Approved by OMB
3060-0819

FCC Form 555
November 2012

OR

I certify that my company did not claim federal Low Income support for any Lifeline customers prior to June ___ (*insert current year*). I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. **Initial _____**

(*List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary*).

Section 3: ***All ETCs*** *(Initial the certification 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(s) listed above. **Initial** ___

Section 4: ***Non-Usage Applicable to Certain Pre-Paid ETCs*** (*the ETC does not assess or collect a monthly fee from its Lifeline subscribers*)(*Record the number of subscribers de-enrolled for non-usage by month in column N below*).

M	**N**
Month	**Subscribers De-Enrolled for Non-Usage**
January	
February	
March	
April	
May	
June	
July	
August	
September	
October	
November	
December	

Signed,

By: _____
Signature of Officer

James W. Broemmer, Jr.
Printed Name of Officer

CEO
Title of Officer

November 20, 2012
Date

Brenda L. Soland
Person Completing this Certification Form

309-778-8611
Contact Phone Number