

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

Iowa

State

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

35-0739

Study Area Code(s) (SAC)

Reasnor Telephone Company

ETC Name(s)

\_\_\_\_\_  
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** GN

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*(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).*

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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 CN

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
2	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
2	0	2	0	2	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

Approved by OMB  
3060-0819

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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 GN

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(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 GN

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	

Signature

[Handwritten Signature]  
Signature of Officer

Campbell  
Printed Name of Officer

General Manager  
Title of Officer

1/17/13  
Date

Campbell  
Person Completing this Certification Form

402-477-1354  
Contact Phone Number