

February 9, 2017

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) 260-1011 or regulatory@csilongwood.com.

Respectfully submitted,

Mark Lammert

Attorney-in-Fact

Boomerang Wireless, LLC d/b/a enTouch Wireless

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 (An Eligible Telecommunical		Service Provider Identification Number (SPIN) ertification form for each SAC through which it provides Lifeline service).	
2016	SD	Boomerang Wireless LLC	
Recertification Year	State	ETC Name	
enTouch Wireless		HH Ventures, LLC	
DBA, Marketing, or Ot (If same as ETC name, list "N	her Branding Name /A" Do <u>not</u> leave blank)	Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)	
oes the reporting comp	any have affiliated ETCs?	Yes No O	
etermined in accordance with S	Section 3(2) of the Communications	using page 4 and additional sheets if necessary. Affiliation shall be Act. That Section defines "affiliate" as "a person that (directly or indirectly) enership or control with, another person." 47 U.S.C. § 153(2). See also 47	
Affiliated ETC's SAC		Affiliated ETC's Name	
ormation, or other similar	legal document. An officer in nent), and would typically be i	of a position listed in the article of incorporation, articles of a person who occupies a position specified in the corporate by president, vice president for operations, vice president for finance er is a sole proprietorship, the owner must sign the certification.	
ection 1: Initial Cer	tification All ETCs must complete	this section	
certify that the company l	isted above has certification pro	ocedures in place to:	
that, to the best of my	knowledge, the company wa	ntation prior to enrolling a consumer in the Lifeline program, and as presented with documentation of each consumer's household her enrollment in Lifeline; and/or	
	gibility by relying upon acces rior to enrolling a consumer in	s to a state database and/or notice of eligibility from the state the Lifeline program.	
am an officer of the combove.	pany named above. I am auth	norized to make this certification for the Study Area Code listed	
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Section 2: Annual Recertification

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

A	В	C	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
0	0	0	0	0

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
0	0	0	0	0

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
	AND/OR
B)	I certify that the company listed above has procedures in place to recertify 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 authorized to make this certification for the SAC listed above. Initial————
	OD.

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.

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 + 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
0	0	0.0%

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.

Τe	the	ETC	subject	to the	ทกท-แรกตะ	requiremen	te
13	LIIC	LIC	SUDICLL	to the	HUH-USAEC	I CUUII CIIICII	w.

Yes No 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

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	Printed Name and Title of Officer
	01/30/2017
Email Address of Officer	Date
Mark Lammert	407-260-1011
Person Completing This Certification Form	Contact Phone Number