



1221 North Russell St. | Missoula, MT 59808  
866-541-5000 | [Blackfoot.com](http://Blackfoot.com)

Lifeline Re-Certification – FCC Form 555

January 31, 2019

Secretary  
Federal Communications Commission  
445 12<sup>th</sup> Street, SW  
Washington, D.C. 20554

Re: WC Docket No. 14-171

Blackfoot Telephone Cooperative, Inc. respectfully submits the attached certifications pursuant to 47 CFR §54.416 (b) and 54.410 (d) as required by the Federal Communication Commission's ("Commission") Lifeline Reform Order. The filing has been electronically filed in accordance with the Commission's Public Notice DA 14-1731.

Sincerely,

A handwritten signature in blue ink that reads 'Michelle Owens'. The signature is fluid and cursive, with the first name 'Michelle' being more prominent than the last name 'Owens'.

Michelle Owens  
Regulatory Specialist  
Blackfoot Telephone Cooperative, Inc.  
1221 N. Russell St.  
Missoula, MT 59808

cc: Montana Public Service Commission  
USAC High Cost Low Income Division  
Confederated Salish & Kootenai Tribes  
Idaho Public Utilities Commission



**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 31<sup>st</sup> (Annually)*

482235		143002531
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>		
2018	MT	Blackfoot Telephone Cooperative Inc.
Recertification Year	State	ETC Name
N/A		BTC HOLDINGS INC
DBA, Marketing, or Other Branding Name		Holding Company Name
<i>(If same as ETC name, list "N/A" Do <u>not</u> 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	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

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 sm

## 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 sm

## 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.	0	0	0	0	0	0	0	0	0	0	0	0	0
B.	0	0	0	0	0	0	0	0	0	0	0	0	0
C.	0	0	0	0	0	0	0	0	0	0	0	0	0

## 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.	0	0	0	0	0	0	0	0	0	0	0	0	0

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

\_\_\_\_\_

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

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

### 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 \_\_\_\_\_

**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 \_\_\_\_\_

**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 sm

**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)	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
0	0	0.0%

**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,

Stacey Mueller CFO

Signature of Officer

smueller@blackfoot.com

Email Address of Officer

Michelle Owens

Person Completing This Certification Form

Stacey Mueller CFO

Printed Name and Title of Officer

Jan 23, 2019

Date

406-541-5131

Contact Phone Number

## Affiliated ETCs

[illegible]

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483308

Study Area Code (SAC)

*(An Eligible Telecommunications Carrier (ETC) must provide a certification form for **each** SAC through which it provides Lifeline service).*

2018

Recertification Year

N/A

MT

State

143002531

Service Provider Identification Number (SPIN)

Blackfoot Telephone Cooperative Inc.

ETC Name

BTC Holdings, Inc.

DBA, Marketing, or Other Branding Name

*(If same as ETC name, list "N/A" Do not leave blank)*

Holding Company Name

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October	0
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A.	0	0	0	0	0	0	0	0	0	0	0	0	0
B.	0	0	0	0	0	0	0	0	0	0	0	0	0
C.	0	0	0	0	0	0	0	0	0	0	0	0	0

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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:

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### Certification:

#### Recertification Method: Database

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**Recertification Method: Third Party**

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Initial sm \_\_\_\_\_

**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 \_\_\_\_\_

$M = (G+K)$	$N = (D+F+I)$	$O = M/N*100$
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0	0	0.0%

**Signature Block**

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Signed,

Stacey Mueller CFO

Signature of Officer

smueller@blackfoot.com

Email Address of Officer

Michelle Owens

Person Completing This Certification Form

Stacey Mueller CFO

Printed Name and Title of Officer

Jan 23, 2019

Date

406-541-5131

Contact Phone Number

## Affiliated ETCs

[illegible]