

Citizens Telephone Company of Hammond, New York, Inc.
PO Box 217
Hammond, New York 13646

January 29, 2013

Via E-Mail

Marlene H. Dortch, Secretary
Federal Communications Commission
445 12th Street SW
Washington, DC 20554

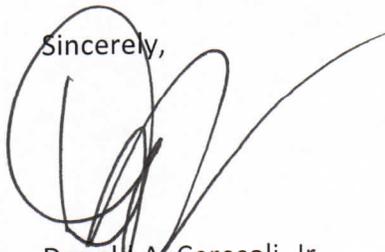
Re: FCC Form 555 in Docket 11-42 Annual Lifeline Eligible Telecommunications Carrier
Certification Form

Dear Secretary Dortch:

Attached, please find a copy of Citizens Telephone Company of Hammond, New York Inc.'s Annual Lifeline Eligible Telecommunications Carrier Certification Form (FCC FORM 555) which was filed with the Universal Service Administration Company via Email on January 29, 2013.

Should you have any questions concerning this matter, please contact me, (315) 324-5911.

Sincerely,

A handwritten signature in black ink, appearing to be "Donald A. Ceresoli, Jr.", written over the word "Sincerely,".

Donald A. Ceresoli, Jr.
President

Enc.

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)

NEW YORK STATE

State

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

150081

Study Area Code(s) (SAC)

CITIZENS TELEPHONE COMPANY OF HAMMOND NEW YORK, INC
ETC Name(s)

NA

Holding Company Name(s)

NA

DBA, Marketing or Other Branding Name(s)

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

NA

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** DAC

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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 COUNTY SOCIAL SERVICE DEPT 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** DAC

150081

(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 DAC

| 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 |
| 72 | NA |

| 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 |
| NA | NA | NA | NA | NA | NA |

| 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 |
| 72 | 0 | 2 | 0 |

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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 NA

| |
|----|
| 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).

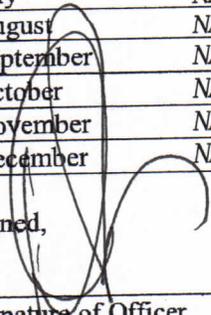
Section 3: All ETCs (Initial the certification below).

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 DAC

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

DONALD A. CERESOLI, JR.

Printed Name of Officer

PRESIDENT

Title of Officer

1/28/13

Date

CHET TRUSKOWSKI

Person Completing this Certification Form

315-324-5911

Contact Phone Number