

**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)*

|  |   |
|--|---|
| <u>150125</u><br>Study Area Code (SAC)<br><i>(An Eligible Telecommunications Carrier (ETC) must provide a certification form for each SAC through which it provides Lifeline service).</i> |   |
| <u>New York</u><br>State   | <u>State Telephone Company, Inc.</u><br>ETC Name  |
| <u>N/A</u><br>DBA, Marketing or Other Branding Name<br><i>(If same as ETC name, list "N/A" Do not leave blank)</i>   | <u>N/A</u><br>Holding Company Name<br><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 |
|----------------------|-----------------------|
| —                    | —                     |

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.

**Section 1: 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 



**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.

| $M = (F+K)$  | $N = (J+L)$   | $O = ((N \div M) * 100)$  |
|--|---|---|
| Number of subscribers that the ETC attempted to recertify directly or through a state administrator, ETC access to a state database, or by USAC<br><i>(This should equal the number reported in Block E)</i> | 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 |
| 185  | 39  | 21  |

**Section 4: Pre-Paid ETCs**

All ETCs must complete the appropriate check-box; pre-paid ETCs must complete all of Section 4. Pre-paid ETCs generally do not assess or collect a monthly fee from their Lifeline subscribers. ETCs that only assess a fee but do not collect such fees are pre-paid ETCs and must complete the chart below.

Is the ETC Pre-Paid? 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           |                                       |
| February          |                                       |
| March             |                                       |
| April             |                                       |
| May               |                                       |
| June              |                                       |
| July              |                                       |
| August            |                                       |
| September         |                                       |
| October           |                                       |
| November          |                                       |
| December          |                                       |
| Total Subscribers |                                       |

**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:   
Signature of Officer

mevans@state.tel.com  
Email Address of Officer

Mark R. Evans  
Person Completing This Certification Form

Mark R. Evans - V.P.  
Printed Name and Title of Officer

2/15/16  
Date

518-731-6128  
Contact Phone Number

