FCC Form 555
November 2014

Approved by OMB
3060-[illegible]

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

319031	
Study Area Code (SAC)	
(An Eligible Telecommunications Carrier (ETC) must provide a certification form for each SAC through which it provides Lifeline service).	
Michigan	Total Call Mobile, Inc
State	ETC Name
N/A	KDDI America, Inc.
DBA, Marketing or Other Branding Name *(If same as ETC name, list "N/A" Do not leave blank)*	Holding Company Name *(If same as ETC name, list "N/A" Do not leave blank)*

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 of comptroller, treasurer, or a comparable position. If the filer is a sole proprietorship, the owner must sign the certification.

Section 1: **Initial Certification** *(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 [illegible] that, to the best of my knowledge, the company was presented with documentation of [illegible] consumer's household income and/or program [illegible]

B) Confirm consumer eligibility by relying upon [illegible] to a state database and/or no [illegible] 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 a[illegible] above.

X **Initial** [illegible]

Section 2: Annual Recertification

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

A	B	C	D	E = (A – B – C – 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 calendar year.)	Number of subscribers de-enrolled by 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
44300	0	3762	24741	15799

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 enrolled or de-enrolled as a result of non-response or response ineligibility from ETC recertification attempt
12729	3429	9300	[illegible]	[illegible]

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
3063	0

Note: *If any subscribers were reviewed by an ETC recertification 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, 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.

X **Initial** _____

AND/OR

B.) I certify that the company listed above has procedures in place to recertify consumer eligibility [illegible] *(List database or name of administrator here)* MI Lifeline Eligibility. 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.

X **Initial** _____

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 _____

Section 3: De-enroll Perc[illegible]

Using the data entered in Section 2, complete the chart below to find the percentage of subscribers de-enrolled for this ETC.

M = (E+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
15702	12009	76.04%

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	5101
February	4130
March	4249
April	3836
May	3190
June	750
July	73[illegible]
August	0849
September	6278
October	6201
November	5265
December	4801
Total Subscribers	54357

Signature Block

By signing below, I certify that the company listed above is in compliance with all 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

X

Signature of Officer

regulatory@totalcallmobile.com

Email Address of Officer

Heather Kirby

Person Completing This Certification Form

Hideki Kato, COO

Printed Name and Title of Officer

01/21/2016

Date

770-232-7805

Contact Phone Number