PondorosaTelephone

January 15, 2013

Via ECFS:
Ms. Marlene H. Dortch
Secretary
Federal Communications Commission
9300 East Hampton Drive
Capitol Heights, MD 20743

Re: 2012 Annual LifeLine Eligible Telecommunications Carrier Certification Form 555 Docket 11-42.

Dear Ms. Dortch:

Pursuant to Section 54.416(b) of the Federal Communications Commission's rules, enclosed are the 2012 annual reporting results and certification for The Ponderosa Telephone Co., Study Area Code 542332.

Please contact me with any questions at:

Phone	559-868-6310
Email	lroller@ponderosatel.com

Sincerely,

Linda J.K. Roller
Regulatory Manager

Enclosures see page 2

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Copies to:

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Table Mountain Rancheria of California
Leanne Walker-Grant
PO Box 410
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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*).

542332
Study Area Code(s) (SAC)

The Ponderosa Telephone Co.
ETC Name(s)

Ponderosa Communications
Holding Company Name(s)

DBA, Marketing or Other Branding Name(s)

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

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

I certify that the company listed above has certification procedures in place to review income and program-based eligibility documentation prior to enrolling a customer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. **Initial** _____

(*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 Notice of Eligibility from Xerox State Solutions Inc. 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** EKS

(*List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary*).

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

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

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

C	D	E =C-D	F	G = (E+F)	H
Number of Subscribers ETC Contacted Directly to Recertify Eligibility Through Attestation	**Number of Subscribers Responding to ETC Contact**	**Number of Non-Responding Subscribers**	**Number of Subscribers Responding That They Are No Longer Eligible**	**Number of Subscribers De-Enrolled or Scheduled to be De-Enrolled as a Result of Non-Response or Ineligibility**	**Number of Subscribers Who De-Enrolled Prior to Recertification Attempt**

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

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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** ELS See Appendix A which is attached.

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	N-A
February	N-A
March	N-A
April	N-A
May	N-A
June	N-A
July	N-A
August	N-A
September	N-A
October	N-A
November	N-A
December	N-A

Signed,

E.L. Silkwood
Signature of Officer

E.L. Silkwood
Printed Name of Officer

President
Title of Officer

01-31-2013
Date

Linda Roller
Person Completing this Certification Form

559-868-6310
Contact Phone Number

Ponderosa Telephone

APPENDIX TO SECTION 3 OF FCC FORM 555

Jan 17, 2013

Ponderosa's certification in Section 3 of FCC Form 555 extends to all federal Lifeline certification procedures, except those for which the state of California has received a waiver, and as to those rules, compliance has been deferred for ETCs in California."