

Jon Blessing AT&T Services, Inc. 161 Inverness Dr. W, Rm 154C Englewood, CO 80112 T: 3032567354 F: 281-664-9667 C: 720-469-3923 jblessing@att.com

February 7, 2019

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 555<sup>1</sup>. AT&T Mobility is providing you with a copy of this FCC filing in accordance with 47 C.F.R. § 54.422(c). Receipt of this information requires NO action on your part. It is strictly informational.

If you have any questions concerning this matter, please do not hesitate to call me to discuss. I can be reached at (720) 472-3624.

Sincerely,

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Area Manager - External Affairs

**Enclosure** 

<sup>1</sup> AT&T Mobility filed its FCC Form 555 online with the Universal Service Administrative Company (USAC). Once a carrier enters its six-digit 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.

**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)

399015		143029765
Study Area Code (SAC (An Eligible Telecommunicat		Service Provider Identification Number (SPIN) e a certification form for each SAC through which it provides Lifeline service).
2018	SD	Cingular Wireless
Recertification Year	State	ETC Name
N/A		AT&T Mobility LLC
DBA, Marketing, or Ot (If same as ETC name, list "N		Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)
(If same as ETC name, list "N,		(If same as ETC name, list "N/A" Do not leave blank)
Oes the reporting comparting of all ETCs that are termined in accordance with States.	A" Do <u>not</u> leave blank)  Any have affiliated ETCs?  The affiliated with the reporting ET ection 3(2) of the Communication	(If same as ETC name, list "N/A" Do not leave blank)  Yes  No  C, using page 4 and additional sheets if necessary. Affiliation shall be
Oes the reporting comparison of all ETCs that are termined in accordance with Some or controls, is owned or controls.	A" Do <u>not</u> leave blank)  Any have affiliated ETCs?  The affiliated with the reporting ET ection 3(2) of the Communication	(If same as ETC name, list "N/A" Do not leave blank)  Yes  No  O  C, using page 4 and additional sheets if necessary. Affiliation shall be ns Act. 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 O

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	15
February	21
March	21
April	17
May	17
June	82
July	37
August	26
September	20
October	18
November	36
December	29
Total Subscribers	339

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.

	AL	
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	AL

#### **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
- B. Subscribers de-enrolled prior to recertification attempts
- C. 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.	203	156	132	108	119	120	165	435	489	313	229	166	2635
В.	0	0	0	0	0	0	0	0	0	0	0	0	0
C.	203	156	132	108	119	120	165	435	489	313	229	166	2635

## **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**

F. 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.	0	0	0	0	0	0	0	0	0	0	0	0	0

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

Report the number of Lifeline subscribers de-enrolled due to ineligibility or non-response to the ETC's outreach attempt.

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

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.	0	0	0	0	0	0	0	0	0	0	0	0	0

#### 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.	203	156	132	108	119	120	165	435	489	313	229	166	2635

J.	Name of the	hird party	administrator	used to	verify	subscriber	eligibility:
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USAC

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.	143	118	87	84	85	85	108	244	295	194	139	106	1688

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.	60	38	45	24	34	35	57	191	194	119	90	60	947

## **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		
Initial		

#### **Recertification Method: ETC**

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.

Initial .	
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## **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	AL

#### 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)	$\mathbf{N} = (\mathbf{D} + \mathbf{F} + \mathbf{I})$	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	
1688	2635	64.06%	

## **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,
Anisa Latif, Director
Signature of Officer
al7161@att.com
Email Address of Officer
Anisa Latif
Person Completing This Certification Form

Anisa Latif, Director			
Printed Name and Title of Officer			
Feb 06, 2019			
Date			
202-457-3068			
Contact Phone Number			

# **Affiliated ETCs**

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