name
	ан холан на н
	₩₩₩ <sup>₩</sup> ₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩
	i an ann an

FCC Form 555 November 2014 Approved by OMB 3060-0819

#### Annual Lifeline Eligible Telecommunications Carrier Certification Form All carriers must complete all or portions of all sections Form must be submitted to USAC and filed with the Federal Communications Commission IMPORTANT: PLEASE READ INSTRUCTIONS FIRST Deadline: January 31<sup>st</sup> (Annually)

Study Area Code (SAC) (An Eligible Telecommunications Carrier (ETC) must provide a certification form for each SAC through which it provides Lifeline service).

State

DBA, Marketing or Other Branding Name (If same as ETC name, list "N/A" Do not leave blank)

ETC Name

Yes

N/A

Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)

No 🛛

#### Does the reporting company have affiliated ETCs?

Provide a list of all ETCs that are affiliated with the reporting ETC, using page 4 and additional sheets if necessary. Affiliation shall be determined in accordance with Section 3(2) of the Communications Act. That Section defines "affiliate" as "a person that (directly or indirectly) owns or controls, is owned or controlled by, or is under common ownership or control with, another person." 47 U.S.C. § 153(2). See also 47 C.F.R. § 76.1200.

Affiliated ETC's SAC	Affiliated ETC's Name	

For purposes of this filing, an officer is an occupant of a position listed in the article of incorporation, articles of formation, or other similar legal document. An officer is a person who occupies a position specified in the corporate bylaws (or partnership agreement), and would typically be president, vice president for operations, vice president for finance, comptroller, treasurer, or a comparable position. If the filer is a sole proprietorship, the owner must sign the certification.

#### Section 1: Initial Certification All ETCs must complete this section

I certify that the company listed above has certification procedures in place to:

- A) Review income and program-based eligibility documentation prior to enrolling a consumer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline; and/or
- B) Confirm consumer eligibility by relying upon access to a state database and/or notice of eligibility from the state Lifeline administrator prior to enrolling a consumer in the Lifeline program.

Initial Dw 9

Do not leave em	pty blocks.	If an ETC has	nothing	to report in a	a block, enter a zero.

A	B	C	D	$\mathbf{E} = (\mathbf{A} - \mathbf{B} - \mathbf{C} - \mathbf{D})$
Number of subscribers claimed on February FCC Form 497 of current Form 555 calendar year (February data month)	Number of lines claimed on February FCC Form 497 of current Form 555 calendar year provided to wireline resellers	Number of subscribers claimed on the February FCC Form 497 that were <u>initially</u> enrolled in the current Form 555 calendar year (These subscribers did not have Lifeline service prior to January 1 of the current 555 calendar year.)	Number of subscribers de-enrolled <u>prior</u> to recertification attempt by either the ETC, a state administrator, access to an eligibility database, or by USAC	Number of subscribers ETC is responsible for recertifying for current Form 555 calendar year
3,456	R	75	3.32F	1,291

#### **Recertification Results:**

F	G	H = (F-G)	I	J = (H+I)
Number of subscribers ETC contacted directly to recertify eligibility through attestation	Number of subscribers responding to ETC contact	Number of non- responding subscribers	Number of subscribers responding that they are no longer eligible ( <i>This should be a subset of Block</i> <i>G.</i> )	Number of subscribers de- enrolled or scheduled to be de-enrolled as a result of non-response or response of ineligibility from ETC recertification attempt
11291	308	983	CX	983

K	E.
Number of subscribers whose eligibility was reviewed by state administrator, ETC access to eligibility database, or by USAC	Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of finding of ineligibility by state administrator, ETC access to eligibility database, or USAC
Ø	Ø

Note: If any subscriber was reviewed by an ETC accessing a state database or by a state administrator and subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in Blocks F through J as appropriate and not in Blocks K and L. As a result, all subscribers subject to recertification who were not de-enrolled prior to the recertification attempt must be accounted for in Block F or Block K.

The total of Block F and Block K should equal the number reported in Block E.

#### **Certification:**

Based on the data entered above, initial the certification(s) below that apply. Both Certification A and B may apply depending on the recertification procedures in place for the SAC reporting on this form. If Certification C applies, neither Certification A nor B may apply.

A.) I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. Results are provided in the chart above in Blocks F through J. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.
 Initial <u>DU</u>

AND/OR

B.) I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on:

- Initial \_\_\_\_\_
- C.) I certify that my company did not claim federal low income support for any Lifeline subscribers for the February Form 497 data month for the current Form 555 calendar year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above. Initial\_\_\_\_\_\_

OR

#### Section 3: De-enroll Percentage

Using the data entered in Section 2, complete the chart below to find the percentage of subscribers de-enrolled for this ETC.

M = (F+K)	N = (J+L)	$O = ((N \div M) * 100)$
Number of subscribers that the ETC attempted to recertify directly or through a state administrator, ETC access to a state database, or by USAC (This should equal the number reported in Block E)	Number of subscribers de- enrolled or scheduled to be de- enrolled as a result of non-response or ineligibility	Percentage of subscribers de-enrolled or scheduled to be de-enrolled as a result of ineligibility or non-response
1,291	983	Flelo

#### Section 4: Pre-Paid ETCs

All ETCs must complete the appropriate check-box; pre-paid ETCs must complete all of Section 4. Pre-paid ETCs generally do not assess or collect a monthly fee from their Lifeline subscribers. ETCs that only assess a fee but do not collect such fees are pre-paid ETCs and must complete the chart below.

Is the ETC Pre-Paid?

No 🗖

If Yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

Yes X

<b>P</b> .	Q				
Month	Subscribers De-Enrolled for Non-Usage				
January	8				
February	951				
March	193				
April	272				
May	211				
June	163				
July	184				
August	158				
September	181				
October	193				
November	183				
December	388				
Total Subscribers	3,11)				

#### **Signature Block**

By signing below, I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code (SAC) listed above.

Signed Signature of Officer apwireless.com DWA Email Address of Offic Moxien IM Person Completing This Certification Form

Printed Name and Title of Officer -15 Date **Contact Phone Number** 

SAC	Name
***************************************	
i	

FCC Form 555 November 2014 Approved by OMB 3060-0819

#### Annual Lifeline Eligible Telecommunications Carrier Certification Form All carriers must complete all or portions of all sections Form must be submitted to USAC and filed with the Federal Communications Commission IMPORTANT: PLEASE READ INSTRUCTIONS FIRST Deadline: January 31<sup>st</sup> (Annually)

44909

Study Area Code (SAC) (An Eligible Telecommunications Carrier (ETC) must provide a certification form for each SAC through which it provides Lifeline service).

State

NIP

DBA, Marketing or Other Branding Name (If same as ETC name, list "N/A" Do not leave blank)

BLUE	JAN	Wh	REI	E	55	, L
ETC Name	ļ					

NIA

Yes 🔲

Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)

No Z

Does the reporting company have affiliated ETCs?

Provide a list of all ETCs that are affiliated with the reporting ETC, using page 4 and additional sheets if necessary. Affiliation shall be determined in accordance with Section 3(2) of the Communications Act. That Section defines "affiliate" as "a person that (directly or indirectly) owns or controls, is owned or controlled by, or is under common ownership or control with, another person." 47 U.S.C. § 153(2). See also 47 C.F.R. § 76.1200.

Affiliated ETC's SAC	 Affiliated ETC's Name		

For purposes of this filing, an officer is an occupant of a position listed in the article of incorporation, articles of formation, or other similar legal document. An officer is a person who occupies a position specified in the corporate bylaws (or partnership agreement), and would typically be president, vice president for operations, vice president for finance, comptroller, treasurer, or a comparable position. If the filer is a sole proprietorship, the owner must sign the certification.

Section 1: Initial Certification All ETCs must complete this section

I certify that the company listed above has certification procedures in place to:

- A) Review income and program-based eligibility documentation prior to enrolling a consumer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline; and/or
- B) Confirm consumer eligibility by relying upon access to a state database and/or notice of eligibility from the state Lifeline administrator prior to enrolling a consumer in the Lifeline program.

Initial Jul

Do not leave empty blocks. If an ETC has nothing to report in a block, en	enter a zero.
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Å	B	C	D	$\mathbf{E} = (\mathbf{A} - \mathbf{B} - \mathbf{C} - \mathbf{D})$
Number of subscribers claimed on February FCC Form 497 of current Form 555 calendar year (February data month)	Number of lines claimed on February FCC Form 497 of current Form 555 calendar year provided to wireline resellers	Number of subscribers claimed on the February FCC Form 497 that were <u>initially</u> enrolled in the current Form 555 calendar year (These subscribers did not have Lifeline service prior to January 1 of the current 555 calendar year.)	Number of subscribers de-enrolled <u>prior</u> to recertification attempt by either the ETC, a state administrator, access to an eligibility database, or by USAC	Number of subscribers ETC is responsible for recertifying for current Form 555 calendar year
375	es.	3	FHE	115

#### **Recertification Results:**

F	G	H = (F-G)	I	J = (H+1)
Number of subscribers ETC contacted directly to recertify eligibility	Number of subscribers responding to ETC contact	Number of non- responding subscribers	Number of subscribers responding that they are no longer eligible	Number of subscribers de- enrolled or scheduled to be de-enrolled as a result of non-response or response of
through attestation			(This should be a subset of Block G,)	ineligibility from ETC recertification attempt
Flo	12	LOA	Ø	69

K	L.
Number of subscribers whose eligibility was reviewed by state administrator, ETC access to eligibility database, or by USAC	Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of finding of ineligibility by state administrator, ETC access to eligibility database, or USAC
39	Ø

Note: If any subscriber was reviewed by an ETC accessing a state database or by a state administrator and subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in Blocks F through J as appropriate and not in Blocks K and L. As a result, all subscribers subject to recertification who were not de-enrolled prior to the recertification attempt must be accounted for in Block F or Block K.

The total of Block F and Block K should equal the number reported in Block E.

#### **Certification:**

Based on the data entered above, initial the certification(s) below that apply. Both Certification A and B may apply depending on the recertification procedures in place for the SAC reporting on this form. If Certification C applies, neither Certification A nor B may apply.

A.) I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. Results are provided in the chart above in Blocks F through J. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.
 Initial \_\_\_\_\_\_\_

#### AND/OR

B.) I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on: (List database or name of administrator here) SOUX. Results are provided in the chart above in Blocks K through L. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above. Initial Pure \*

#### OR

C.) I certify that my company did not claim federal low income support for any Lifeline subscribers for the February Form 497 data month for the current Form 555 calendar year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above. Initial\_\_\_\_\_

#### Section 3: De-enroll Percentage

Using the data entered in Section 2, complete the chart below to find the percentage of subscribers de-enrolled for this ETC.

M = (F+K)	N = (J+L)	$O = ((N \div M) \star 100)$
Number of subscribers that the ETC attempted to recertify directly <u>or</u> through a state administrator, ETC access to a state database, or by USAC ( <i>This should equal the number</i> reported in Block E)	Number of subscribers de- enrolled or scheduled to be de- enrolled as a result of non-response or ineligibility	Percentage of subscribers de-enrolled or scheduled to be de-enrolled as a result of ineligibility or non-response
115	61	54%

#### Section 4: Pre-Paid ETCs

All ETCs must complete the appropriate check-box; pre-paid ETCs must complete all of Section 4. Pre-paid ETCs generally do not assess or collect a monthly fee from their Lifeline subscribers. ETCs that only assess a fee but do not collect such fees are pre-paid ETCs and must complete the chart below.

#### Is the ETC Pre-Paid?



If Yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	Q
Month	Subscribers De-Enrolled for Non-Usage
January	8
February	450
March	37
April	47
May	37
June	27
July	28
August	80
September	22
October	44
November	8
December	18
Total Subscribers	Flob

#### Signature Block

By signing below, I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code (SAC) listed above.

Signed Signature of Officer ardu anwhretess.com DWAYA **Email Address of** aler aurer Person Completing This Certification Form

dwarak ED Printed Name and Title of Officer -31-15 Date 202-3 **Contact Phone Number** 

SAC	Name
<b>*****</b> *******************************	
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Y	

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#### Annual Lifeline Eligible Telecommunications Carrier Certification Form

All carriers must complete all or portions of all sections

Form must be submitted to USAC and filed with the Federal Communications Commission

## IMPORTANT: PLEASE READ INSTRUCTIONS FIRST

Deadline: January 31<sup>st</sup> (Annually)

Study Area Code (SAC) (An Eligible Telecommunications Carrier (ETC) must provide a certification form for each SAC through which it provides Lifeline service).

State

DBA, Marketing or Other Branding Name (If same as ETC name, list "N/A" Do not leave blank)

Blue Jay Wireless

ETC Name

Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)

Does the reporting company have affiliated ETCs?

Yes 🔲 No 🔀

Provide a list of all ETCs that are affiliated with the reporting ETC, using page 4 and additional sheets if necessary. Affiliation shall be determined in accordance with Section 3(2) of the Communications Act. That Section defines "affiliate" as "a person that (directly or indirectly) owns or controls, is owned or controlled by, or is under common ownership or control with, another person." 47 U.S.C. § 153(2). See also 47 C.F.R. § 76,1200.

Affiliated ETC's SAC	Affiliated ETC's Name

For purposes of this filing, an officer is an occupant of a position listed in the article of incorporation, articles of formation, or other similar legal document. An officer is a person who occupies a position specified in the corporate bylaws (or partnership agreement), and would typically be president, vice president for operations, vice president for finance, comptroller, treasurer, or a comparable position. If the filer is a sole proprietorship, the owner must sign the certification.

#### Section 1: Initial Certification All ETCs must complete this section

I certify that the company listed above has certification procedures in place to:

- A) Review income and program-based eligibility documentation prior to enrolling a consumer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline; and/or
- B) Confirm consumer eligibility by relying upon access to a state database and/or notice of eligibility from the state Lifeline administrator prior to enrolling a consumer in the Lifeline program.

Initial La) \$

Do not leave empty blocks.		

A	B	C	D	$\mathbf{E} = (\mathbf{A} - \mathbf{B} - \mathbf{C} - \mathbf{D})$
Number of subscribers claimed on February FCC Form 497 of current Form 555 calendar year (February data month)	Number of lines claimed on February FCC Form 497 of current Form 555 calendar year provided to wireline resellers	Number of subscribers claimed on the February FCC Form 497 that were <u>initially</u> enrolled in the current Form 555 calendar year (These subscribers did not have Lifeline service prior to January 1 of the current 555 calendar year.)	Number of subscribers de-enrolled <u>prior</u> to recertification attempt by either the ETC, a state administrator, access to an eligibility database, or by USAC	Number of subscribers ETC is responsible for recertifying for current Form 555 calendar year
Ø	Ø	Ø	Ø	Ø

**Recertification Results:** 

F	G	H = (F-G)		J = (H+1)
Number of subscribers ETC contacted directly to recertify eligibility through attestation	Number of subscribers responding to ETC contact	Number of non- responding subscribers	Number of subscribers responding that they are no longer eligible ( <i>This should be a subset of Block</i> <i>G.</i> )	Number of subscribers de- enrolled or scheduled to be de-enrolled as a result of non-response or response of ineligibility from ETC recertification attempt
Ø	Ø	Ø	Ø	Ø

K		
Number of subscribers whose eligibility was reviewed by state administrator, ETC access to eligibility database, or by USAC	Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of finding of ineligibility by state administrator, ETC access to eligibility database, or USAC	
Ø	Ø	

**Note:** If any subscriber was reviewed by an ETC accessing a state database or by a state administrator and subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in Blocks F through J as appropriate and not in Blocks K and L. As a result, all subscribers subject to recertification who were not de-enrolled prior to the recertification attempt must be accounted for in Block F or Block K.

The total of Block F and Block K should equal the number reported in Block E.

#### **Certification:**

Based on the data entered above, initial the certification(s) below that apply. Both Certification A and B may apply depending on the recertification, procedures in place for the SAC reporting on this form. If Certification C applies, neither Certification A nor B may apply.

A.) I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. Results are provided in the chart above in Blocks F through J. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

AND/OR

B.) I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on: (List database or name of administrator here) Blocks K through L. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above. Initial\_\_\_\_\_

OR

#### Section 3: De-enroll Percentage

Using the data entered in Section 2, complete the chart below to find the percentage of subscribers de-enrolled for this ETC.

M = (F+K)	N = (J+L)	$O = ((N \div M) \star 100)$
Number of subscribers that the ETC attempted to recertify directly or through a state administrator, ETC access to a state database, or by USAC (This should equal the number reported in Block E)	Number of subscribers de- enrolled or scheduled to be de- enrolled as a result of non-response or ineligibility	Percentage of subscribers de-enrolled or scheduled to be de-enrolled as a result of ineligibility or non-response
2. A second sec second second sec		Second and the second s

#### Section 4: Pre-Paid ETCs

All ETCs must complete the appropriate check-box; pre-paid ETCs must complete all of Section 4. Pre-paid ETCs generally do not assess or collect a monthly fee from their Lifeline subscribers. ETCs that only assess a fee but do not collect such fees are pre-paid ETCs and must complete the chart below.

Is the ETC Pre-Paid?



If Yes, record the number of subscribers de-enfolled for non-usage by month in Block Q below.

Yes

P	Q	
Month	Subscribers De-Enrolled for Non-Usage	
January	0	
February	0	
March	0	
April	0	
May	0	
June	0	
July	$\bigcirc$	
August		
September	$\square$	
October	0	
November	$\bigcirc$	
December	0,	
Total Subscribers	$\mathcal{O}$	

#### **Signature Block**

By signing below, I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code (SAC) listed above.

Signed Sign jurrelass.com Email Address of Officer wen GVVO Person Completing This Certification Form

Printed Name and Title of Officer 1-212 Date 39-0954 200 **Contact Phone Number** 

SAC	Name

FCC Form 555 November 2014 Approved by OMB 3060-0819

#### Annual Lifeline Eligible Telecommunications Carrier Certification Form All carriers must complete all or portions of all sections Form must be submitted to USAC and filed with the Federal Communications Commission IMPORTANT: PLEASE READ INSTRUCTIONS FIRST Deadline: January 31<sup>st</sup> (Annually)

3390410

Study Area Code (SAC) (An Eligible Telecommunications Carrier (ETC) must provide a certification form for each SAC through which It provides Lifeline service).

State

DBA, Marketing or Other Branding Name (If same as ETC name, list "N/A" Do not leave blank)

ic van Wireles

NIA

Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)

Does the reporting company have affiliated ETCs?

Yes 🔲 No 🛛

Provide a list of all ETCs that are affiliated with the reporting ETC, using page 4 and additional sheets if necessary. Affiliation shall be determined in accordance with Section 3(2) of the Communications Act. That Section defines "affiliate" as "a person that (directly or indirectly) owns or controls, is owned or controlled by, or is under common ownership or control with, another person." 47 U.S.C. § 153(2). See also 47 C.F.R. § 76.1200.

Affiliated ETC's SAC	Affiliated ETC's Name	

For purposes of this filing, an officer is an occupant of a position listed in the article of incorporation, articles of formation, or other similar legal document. An officer is a person who occupies a position specified in the corporate bylaws (or partnership agreement), and would typically be president, vice president for operations, vice president for finance, comptroller, treasurer, or a comparable position. If the filer is a sole proprietorship, the owner must sign the certification.

#### Section 1: Initial Certification All ETCs must complete this section

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- A) Review income and program-based eligibility documentation prior to enrolling a consumer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline; and/or
- B) Confirm consumer eligibility by relying upon access to a state database and/or notice of eligibility from the state Lifeline administrator prior to enrolling a consumer in the Lifeline program.

Initial All \*

	n ETC has nothing to report in a block, enter a zero	

A	B	C	D	$\mathbf{E} = (\mathbf{A} - \mathbf{B} - \mathbf{C} - \mathbf{D})$
Number of subscribers claimed on February FCC Form 497 of current Form 555 calendar year (February data month)	Number of lines claimed on February FCC Form 497 of current Form 555 calendar year provided to wireline resellers	Number of subscribers claimed on the February FCC Form 497 that were <u>initially</u> enrolled in the current Form 555 calendar year (These subscribers did not have Lifeline service prior to January 1 of the current 555 calendar year.)	Number of subscribers de-enrolled <u>prior</u> to recertification attempt by either the ETC, a state administrator, access to an eligibility database, or by USAC	Number of subscribers ETC is responsible for recertifying for current Form 555 calendar year
176	đ	Ø	247	39

#### **Recertification Results:**

F	G	H=(F-G)	I	J = (H+I)
Number of subscribers ETC contacted directly to recertify eligibility through attestation	Number of subscribers responding to ETC contact	Number of non- responding subscribers	Number of subscribers responding that they are no longer eligible (This should be a subset of Block G.)	Number of subscribers de- enrolled or scheduled to be de-enrolled as a result of non-response or response of ineligibility from ETC recertification attempt
29	15	24	Ø	24

K	L
Number of subscribers whose eligibility was reviewed by state administrator, ETC access to eligibility database, or by USAC	Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of finding of ineligibility by state administrator, ETC access to eligibility database, or USAC
0	Ø

Note: If any subscriber was reviewed by an ETC accessing a state database or by a state administrator and subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in Blocks F through J as appropriate and not in Blocks K and L. As a result, all subscribers subject to recertification who were not de-enrolled prior to the recertification attempt must be accounted for in Block F or Block K.

The total of Block F and Block K should equal the number reported in Block E.

#### **Certification:**

Based on the data entered above, initial the certification(s) below that apply. Both Certification A and B may apply depending on the recertification procedures in place for the SAC reporting on this form. If Certification C applies, neither Certification A nor B may apply.

A.) I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. Results are provided in the chart above in Blocks F through J. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above. Initial Det

AND/OR

OR

C.) I certify that my company did not claim federal low income support for any Lifeline subscribers for the February Form 497 data month for the current Form 555 calendar year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above. Initial\_\_\_\_\_

#### Section 3: De-enroll Percentage

Using the data entered in Section 2, complete the chart below to find the percentage of subscribers de-enrolled for this ETC.

M=(F+K)	$\mathbf{N} = (\mathbf{J} + \mathbf{L})$	O = ((N + M) + 100)
Number of subscribers that the ETC attempted to recertify directly or through a state administrator, ETC access to a state database, or by USAC (This should equal the number reported in Block E)	Number of subscribers de- enrolled or scheduled to be de- enrolled as a result of non-response or ineligibility	Percentage of subscribers de-enrolled or scheduled to be de-enrolled as a result of ineligibility or non-response
39	1 24	62%

#### Section 4: Pre-Paid ETCs

All ETCs must complete the appropriate check-box; pre-paid ETCs must complete all of Section 4. Pre-paid ETCs generally do not assess or collect a monthly fee from their Lifeline subscribers. ETCs that only assess a fee but do not collect such fees are pre-paid ETCs and must complete the chart below.

Is the ETC Pre-Paid?



If Yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

Yes [

Р	Q Subscribers De-Enrolled for Non-Usage	
Month		
January	2	
February	90	
March	16	
April	13	
May	20	
June	13	
July	Ab	
August	53	
September	Ŵ	
October	63	
November	33	
December	82	
Total Subscribers	191	

### Signature Block

By signing below, I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code (SAC) listed above.

Signed

<u>Dawil Warsh</u> Signature of Officer <u>DWAYCIKISCO UUEYAWIYERSS</u>COM Email Address of Officer <u>LAUYCM MOX UU</u> Person Completing This Certification Form

S. C.El **Fitle of Officer** Printed Name and ' Date **Contact Phone Number** 

SAC	Name
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