

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)

390001 _____	143036096 _____	
Study Area Code (SAC)	Service Provider Identification Number (SPIN)	
<i>(An Eligible Telecommunications Carrier (ETC) must provide a certification form for each SAC that provides Lifeline service).</i>		
2025 _____	SD _____	TruConnect Communications, Inc. _____
Recertification Year	State	ETC Name
N/A _____	_____	TruConnect Communications, Inc. _____
DBA, Marketing, or Other Branding Name <i>(If same as ETC name, list "N/A" Do <u>not</u> leave blank)</i>	Holding Company Name <i>(If same as ETC name, list "N/A" Do <u>not</u> 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
449010	Sage Telecom Communications, LLC
439002	Sage Telecom Communications, LLC
419006	Sage Telecom Communications, LLC
339021	Sage Telecom Communications, LLC
429032	Sage Telecom Communications, LLC
189032	Sage Telecom Communications, LLC
449082	Sage Telecom Communications, LLC
379030	Sage Telecom Communications, LLC
309021	Sage Telecom Communications, LLC
319041	Sage Telecom Communications, LLC
329024	Sage Telecom Communications, LLC
269048	Sage Telecom Communications, LLC
279052	Sage Telecom Communications, LLC
179027	Sage Telecom Communications, LLC
419036	Sage Telecom Communications, LLC
339042	Sage Telecom Communications, LLC
369034	Sage Telecom Communications, LLC
209034	Sage Telecom Communications, LLC
469028	Sage Telecom Communications, LLC
249030	Sage Telecom Communications, LLC
229028	Sage Telecom Communications, LLC

559024	Sage Telecom Communications, LLC
409037	Sage Telecom Communications, LLC
439060	Sage Telecom Communications, LLC
359145	Sage Telecom Communications, LLC
639020	Sage Telecom Communications, LLC
509020	Sage Telecom Communications, LLC
459028	Sage Telecom Communications, LLC
349036	Sage Telecom Communications, LLC
289038	Sage Telecom Communications, LLC
159042	Sage Telecom Communications, LLC
529029	Sage Telecom Communications, LLC
629015	Sage Telecom Communications, LLC
479031	Sage Telecom Communications, LLC

Initial Certification *All ETCs must complete this section.*

I certify that the company listed above:

- Has policies and procedures in place to ensure that its Lifeline subscribers are eligible to receive Lifeline services; and
- Is in compliance with all federal Lifeline certification procedures; and
- Is in compliance with the minimum service levels set forth in 47 C.F.R. § 54.408.

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

Initial DP

Annual Recertification Results

Report the results of recertification efforts for the current calendar year.

Do not leave blocks empty. If the National Verifier is responsible for conducting recertification, enter zero for blocks A - F. If the state Lifeline Administrator is responsible for conducting recertification, report the results for each block.

A. Subscribers eligible for recertification within current calendar year	
B. Subscribers de-enrolled prior to recertification attempts	
C. Total number of subscribers required to be recertified (A-B)	
D. Subscribers successfully recertified	
E. Subscribers de-enrolled for failed recertification	
F. Percentage de-enrolled for failed recertification (E/C)	

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying upon notice of eligibility from: state Lifeline administrator National Verifier

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

Initial DP

No Subscribers Certification *Complete this section if ETC claimed no Lifeline subscribers.*

I certify that my company did not claim federal low income support 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(s) listed on this form

Initial _____

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. 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 H below.

G	H
Month	Subscribers De-Enrolled for Non-Usage
January	0
February	0
March	3
April	4
May	5
June	7
July	4
August	11
September	9
October	10
November	5
December	7
Total Subscribers	65

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.

Signature Block

By signing below, I certify that the information provided is true and accurate. I am an officer of the company named above. I am authorized to make this certification for this SAC.

Signed,

Danielle Perry

Signature of Officer

arasor@Truconnect.com

Email Address of Officer

Alex Rasor

Person Completing This Certification Form

Danielle Perry - Chief Compliance Officer

Printed Name and Title of Officer

01-26-2026

Date

9725231729

Contact Phone Number