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January 31, 2023

Executive Director
South Dakota Public Utilities Commission
500 E. Capitol Ave
Pierre, SD 57501

RE: Lifeline Certification on FCC Form 555 – Annual Lifeline Eligible Telecommunications Carrier Certification on behalf of Boomerang Wireless, LLC d/b/a enTouch Wireless

Dear Staff,

Boomerang Wireless, LLC d/b/a enTouch Wireless was designated a Lifeline Broadband Provider by the FCC on December 1, 2016. Pursuant to FCC requirements under 47 C.F.R. § 54.416, enclosed please find a copy of the FCC Form 555 that was filed with USAC. We are also required to provide a copy to you.

If you have any questions regarding this filing, please contact me at (407) 794-3488 or regulatory@csilongwood.com.

Respectfully submitted,

/s/ Mark Lammert

Mark Lammert
Attorney-in-Fact
Boomerang Wireless, LLC d/b/a enTouch Wireless

Jodie Grimshaw

From: noreply@fcc.gov
Sent: Tuesday, January 31, 2023 3:45 PM
To: Regulatory Team
Subject: FCC ECFS Filing Confirmation

Your filing will not be available for searching and retrieval immediately. To check its status click the link below, or click "check filing status" in ECFS and enter your confirmation number. A filing status of "RECEIVED" means that it has not yet been made publicly available. A filing status of "DISSEMINATED" means that it is available for searching and retrieval by the public.

Confirmation Number: 20230131544213246

Click to review: <https://www.fcc.gov/ecfs/filing/status/detail/confirmation/20230131544213246>

Proceeding(s): 14-171

Filer(s): Boomerang Wireless, LLC dba enTouch Wireless

Attorney/Author(s): Mark Lammert

Date Submitted: 01/31/2023

Primary Contact Email: regulatory@csilongwood.com

Documents(s) Attached: Boomerang_FCC_555_PY2022_PA_SAC 179031_013123.pdf,
Boomerang_FCC_555_PY2022_PR_SAC 639019_013123.pdf, Boomerang_FCC_555_PY2022_RI_SAC
589017_013123.pdf, Boomerang_FCC_555_PY2022_SC_SAC 249019_013123.pdf,
Boomerang_FCC_555_PY2022_SD_SAC 399022_013123.pdf

Address: c/o Compliance Solutions, Inc. 242 Rangeline Rd., Longwood, FL 32750

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)

399022		143036595
Study Area Code (SAC)		Service Provider Identification Number (SPIN)
<i>(An Eligible Telecommunications Carrier (ETC) must provide a certification form for each SAC through which it provides Lifeline service).</i>		
2022	SD	Boomerang Wireless LLC
Recertification Year	State	ETC Name
enTouch Wireless		HH Ventures LLC
DBA, Marketing, or Other Branding Name		Holding Company Name
<i>(If same as ETC name, list "N/A" Do not leave blank)</i>		<i>(If same as ETC name, list "N/A" Do not leave blank)</i>

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

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 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	5
February	7
March	4
April	11
May	9
June	11
July	10
August	10
September	42
October	12
November	2
December	6
Total Subscribers	129

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.

Initial ^{DF} _____

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.	9	5	4	7	9	13	10	3	94	41	12	35	242
B.	3	2	2	4	5	10	8	3	50	24	11	22	144
C.	6	3	2	3	4	3	2	0	44	17	1	13	98

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.

	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.	6	3	2	3	4	3	2	0	44	17	1	13	98

J. Name of third party administrator used to verify subscriber eligibility:

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.	2	1	0	0	0	0	0	0	4	3	0	2	12

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.	4	2	2	3	4	3	2	0	40	14	1	11	86

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 DF

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 DF

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 DF

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 DF

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
12	98	12.24%

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>Domenic Fontana/SVP-Finance</u> Signature of Officer	<u>Domenic Fontana/SVP-Finance</u> Printed Name and Title of Officer
<u>domenic.fontana@viaoneservices</u> Email Address of Officer	<u>Jan 31, 2023</u> Date
<u>Mark Lammert</u> Person Completing This Certification Form	<u>407-794-3488</u> Contact Phone Number

