

Exhibit B



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 Hiawatha, IA 52233
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Lifeline Program

Office Use Only
 PLACE PHONE ID
 STICKER HERE

Lifeline Self-Certification Form

- To enroll in the Lifeline America program you need to complete this form.
- The information is only used to certify with the Federal Communications Commission (FCC) that you are participating in the program with us.

Lifeline Service Disclosure

Lifeline is a government assistance program and willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment or being barred from the program. Only one lifeline benefit is available per household. A household is defined, for purposes of the Lifeline program, as any individual or group of individuals who live together at the same address and share income and expenses. Violation of the one per household limitation constitutes a violation of the Federal Communications Commission's rules and will result in your de-enrollment from the program, and lifeline is a non-transferable benefit and you may not transfer this benefit to any other person, regardless if they qualify for Lifeline.

STEP 1: Applicant Information

USE BLACK OR BLUE INK ONLY

Full Name:	Phone:
Residential Address: Circle one: Permanent Address Temporary Address <input type="checkbox"/> (No PO Box. Residence of Tribal lands must provide descriptive address.)	Email:
City:	New/ Conv?
State:	New Phone:
Zipcode:	ESN:
Billing Address: (if different) (if different)	Last 4 SSN or Tribal ID number:
City/ State/ Zipcode:	Your birthdate:

____ (init) I acknowledge and consent to Boomerang Wireless divulging my name, telephone number and address to the Universal Service Administrative Company (the administrator of the program) and/or its agents for the purpose of verifying that the subscriber does not receive more than one Lifeline benefit. In the event that USAC identifies me as receiving more than one Lifeline subsidy per household, I acknowledge and understand that all carriers may be notified so that I may select one service and be de-enrolled from the other.

*Applicants living on Tribal lands who lack a social security number may instead provide an official Tribal government identification card number.

STEP 2: Certifications. I participate in the following public assistance programs (check one):

Supplemental Nutrition Assistance Program (SNAP)	National School Lunch Program (NSL)
Supplemental Security Income (SSI)	Medicaid
Low-Income Home Energy Assistance program (LIHEAP)	Food Distribution Program on Indian Reservations
Section 8 Federal Public Housing Assistance	Tribally administered TANF
Temporary Assistance for Needy Families (TANF)	Bureau of Indian Affairs General Assistance
	Tribally administered Head Start (meeting the income qualifications of Head Start.)

My household income is at or below 135% of federal guidelines. I provided documentation confirming my household income level. Number of people in your household: _____ (add \$5,346 per additional person above 6 to determine income guidelines)			
# Persons in Household	Income	# Persons in Household	Income
1	\$15,080	4	\$31,118
2	\$20,426	5	\$36,464
3	\$25,772	6	\$41,810

____ (init) I am seeking Tribal lands Lifeline support and certify that I reside on Federally-recognized Tribal lands.

If you do not participate in one of these programs, and someone in your household does:

Relationship to Participant: _____
 Documents Reviewed for Certification: _____
 Name of Person Participating: _____

- I certify that person demonstrating program participation is a member of my household.
- I certify that the person name on the participation documentation is not already receiving a Lifeline discount.



STEP 3: Choose Your Plan: Choose one of the following plans. This plan will be reloaded to your phone monthly as long as you are eligible & certified.

FEATURE/ DESCRIPTION	■ 125 FREE MONTHLY MINUTES	■ 250 FREE MONTHLY MINUTES
• Local Calls	Y	Y
• National Long Distance	Y	
• Voicemail	Y	Y
• Nationwide Text	Y- 1 text=1 minute	Y- 1 text=1 minute
• Free 411	Y	Y
• Carry Over Minutes Month to Month	Y	N

Step 4: Signature (read, initial & sign):

_____ (init) I meet the income-based or program-based eligibility criteria for receiving Lifeline service and have provided documentation of eligibility if required to do so.

_____ (init) I understand that Lifeline is a federal government benefit program and that willfully making false statements in order to obtain this benefit can be punished by fine or imprisonment or I may be barred from the program.

_____ (init) My household will receive no more than one Lifeline-supported service. Lifeline service is available for only one subscription per household. A household is defined, for purposes of the Lifeline program, as any individual or group of individuals who live together at the same address and share income and expenses. A household is not permitted to receive Lifeline benefits from multiple providers. I understand that violation of the one-per-household requirement constitutes a violation of the FCC's rules and will result in my de-enrollment from the program, and could result in criminal prosecution by the United States government.

_____ (init) I understand that I must notify Boomerang Wireless and provide my new address within 30 days of moving.

_____ (init) If I do not have a permanent address and have supplied instead a temporary address above, I understand that Boomerang Wireless will attempt to verify every 90 days that I continue to rely on that address, and that I must notify Boomerang Wireless within 30 days of my new address after moving. If I do not respond to Boomerang Wireless' address verification attempts within 30 days, I understand that I may be de-enrolled from Boomerang Wireless' Lifeline service.

_____ (init) I understand that I must notify Boomerang Wireless within 30 days if (1) I cease to participate in a federal or state qualifying program or my annual household income exceeds 135 percent of the federal poverty guidelines; (2) I receive more than one Lifeline-supported service; or (3) Another member of my household is receiving a Lifeline benefit or (4) I for any other reason no longer satisfy the criteria for receiving Lifeline support. I understand that I will be subject to penalties if I fail to follow this notification requirement, including being de-enrolled from the Lifeline program.

_____ (init) I understand and acknowledge that Lifeline service is a non-transferable benefit and that I may not transfer my service to any other individual, including another low-income consumer.

_____ (init) I acknowledge that I will be required to re-certify my eligibility for Lifeline benefits annually, and I may be required to re-certify my continued eligibility for Lifeline at any time, and that failure to do so will result in the termination of my Lifeline benefits.

_____ (init) **I attest under penalty of perjury that the information herein is true and correct to the best of my knowledge.**

Applicants Signature _____

Date _____