1-2519

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)

381631		143002213
Study Area Code (SAC (An Eligible Telecommunicat	,	Service Provider Identification Number (SPIN) rtification form for each SAC through which it provides Lifeline service).
2018	ND	Red River Rural Telephone Association
Recertification Year	State	ETC Name
N/A		Red River Telephone Association
DBA, Marketing, or Ot (If same as ETC name, list "No		Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)
(If same as ETC name, list "N	(A" Do <u>not</u> leave blank)	(If same as ETC name, list "N/A" Do not leave blank)
es the reporting compa vide a list of all ETCs that are rmined in accordance with So is or controls, is owned or con	A" Do not leave blank) Iny have affiliated ETCs? In affiliated with the reporting ETC, use the section 3(2) of the Communications Actions Action Actions Act	(If same as ETC name, list "N/A" Do not leave blank) Yes No o ing page 4 and additional sheets if necessary. Affiliation shall be
es the reporting compa vide a list of all ETCs that are	A" Do not leave blank) Iny have affiliated ETCs? In affiliated with the reporting ETC, use the section 3(2) of the Communications Actions Action Actions Act	(If same as ETC name, list "N/A" Do not leave blank) Yes No o ing page 4 and additional sheets if necessary. Affiliation shall be t. That Section defines "affiliate" as "a person that (directly or indirectly,

ETCs Subject to the Non-Usage Requirements

All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month in Section 4. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-enrolled by month.

Is the ETC subject to the non-usage requirements?

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

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 by-laws (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.

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.

	jo
Initial	_

Minimum Service Level

I certify that the company listed above is in compliance with the minimum service levels set forth in the 47 CFR Section 54.408.

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

Initial	jo

Annual Recertification

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

Report the number of Lifeline subscribers due for recertification by month (January-December)

- A. Subscribers eligible for recertification by anniversary month
- Subscribers de-enrolled prior to recertification attempts
- Total number of subscribers ETC is responsible for recertifying (A-B)

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
A.	10	9	6	4	5	12	0	4	5	4	8	1	68
B.	0	0	0	0	0	0	0	0	0	0	0	0	0
C.	10	9	6	4	5	12	0	4	5	4	8	1	68

Recertification Methods

State of federal database

D. Subscribers recertified through ETC access to state or federal database by anniversary month

Report the number of eligible subscribers verified through access to a state or federal database.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
D.	0	0	0	0	0	0	0	0	0	0	0	0	0

E. Name of the data source(s) used to verify consumer eligibility:

ETC Direct Contact

Subscribers contacted by ETC directly to recertify (You may also use this section to report subscriber initiated recertifications).

Report the number of Lifeline subscribers the ETC contacted directly to obtain recertification of eligibility

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
F.	10	9	6	4	5	12	0	4	5	4	8	1	68

G. Subscribers who failed to recertify through ETC direct outreach attempt

Report	port the number of Litetine subscribers de-enrolled due to ineligibility of non-response to the ETC's outreach attempt.													
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total	
G.	2	1	4	2	1	4	0	2	3	0	1	0	20	

H. Subscribers who recertified through ETC direct outreach attempt

Report the number of Lifeline subscribers that successfully recertified through ETC's outreach attempt

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
H.	8	8	2	2	4	8	0	2	2	4	7	1	48

Third Party

I. Subscribers whose eligibility was reviewed by state administrator, third party administrator, or USAC

Report the number of Lifeline subscribers contacted by a state administrator, third party administrator, or USAC for the purpose of recertification.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
I.	0	0	0	0	0	0	0	0	0	0	0	0	0

J.	Name of	third	party	administrator	used to	o verify	subscrib	er eligib	oility:
----	---------	-------	-------	---------------	---------	----------	----------	-----------	---------

K. Subscribers de-enrolled as a result of a third party recertification attempt

Report the number of subscribers as a result of ineligibility or non-response to outreach from a state administrator, third party administrator, or USAC.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
K.	0	0	0	0	0	0	0	0	0	0	0	0	0

L. Subscribers who recertified through a state administrator, third party administrator, or USAC's recertification effort

Report the number of subscribers that recertified through a request from a state administrator, third party administrator, or USAC

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
L.	0	0	0	0	0	0	0	0	0	0	0	0	0

Certification:

Recertification Method: Database

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on a database. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Initial

R	ece	rtifi	cati	on l	Met	hod	• E	ΓC
1.		I LIII	Cau	UII I	VICL	uvu	ر نا و	

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. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

on interest and of recording to the
Initial jo
Recertification Method: Third Party I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on an administrator. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Initial _____

No Subscribers

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

Initial

M = (G+K)	N = (D + F + I)	O = M/N*100	
Total number of subscribers de-enrolled as a result of recertification	Total number of subscribers ETC is responsible for recertifying	Percent of subscribers due for recertification who were de-enrolled	
20	68	29.41%	

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,

Jeffrey J Olson - CEO

Signature of Officer

jeffolson@redrivercomm.com

Email Address of Officer

dirkmonson@redrivercomm.com

Person Completing This Certification Form

Jeffrey J Olson - CEO

Printed Name and Title of Officer

Jan 25, 2019

Date

701-553-8309

Contact Phone Number

Affiliated ETCs

SAC	Name
	(