ATTORNEYS AT LAW

NICHOLS NEWMAN LOGAN & GREY, P.C.

January 17, 2013

Hand Delivery, St. Croix Office and
email: kjoseph@psc.gov.vi
Keithley Joseph
Executive Director
Public Services Commission
Sunny Isle Shopping Center
Sunny Isle Professional Bldg., Ste. 1
Christiansted, VI 00823

Hand Delivery, St. Croix Office and
email: ssetorie@psc.gov.vi
Sandra Setorie
Assistant Executive Director
Public Services Commission
Sunny Isle Shopping Center
Sunny Isle Professional Bldg., Ste. 1
Christiansted, VI 00823

Hand Delivery, St. Croix Office and
Via email: tbaileyroka@psc.gov.vi
tbail002@aol.com
Tanisha Bailey-Roka, Esq.
General Counsel
Public Services Commission
Sunny Isle Shopping Center
Sunny Isle Professional Bldg., Ste. 1
Christiansted, VI 00823

Re: Terracom, Inc.

Dear Ladies/Gentleman:

Attached please find a copy of FCC Form 555 which has been recently filed with USAC.

Happy New Year!

Very Truly Yours,

for Todd H. Newman, Esq.

THN/flm

Attachment

cc: Tisean Hendricks – via email: thendricks@psc.gov.vi

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1131 King Street, Christiansted, St. Croix, U.S. Virgin Islands 00820 - 4971
Telephone (340) 773-3200 Telefax (340) 773-3409

Approved by OMB
3060-0819

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)

United States Virgin Islands
State
(An Eligible Telecommunications Carrier (ETC) must provide a certification form for each state in which it provides Lifeline service).

649003
Study Area Code(s) (SAC)

TerraCom, Inc.
ETC Name(s)

NA
Holding Company Name(s)

TerraCom Wireless
DBA, Marketing or Other Branding Name(s)

Affiliated ETCs (*include names and SACs, attach additional sheets if necessary*)	Please see below.

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** _____

NA

(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 NA 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** _____

NA

(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 _____

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**

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**

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**

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OR

I certify that my company did not claim federal Low Income support for any Lifeline customers prior to June 2012 (*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** DS

(*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** DS

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	NA
February	NA
March	NA
April	NA
May	NA
June	NA
July	NA
August	NA
September	NA
October	NA
November	NA
December	NA

Signed,

Signature of Officer

Dale R. Schmick
Printed Name of Officer

Vice President
Title of Officer

1/11/2013
Date

Matt Connolly
Person Completing this Certification Form

816-388-1066
Contact Phone Number

Approved by OMB
3060-0819

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Affiliated ETCs

SAC	Name
349026	YourTel America, Inc
349025	YourTel America, Inc.
419022	YourTel America, Inc
419004	YourTel America, Inc.
109011	YourTel America, Inc
429014	YourTel America, Inc
429006	YourTel America, Inc.
439042	YourTel America, Inc
439006	YourTel America, Inc
179013	YourTel America, Inc
589005	YourTel America, Inc.
529015	YourTel America, Inc