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SD PUC E-File South Dakota Public Utilities Commission Http://puc.sd.gov/,

RE: Budget PrePay, Inc. d/b/a Budget Mobile

SD Copy of FCC Form 555 - Annual Lifeline ETC Certification

Carrier Docket No. TC12-125

Dear Sir or Madam:

Enclosed please find the SD Copy of FCC Form 555 - Annual Lifeline ETC Certification, filed on behalf of Budget PrePay, Inc. d/b/a Budget Mobile. No check is enclosed as there are no remittance fees due.

This report was webfiled at www.puc.sd.gov/.

Questions regarding this filing should be directed to my attention at 407-740-8575. Thank you for your assistance in this matter.

Sincerely,

Craig Neeld

Compliance Reporting Specialist

cc: Lakisha Taylor - Budget PrePay, Inc. d/b/a Budget Mobile

file: Budget PrePay, Inc. d/b/a Budget Mobile - Reporting - South Dakota

CN/ca

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)

399021		143000887
Study Area Code (SAC) (An Eligible Telecommunicati		Service Provider Identification Number (SPIN) ertification form for each SAC through which it provides Lifeline service).
2016	SD	Budget PrePay Inc.
Recertification Year	State	ETC Name
Budget Mobile		Budget PrePay, Inc.
DBA, Marketing, or Oth (If same as ETC name, list "N/A	er Branding Name 1" <i>Do <u>not</u> leave blank)</i>	Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)
Does the reporting compa	ny have affiliated ETCs?	Yes No 👩
determined in accordance with Se	ection 3(2) of the Communications a	using page 4 and additional sheets if necessary. Affiliation shall be Act. That Section defines "affiliate" as "a person that (directly or indirectly) nership or control with, another person." 47 U.S.C. § 153(2). See also 47
Affiliated ETC's SAC		Affiliated ETC's Name
formation, or other similar I laws (or partnership agreeme	egal document. An officer is ent), and would typically be p	of a position listed in the article of incorporation, articles of a person who occupies a position specified in the corporate by- resident, vice president for operations, vice president for finance, er is a sole proprietorship, the owner must sign the certification.
Section 1: Initial Certi	fication All ETCs must complete to	his section
I certify that the company list	ted above has certification pro	cedures in place to:
that, to the best of my l	knowledge, the company was	ntation prior to enrolling a consumer in the Lifeline program, and is presented with documentation of each consumer's household ther enrollment in Lifeline; and/or
	oility by relying upon access or to enrolling a consumer in t	to a state database and/or notice of eligibility from the state he Lifeline program.
I am an officer of the compa	any named above. I am autho	orized to make this certification for the Study Area Code listed
Initial DH		

Section 2: Annual Recertification

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

A	В	С	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 prior 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
2790	0	549	944	1297

Recertification Results:

F	G	H = (F-G)	I	J = (H+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
1297	1227	70	0	70

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
0	0

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.

Initial DH

AND/OR

B)	I cei	tify that th	ne co	ompa	any list	ted abov	ve has proced	lures in place	e to rece	rtify consumer eligibility by relying on:
										(List database or name of administrator here) Results
	are	provided	in	the	chart	above	in Blocks K	through L.	I am an	officer of the company named above. I am
	autl	norized to	mak	ce th	is cert	ification	n for the SAC	listed abov	e.	4
	Init	ial								

OR

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	
IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	

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.

$\mathbf{M} = (\mathbf{F} + \mathbf{K})$	N = (J+L)	$O = ((N \div M) * 100)$		
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		
1297	70	5.4%		

Section 4: 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	169
February	173
March	157
April	243
May	177
June	156
July	301
August	126
September	31
October	16
November	151
December	430
Total Subscribers	2130

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

dhyde@budgetprepay.com

Email Address of Officer

Robin Enkey

Person Completing This Certification Form

Robert Daniel Hyde III

Printed Name and Title of Officer
01/26/2017
Date
318-671-5784