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February 2, 2016

Patricia Van Gerpen – Executive Director South Dakota Public Utilities Commission 500 East Capitol Avenue Pierre, SD 57501

Re: FCC Form 555, Annual Lifeline Eligible Telecommunications Carrier Certification Form, for New Cingular Wireless PCS, LLC d/b/a AT&T Mobility

Dear Ms. Van Gerpen:

On behalf of New Cingular Wireless PCS, LLC d/b/a AT&T Mobility, attached please find a copy of FCC Form 555¹. AT&T is providing you with a copy of this FCC filing in accordance with 47 C.F.R. § 54.422(c). Do not hesitate to contact me with any questions. You can reach me at 303 299 5703 or jblessing@att.com.

Jon Blessing

¹ AT&T Mobility filed its FCC Form 555 online with the Universal Service Administrative Company (USAC). Once a carrier enters its six-digit area code (SAC) into USAC's online FCC Form 555, the online tool automatically populates a name associated with that SAC. In some cases, this automatically generated name differs from (e.g., is an abbreviated version of) the legal entity name for AT&T Mobility's eligible telecommunications carrier affiliate.

1

399015

SD

State

Study Area Code (SAC)

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 31st (Annually)

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

Cingular Wireless

ETC Name

AT&T Mobility	SBC Telecom, SBC Long Distance, BellSouth N
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 No
determined in accordance with Section 3(2) of the Communications	using page 4 and additional sheets if necessary. Affiliation shall be Act. That Section defines "affiliate" as "a person that (directly or indirectly) rership or control with, another person." 47 U.S.C. § 153(2). See also 47
Affiliated ETC's SAC	Affiliated ETC's Name
See attached worksheet	
comptroller, treasurer, or a comparable position. If the fil Section 1: Initial Certification All ETCs must complete	er is a sole proprietorship, the owner must sign the certification. this section
I certify that the company listed above has certification pro	ocedures in place to:
	ntation prior to enrolling a consumer in the Lifeline program, and as presented with documentation of each consumer's household her enrollment in Lifeline; and/or
B) Confirm consumer eligibility by relying upon acces Lifeline administrator prior to enrolling a consumer in	s to a state database and/or notice of eligibility from the state the Lifeline program.
I am an officer of the company named above. I am auth above.	orized to make this certification for the Study Area Code listed
Initial sam	

Section 2: Annual Recertification

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

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 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
38	0	1	2	35

Recertification Results:

F	G	$\mathbf{H} = (\mathbf{F} - \mathbf{G})$	I	$\mathbf{J} = (\mathbf{H} + \mathbf{I})$
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
0	0	0	0	0

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
35	8

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.

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.

$\mathbf{M} = (\mathbf{F} + \mathbf{K})$	$\mathbf{N} = (\mathbf{J} + \mathbf{L})$	$\mathbf{O} = ((\mathbf{N} \div \mathbf{M}) * 100)$
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
35	8	22.86%

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.

Is the ETC Pre-Paid?

Yes O

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	0
February	0
March	0
April	0
May	0
June	0
July	0
August	0
September	0
October	0
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,
Certified Online
Signature of Officer
sm2389@att.com
Email Address of Officer
Jose Silva
Person Completing This Certification Form

Scott A. Mair - SVP Technology Planning & Engineering

Printed Name and Title of Officer
01/15/2016
Date
787-554-8570
Contact Phone Number

Affiliated ETCs

SAC	Name	
549004		
639005	ATandT Corp.	
	Cingular Wireless	
259908 399015	Cingular Wireless	
	Cingular Wireless	
529910	Cingular Wireless	
539010 215191	ATandT Mobility LLC	
225192	BellSouth Telecommunications LLC BellSouth Telecommunications LLC	
	BellSouth Telecommunications LLC	
235193		
245194	BellSouth Telecommunications LLC	
255181	BellSouth Telecommunications LLC	
265182	BellSouth Telecommunications LLC	
275183	BellSouth Telecommunications LLC	
285184	BellSouth Telecommunications LLC	
295185	BellSouth Telecommunications LLC	
345070	Illinois Bell Telephone Company	
325080	Indiana Bell Telephone Company Incorporated	
315090	Michigan Bell Telephone Company	
555173	Nevada Bell Telephone Company	
209012	Cingular Wireless	
269905	Cingular Wireless	
279010	Cingular Wireless	
289912	Cingular Wireless	
319026	Cingular Wireless	
389015	ATandT Mobility LLC	
409004	ATandT Mobility LLC	
449022	Cingular Wireless	
479006	Cingular Wireless	
619004	Cingular Wireless	
545170	Pacific Bell Telephone Company	
405211	Southwestern Bell Telephone Company	
415214	Southwestern Bell Telephone Company	
425213	Southwestern Bell Telephone Company	
435215	Southwestern Bell Telephone Company	
445216	Southwestern Bell Telephone Company	
305150	The Ohio Bell Telephone Company	
335220	Wisconsin Bell Inc.	