

FCC Form 555
November 2012

Annual Lifeline Eligible Telecommunications Carrier Certification Form
All carriers must complete Sections 1, 2, and 3. Carriers must complete Section 4, if applicable.

Deadline: January 31st (Annually)

Iowa

State
(An Eligible Telecommunications Carrier (ETC) must provide a certification form for each state in which it provides Lifeline service).
351301
Study Area Code(s) (SAC) Southwest Telephone Exchange
ETC Name(s)
Interstate Communications
Holding Company Name(s) DBA, Marketing or Other Branding Name(s)

Affiliated ETCs (include names and SACs, attach additional sheets if necessary)	
---	--

Section 1: *All ETCs (Initial the certification that applies to your ETC. Depending on the state, both certifications may apply).*

I certify that the company listed above has certification procedures in place to review income and program-based eligibility documentation prior to enrolling a customer 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. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. **Initial** AMC

--

(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).

AND/OR

I certify that the company listed above confirms consumer eligibility by relying on _____ prior to enrolling a customer in the Lifeline program. *(Please list the program eligibility data sources, such as ETC access to a state database and/or notice of eligibility from the state Lifeline administrator and indicate for which qualifying programs (e.g., SNAP, SSI) these sources are used to verify consumer eligibility).* 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).

FCC Form 555
November 2012

Section 2: All ETCs(Initial the certification that applies to your ETC, and if applicable, complete columns A through L the tables below. Attach additional sheets if necessary).

I certify that the company listed above has procedures in place to re-certify the continued eligibility of all of its Lifeline customers, and that, to the best of my knowledge, the company obtained signed certifications from all consumers attesting to their continuing eligibility for Lifeline, except those subscribers whose eligibility was verified by the company through the use of other sources of eligibility information as well as those subscribers who were re-certified by the state Lifeline administrator. Results are provided in the chart below. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above.

Initial **PM**

A	B
Number of Subscribers Claimed on May FCC Form(s) 497	Number of Lines Claimed on May FCC Form(s) 497 Provided to Wireline Resellers
13	0

C	D	E = C-D	F	G = (E+F)	H
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	Number of Subscribers De-Enrolled or Scheduled to be De-Enrolled as a Result of Non-Response or Ineligibility	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt
13	8	5	0	5	0

I	J	K	L
Number of Subscribers Whose Eligibility was Reviewed By State Administrator or By ETC Access to Eligibility Data	Number of Subscribers Whose Eligibility Was Examined by State Administrator or By ETC Access to Eligibility Data and Found to be Ineligible	Number of Customers De-enrolled or Scheduled to be De-Enrolled as a Result of a Finding of Ineligibility	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt
0	0	0	0

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** PM

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,



Signature of Officer

Vice President of Operations

Title of Officer

David Sherlock

Person Completing this Certification Form

Patrick McGowan

Printed Name of Officer

December 4, 2012

Date

641-765-4201

Contact Phone Number

ARML Report

Page 1 of 2

CO # : 080
OCN # : 1301Billing Name, Billing Address, Including Bundle Elements
For Bill Cycle Date 5/1/2012
Exclude Partials of Less Than 30 Days - Exclude Disconnects
INTERSTATE COMMUNICATIONS/SW TELE12/4/2012 9:42:52 AM
dsherlock

All Accounts All Customers All Networks

Active Tiers

Include Tiers Having At Least 1 of the Selected Services

130 0080

No Service Exclusions

All Geographic Areas

Name	Bus/Res	Account No	Level	Tier Number	Inactive Date	Address
STEVE BROCKMAN	R	1558	Net	7128253029	✓	304 N OAK ST HENDERSON, IA 51541
CATHY CHAMBERLAIN	R	31	Net	7123862127	✓	67436 400TH ST IMOGENE, IA 51645-4018
ARGIE COLE	R	1276	Net	7128253882	✓	509 HIGHWAY ST HENDERSON, IA 51541
DOROTHY COLWELL	R	62	Net	7123862167	✓	105 MAIN ST IMOGENE, IA 51645-4041
ROBERT GIBSON	R	1787	Net	7128247249	No Documents	511 MANCHESTER ST PO BOX 187 EMERSON, IA 51533
KARLA HALL	R	1793	Net	7128247400	✓	1001 MORTON AV PO BOX 317 EMERSON, IA 51533
TERESA JACK	R	1589	Net	7128247401	04/24/2012	500 KING ST EMERSON, IA 51533-3021
RICHARD JOHNSON	R	799	Net	7128247451	No Documents	602 HOWLAND ST PO BOX 264 EMERSON, IA 51533-0264
PAUL MCGOWAN	R	1601	Net	7128247748	10/01/2012	500 MANCHESTER ST APT 4 PO BOX 276 EMERSON, IA 51533
WAYNE & CAROL OCKER	B	1340	Net	7128257151	No Documents	38634 DOBNEY AV HENDERSON, IA 51541-4054
DR SATTER	R	880	Net	7128247557	✓	500 MANCHESTER ST APT 1 PO BOX 153 EMERSON, IA 51533
MARIAN SIEFFORD	R	1252	Net	7128253551	✓	409 HIGHWAY ST HENDERSON, IA 51541

ARML Report

CO # : 080
OCN # : 1301

Billing Name, Billing Address, Including Bundle Elements
For Bill Cycle Date 5/1/2012
Exclude Partials of Less Than 30 Days - Exclude Disconnects
INTERSTATE COMMUNICATIONS/SW TELE

12/4/2012 9:42:52 AM
dsherlock

All Accounts All Customers All Networks

Active Tiers

Include Tiers Having At Least 1 of the Selected Services

130 0080

No Service Exclusions

All Geographic Areas

Name

Address

<u>Bus/Res</u>	<u>Account No</u>	<u>Level</u>	<u>Tier Number</u>
ARNOLD & WANDA WILLIAMS			
R	1339	Net	7128257131

No Disconnects

407 HIGHWAY ST
HENDERSON, IA 51541

Number of Tiers: 13