AT&T Services, Inc.
1120 20th St. NW, Suite 1000
Washington, D.C. 20036
Phone 202 457-2043

January 31, 2013

Marlene Dortch
Secretary
Federal Communications Commission
445 12th St., SW
Washington, D.C. 20554

Lifeline and Link Up Reform and Modernization, WC Docket No. 11-42

Dear Ms. Dortch:

Attached please find our Form 555 filing for the following Wireline ETCs:

State	ETC	SAC#
Alabama	Bellsouth Telecommunications, Inc	255181
Arkansas	Southwestern Bell Telephone Company	405211
California	AT&T Corp	549004
California	Pacific Bell Telephone Company	545170
Connecticut	The Southern New England Telephone Company	135200
Florida	Bellsouth Telecommunications, Inc	215191
Georgia	Bellsouth Telecommunications, Inc	225192
Illinois	Illinois Bell Telephone Company	345070
Indiana	Indiana Bell Telephone Company, Inc	325080
Kansas	Southwestern Bell Telephone Company	415214
Kentucky	Bellsouth Telecommunications, Inc	265182
Louisiana	Bellsouth Telecommunications, Inc	275183
Michigan	Michigan Bell Telephone Company	315090
Mississippi	Bellsouth Telecommunications, Inc	285184
Missouri	Southwestern Bell Telephone Company	425213
Nevada	Nevada Bell Telephone Company	555173
New York	AT&T Corp	159010
North Carolina	Bellsouth Telecommunications, Inc	235193
Ohio	The Ohio Bell Telephone Company	305150
Oklahoma	Southwestern Bell Telephone Company	435215
South Carolina	Bellsouth Telecommunications, Inc	245194
Tennessee	Bellsouth Telecommunications, Inc	295185
Texas	Southwestern Bell Telephone Company	445216
Wisconsin	Wisconsin Bell, Inc	335220

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Also attached at the end are cleaner copies of section 2 for the non-California affiliates. Unfortunately, these documents were scanned repeatedly in the course of obtaining the officer's initials, signature, and date, which degraded the quality of the fully executed forms and the quality of the originals suffer from this same issue.

Please do not hesitate to contact me with any questions.

Sincerely,

Vonda L. Long-Dillard

Attachments 46

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)

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

549004
Study Area Code(s) (SAC)

AT&T Corp.
ETC Name(s)

AT&T Corp.
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** _____

(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 Xerox 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** MC

(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).

Approved by OMB
3060-0819

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 _____

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.**

CAT

Annual Lifeline Eligible Telecommunications Carrier Certification Form Addendum to Form 555
AT&T Corp.

The California Public Utilities Commission's Lifeline Administrator has certification procedures in place to review income and program-based eligibility documentation prior to enrolling a customer in the Lifeline program for all of the following:

- Income
- Medicaid/Medi-Cal
- Supplemental Security Income
- Federal Public Housing Assistance
- National School Lunch Program
- Cal Fresh
- California Work Opportunity & Responsibility to Kids
- Stanislaus Work Opportunity & Responsibility to Kids
- Healthy Families Category A
- Tribal TANF
- Women, Infants and Children Program (WIC)
- Bureau of Indian Affairs General Assistance
- Low Income Home Energy Assistance Program
- Head Start Income Eligible (Tribal Only)
- Food Distribution Program on Indian Reservations
- Section 8
- Welfare to Work (WTW)
- Greater Avenues for Independence (GAIN)

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** MC

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,

Mel Coker
Signature of Officer

Mel Coker
Printed Name of Officer

Chief Marketing Officer, Home Solutions
Title of Officer

1 · 29 · 13
Date

Cathy Forbes
Person Completing this Certification Form

404-829-6163
Contact Phone Number

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)

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

545170
Study Area Code(s) (SAC)

Pacific Bell Telephone Company
ETC Name(s)

AT&T Teleholdings, Inc.
Holding Company Name(s)

AT&T California
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** _____

(*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 Xerox 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** [illegible]

(*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*).

Approved by OMB
3060-0819

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 _____

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**

CA-5

Annual Lifeline Eligible Telecommunications Carrier Certification Form Addendum to Form 555
Pacific Bell Telephone Company

The California Public Utilities Commission Lifeline Administrator has certification procedures in place to review income and program-based eligibility documentation prior to enrolling a customer in the Lifeline program for all of the following:

- Income
- Medicaid/Medi-Cal
- Supplemental Security Income
- Federal Public Housing Assistance
- National School Lunch Program
- Cal Fresh
- California Work Opportunity & Responsibility to Kids
- Stanislaus Work Opportunity & Responsibility to Kids
- Healthy Families Category A
- Tribal TANF
- Women, Infants and Children Program (WIC)
- Bureau of Indian Affairs General Assistance
- Low Income Home Energy Assistance Program
- Head Start Income Eligible (Tribal Only)
- Food Distribution Program on Indian Reservations

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** MC

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,

Mel Coker
Signature of Officer

Mel Coker
Printed Name of Officer

Chief Marketing Officer, Home Solutions
Title of Officer

1 · 29 · 13
Date

Cathy Forbes
Person Completing this Certification Form

404-829-6163
Contact Phone Number

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)

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

235193
Study Area Code(s) (SAC)

Bellsouth Telecommunications, Inc.
ETC Name(s)

Bellsouth Corporation
Holding Company Name(s)

AT&T North Carolina
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** ME

(*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*).

Approved by OMB
3060-0819

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 [illegible]

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**
32,377	4,049

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**
28,486	9,213	19,273	N/A	19,273	N/A

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**

NC

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** MC

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,

Mel Coker
Signature of Officer

Mel Coker
Printed Name of Officer

Chief Marketing Officer, Home Solutions
Title of Officer

1 · 29 · 13
Date

Cathy Forbes
Person Completing this Certification Form

404-829-6163
Contact Phone Number

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)

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

159010
Study Area Code(s) (SAC)

AT&T Corp.
ETC Name(s)

AT&T Corp.
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** MC

(*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*).

Approved by OMB
3060-0819

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

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**
3,011	n/a

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**
3,018	1,468	1,550	N/A	1,550	N/A

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**

NY

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** MC

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,

Mel Coker
Signature of Officer

Mel Coker
Printed Name of Officer

Chief Marketing Officer, Home Solutions
Title of Officer

1 · 29 · 13
Date

Cathy Forbes
Person Completing this Certification Form

404-829-6163
Contact Phone Number

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)

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

445216
Study Area Code(s) (SAC)

Southwestern Bell Telephone Company
ETC Name(s)

AT&T, Inc.
Holding Company Name(s)

AT&T Texas
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** _____

(*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 the Texas Public Utilities Commission 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*).

Approved by OMB
3060-0819

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

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**
420,540	1,593

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**
			N/A		N/A

I	J	K	L
Number of Subscribers Whose Eligibility was Reviewed By State Administrator or By ETC Access to Eligibslity 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**
423,971	140,931	140,931	N/A

TX

Annual Lifeline Eligible Telecommunications Carrier Certification Form Addendum to Form 555
Southwestern Bell Telephone Company

The Texas Public Utilities Commission Lifeline Administrator has certification procedures in place to review income and program-based eligibility documentation prior to enrolling a customer in the Lifeline program for all of the following:

- Income
- Medicaid
- Supplemental Security Income
- Federal Public Housing Assistance
- National School Lunch Program (free lunch program)
- Temporary Assistance for Needy Families
- Supplemental Nutrition Assistance Program
- Children's Health Insurance Program
- Tribally Administered Temporary Assistance for Needy Families
- Bureau of Indian Affairs General Assistance
- Low Income Home Energy Assistance Program
- Head Start (income-qualified customers only)
- Food Distribution Program on Indian Reservations

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** MC

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,

Mel Coker	Mel Coker
Signature of Officer	Printed Name of Officer
Chief Marketing Officer, Home Solutions	1·29·13
Title of Officer	Date
Cathy Forbes	404-829-6163
Person Completing this Certification Form	Contact Phone Number

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)

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

295185
Study Area Code(s) (SAC)

Bellsouth Telecommunications, Inc.
ETC Name(s)

Bellsouth Corporation
Holding Company Name(s)

AT&T Tennessee
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** DL

(*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*).

Approved by OMB
3060-0819

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 ne

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**
43,884	8,864

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**
14,757	14,312	19,445	N/A	19,445	N/A

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**

TN

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** MC

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,

Mel Coker
Signature of Officer

Mel Coker
Printed Name of Officer

Chief Marketing Officer, Home Solutions
Title of Officer

1·29·13
Date

Cathy Forbes
Person Completing this Certification Form

404-829-6163
Contact Phone Number

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)

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

245194
Study Area Code(s) (SAC)

Bellsouth Telecommunications, Inc.
ETC Name(s)

Bellsouth Corporation
Holding Company Name(s)

AT&T South Carolina
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** MO

(*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*).

Approved by OMB
3060-0819

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 [illegible]

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**
30,265	12,920

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**
17,788	7,041	10,745	N/A	10,745	N/A

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**

SC

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** MC

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,

Mel Coker
Signature of Officer

Mel Coker
Printed Name of Officer

Chief Marketing Officer, Home Solutions
Title of Officer

1 · 29 · 13
Date

Cathy Forbes
Person Completing this Certification Form

404-829-6163
Contact Phone Number

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)

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

285184
Study Area Code(s) (SAC)

Bellsouth Telecommunications, Inc.
ETC Name(s)

Bellsouth Corporation
Holding Company Name(s)

AT&T Mississippi
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** _____

(*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*).

Approved by OMB
3060-0819

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

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**
33 345	7 479

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**
28 191	4 657	10 534	N/A	10,534	N/A

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**

MESS

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** MC

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,

Mel Coker
Signature of Officer

Mel Coker
Printed Name of Officer

Chief Marketing Officer, Home Solutions
Title of Officer

1 · 29 · 13
Date

Cathy Forbes
Person Completing this Certification Form

404-829-6163
Contact Phone Number

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)

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

275183
Study Area Code(s) (SAC)

Bellsouth Telecommunications, Inc.
ETC Name(s)

Bellsouth Corporation
Holding Company Name(s)

AT&T Louisiana
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** _____

(*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*).

Approved by OMB
3060-0819

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

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**
27,380	3,992

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**
23,979	6,684	17,295	N/A	17,295	N/A

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**

LH

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** MC

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,

Mel Coker
Signature of Officer

Mel Coker
Printed Name of Officer

Chief Marketing Officer, Home Solutions
Title of Officer

1 · 29 · 13
Date

Cathy Forbes
Person Completing this Certification Form

404-829-6163
Contact Phone Number

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)

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

265182
Study Area Code(s) (SAC)

Bellsouth Telecommunications, Inc.
ETC Name(s)

Bellsouth Corporation
Holding Company Name(s)

AT&T Kentucky
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** ZLC

(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).

Approved by OMB
3060-0819

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: [illegible]

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**
15,686	3,331

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**
12,419	6,928	5,490	N/A	5,490	N/A

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**

KY

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** MC

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,

Mel Coker
Signature of Officer

Mel Coker
Printed Name of Officer

Chief Marketing Officer, Home Solutions
Title of Officer

1 · 29 · 13
Date

Cathy Forbes
Person Completing this Certification Form

404-829-6163
Contact Phone Number

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)

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

415214
Study Area Code(s) (SAC)

Southwestern Bell Telephone Company
ETC Name(s)

AT&T, Inc.
Holding Company Name(s)

AT&T Kansas
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** ME

(*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*).

Approved by OMB
3060-0819

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

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**
15,611	1,719

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**
13,605	8,310	5,295	N/A	5,295	N/A

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**

KS

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** MC

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,

Mel Coker
Signature of Officer

Mel Coker
Printed Name of Officer

Chief Marketing Officer, Home Solutions
Title of Officer

1 · 29 · 13
Date

Cathy Forbes
Person Completing this Certification Form

404-829-6163
Contact Phone Number

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)

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

255181
Study Area Code(s) (SAC)

Bellsouth Telecommunications, Inc.
ETC Name(s)

Bellsouth Corporation
Holding Company Name(s)

AT&T Alabama
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** _____

(*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*).

Approved by OMB
3060-0819

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

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**
36,928	10,433

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**
26,465	8,465	18,120	N/A	18,120	N/A

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**

AL

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** MC

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,

Mel Coker
Signature of Officer

Mel Coker
Printed Name of Officer

Chief Marketing Officer, Home Solutions
Title of Officer

1 · 29 · 13
Date

Cathy Forbes
Person Completing this Certification Form

404-829-6163
Contact Phone Number

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)

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

215191
Study Area Code(s) (SAC)

Bellsouth Telecommunications, Inc.
ETC Name(s)

Bellsouth Corporation
Holding Company Name(s)

AT&T Florida
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** MC

(*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*).

Approved by OMB
3060-0819

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 WL

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**
110,035	5,414

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**
105,492	33,319	72,173	N/A	72,173	N/A

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**

FL

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** MC

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,

Mel Coker
Signature of Officer

Mel Coker
Printed Name of Officer

Chief Marketing Officer, Home Solutions
Title of Officer

1 · 29 · 13
Date

Cathy Forbes
Person Completing this Certification Form

404-829-6163
Contact Phone Number

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)

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

225192
Study Area Code(s) (SAC)

Bellsouth Telecommunications, Inc.
ETC Name(s)

Bellsouth Corporation
Holding Company Name(s)

AT&T Georgia
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** Tne

(*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*).

Approved by OMB
3060-0819

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: [illegible]

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**
71,064	20,381

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**
52,795	18,508	34,287	N/A	34,287	N/A

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**

GR

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** MC

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,

Mel Coker
Signature of Officer

Mel Coker
Printed Name of Officer

Chief Marketing Officer, Home Solutions
Title of Officer

1 · 29 · 13
Date

Cathy Forbes
Person Completing this Certification Form

404-829-6163
Contact Phone Number

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)

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

405211
Study Area Code(s) (SAC)

Southwestern Bell Telephone Company
ETC Name(s)

AT&T, Inc.
Holding Company Name(s)

AT&T Arkansas
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** _____

(*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*).

Approved by OMB
3060-0819

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 [illegible]

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**
15,315	420

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**
14,990	5,472	9,518	N/A	9,518	N/A

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**

AR

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** MC

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,

Mel Coker
Signature of Officer

Mel Coker
Printed Name of Officer

Chief Marketing Officer, Home Solutions
Title of Officer

1 · 29 · 13
Date

Cathy Forbes
Person Completing this Certification Form

404-829-6163
Contact Phone Number

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)

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

335220
Study Area Code(s) (SAC)

Wisconsin Bell, Inc.
ETC Name(s)

AT&T Teleholdings, Inc.
Holding Company Name(s)

AT&T Wisconsin
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** Inc

(*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*).

Approved by OMB
3060-0819

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

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**
25 411	32

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**
23 325	7 333	15 992	N/A	15 992	N/A

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**

DISC

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** MC

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,

Mel Coker
Signature of Officer

Mel Coker
Printed Name of Officer

Chief Marketing Officer, Home Solutions
Title of Officer

1 · 29 · 13
Date

Cathy Forbes
Person Completing this Certification Form

404-829-6163
Contact Phone Number

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)

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

135200
Study Area Code(s) (SAC)

The Southern New England Telephone Company
ETC Name(s)

AT&T, Inc.
Holding Company Name(s)

AT&T Connecticut
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** MC

(*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*).

Approved by OMB
3060-0819

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 MW

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**
27 670	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**
27 549	9 397	18 152	NA	18 152	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**

CT

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** MC

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,

Mel Coker
Signature of Officer

Mel Coker
Printed Name of Officer

Chief Marketing Officer, Home Solutions
Title of Officer

1 · 29 · 13
Date

Cathy Forbes
Person Completing this Certification Form

404-829-6163
Contact Phone Number

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)

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

345070
Study Area Code(s) (SAC)

Illinois Bell Telephone Company
ETC Name(s)

AT&T Teleholdings, Inc.
Holding Company Name(s)

AT&T Illinois
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** _____

(*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*).

Approved by OMB
3060-0819

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 MC

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**
53,403	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**
47,224	18,256	29,168	N/A	29,168	N/A

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**

ECC

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** MC

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,

Mel Coker
Signature of Officer

Mel Coker
Printed Name of Officer

Chief Marketing Officer, Home Solutions
Title of Officer

1-29-13
Date

Cathy Forbes
Person Completing this Certification Form

404-829-6163
Contact Phone Number

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)

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

325080
Study Area Code(s) (SAC)

Indiana Bell Telephone Company, Inc.
ETC Name(s)

AT&T Teleholdings, Inc.
Holding Company Name(s)

AT&T Indiana
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** MC

(*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*).

Approved by OMB
3060-0819

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 WZ

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**
23,814	298

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**
21,418	8,292	13,126	N/A	13,126	N/A

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**

IN

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** MC

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,

Mel Coker
Signature of Officer

Mel Coker
Printed Name of Officer

Chief Marketing Officer, Home Solutions
Title of Officer

1 · 29 · 13
Date

Cathy Forbes
Person Completing this Certification Form

404-829-6163
Contact Phone Number

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)

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

315090
Study Area Code(s) (SAC)

Michigan Bell Telephone Company
ETC Name(s)

AT&T Teleholdings, Inc.
Holding Company Name(s)

AT&T Michigan
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** ML

(*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*).

Approved by OMB
3060-0819

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 [illegible]

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**
51,522	901

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**
47,012	18,840	28,172	N/A	28,172	N/A

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**

MI

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** MC

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,

Mel Coker
Signature of Officer

Mel Coker
Printed Name of Officer

Chief Marketing Officer, Home Solutions
Title of Officer

1 · 29 · 13
Date

Cathy Forbes
Person Completing this Certification Form

404-829-6163
Contact Phone Number

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)

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

435215
Study Area Code(s) (SAC)

Southwestern Bell Telephone Company
ETC Name(s)

AT&T, Inc.
Holding Company Name(s)

AT&T Oklahoma
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** Ive

(*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*).

Approved by OMB
3060-0819

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 [illegible]

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**
33,461	37

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**
[illegible]	13,173	18,617	N/A	18,317	N/A

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**

OK

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** MC

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,

Mel Coker
Signature of Officer

Mel Coker
Printed Name of Officer

Chief Marketing Officer, Home Solutions
Title of Officer

1·29·13
Date

Cathy Forbes
Person Completing this Certification Form

404-829-6163
Contact Phone Number

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)

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

425213
Study Area Code(s) (SAC)

Southwestern Bell Telephone Company
ETC Name(s)

AT&T, Inc.
Holding Company Name(s)

AT&T Missouri
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** ME

(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).

Section 2: *All ETCs (Initial the certification that applies to your ETC, and if applicable, complete columns A through L in 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 [illegible]

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**
26,843	310

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**
26,371	16,161	10,210	N/A	10,210	N/A

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

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** MC

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,

Mel Coker
Signature of Officer

Mel Coker
Printed Name of Officer

Chief Marketing Officer, Home Solutions
Title of Officer

1 · 29 · 13
Date

Cathy Forbes
Person Completing this Certification Form

404-829-6163
Contact Phone Number

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)

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

555173
Study Area Code(s) (SAC)

Nevada Bell Telephone Company
ETC Name(s)

AT&T Teleholdings, Inc.
Holding Company Name(s)

AT&T Nevada
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** he

(*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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3060-0819

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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 NV

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**
11,392	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**
11,436	3,981	7,455	N/A	7,455	N/A

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**

NV

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** MC

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,

Mel Coker
Signature of Officer

Mel Coker
Printed Name of Officer

Chief Marketing Officer, Home Solutions
Title of Officer

1 · 29 · 13
Date

Cathy Forbes
Person Completing this Certification Form

404-829-6163
Contact Phone Number

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)

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

305150
Study Area Code(s) (SAC)

The Ohio Bell Telephone Company
ETC Name(s)

AT&T Teleholdings, Inc.
Holding Company Name(s)

AT&T Ohio
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** MC

(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).

Approved by OMB
3060-0819

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 W

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**
127,514	579

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**
135,117	47,882	87,235	N/A	87,235	N/A

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**

OH

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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** MC

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,

Mel Coker
Signature of Officer

Mel Coker
Printed Name of Officer

Chief Marketing Officer, Home Solutions
Title of Officer

1 · 29 · 13
Date

Cathy Forbes
Person Completing this Certification Form

404-829-6163
Contact Phone Number

Approved by OMB
3060-0819

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 _____

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**
33,461	37

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**
31,696	13,079	18,617	N/A	18,617	N/A

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**

OK

Approved by OMB
3060-0819

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 _____

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**
32,377	4,049

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**
28,486	9,213	19,273	N/A	19,273	N/A

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**

NC

Approved by OMB
3060-0819

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 _____

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**
3,011	n/a

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**
3,016	1,466	1,650	N/A	1,650	N/A

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**

NY

Approved by OMB
3060-0819

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 _____

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**
420,540	1,593

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**
			N/A		N/A

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**
423,971	140,931	140,931	N/A

TX

Approved by OMB
3060-0819

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 _____

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**
43,884	8,864

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**
34,357	14,912	19,445	N/A	19,445	N/A

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**

TN

Approved by OMB
3060-0819

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 _____

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**
30,265	12,920

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**
17,386	6,641	10,745	N/A	10,745	N/A

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**

SC

Approved by OMB
3060-0819

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 _____

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**
33,345	7,479

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**
26,191	9,657	16,534	N/A	16,534	N/A

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**

MISS

Approved by OMB
3060-0819

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 _____

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**
27,880	3,992

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**
23,979	6,684	17,295	N/A	17,295	N/A

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**

LA

Approved by OMB
3060-0819

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 _____

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**
15,686	3,331

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**
12,418	6,028	6,390	N/A	6,390	N/A

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**

KY

Approved by OMB
3060-0819

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 _____

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**
15,611	1,719

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**
13,605	8,310	5,295	N/A	5,295	N/A

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**

KS

Approved by OMB
3060-0819

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 _____

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**
36,928	10,433

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**
26,585	8,465	18,120	N/A	18,120	N/A

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**

AL

Approved by OMB
3060-0819

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 _____

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**
110,035	5,414

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**
105,492	33,019	72,473	N/A	72,473	N/A

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**

FL

Approved by OMB
3060-0819

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 _____

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**
71,964	20,381

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**
52,095	18,008	34,087	N/A	34,087	N/A

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**

GA

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3060-0819

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 _____

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**
15,315	420

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**
14,390	5,812	8,578	N/A	8,578	N/A

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**

AR

Approved by OMB
3060-0819

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 _____

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**
25,411	32

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**
23,325	7,933	15,392	N/A	15,392	N/A

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**

WISC

Approved by OMB
3060-0819

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 _____

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**
27,670	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**
27,649	9,397	18,252	N/A	18,252	N/A

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**

CT.

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3060-0819

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 _____

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**
53,403	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**
47,324	18,056	29,268	N/A	29,268	N/A

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**

ILL

Approved by OMB
3060-0819

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 _____

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**
23,814	298

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**
21,418	8,292	13,126	N/A	13,126	N/A

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**

IN

Approved by OMB
3060-0819

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 _____

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**
51,522	901

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**
47,012	18,840	28,172	N/A	28,172	N/A

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**

MI

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3060-0819

FCC Form 555
November 2012

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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**
26,843	310

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**
26,971	16,761	10,210	N/A	10,210	N/A

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**

MO

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FCC Form 555
November 2012

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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**
11,392	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**
11,436	3,981	7,455	N/A	7,455	N/A

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**

NV

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3060-0819

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).*

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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**
127,514	579

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**
115,117	47,882	67,235	N/A	67,235	N/A

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**

OH