

**Annual Lifeline Eligible Telecommunications Carrier Certification Form**  
All carriers must complete all or portions of all sections  
Form must be submitted to USAC and filed with the Federal Communications Commission

**IMPORTANT: PLEASE READ INSTRUCTIONS FIRST**

*Deadline: January 31<sup>st</sup> (Annually)*

Kansas

State

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

419033

Study Area Code(s) (SAC)

Boomerang Wireless, LLC

ETC Name(s)

HH Ventures, LLC

Holding Company Name(s)

entouch wireless

DBA, Marketing or Other Branding Name(s)

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

*Provide a list of all ETCs that are affiliated with the reporting ETC. Affiliation shall be determined in accordance with section 3(2) of the Communications Act. That Section defines "affiliate" as "a person that (directly or indirectly) owns or controls, is owned or controlled by, or is under common ownership or control with, another person." 47 U.S.C. § 153(2). See also 47 C.F.R. § 76.1200.*

For purposes of this filing, an officer is an occupant of a position listed in the article of incorporation, articles of formation, or other similar legal document. An officer is a person who occupies a position specified in the corporate by-laws (or partnership agreement), and would typically be president, vice president for operations, vice president for finance, comptroller, treasurer, or a comparable position. If the filer is a sole proprietorship, the owner must sign the certification

**Section 1: All ETCs MUST COMPLETE SECTION 1- Initial Certification**

I certify that the company listed above has certification procedures in place either to:

- A) Review income and program-based eligibility documentation prior to enrolling a consumer 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 or
- B) Confirm consumer eligibility by relying upon access to a state database and/or notice of eligibility from the state Lifeline administrator prior to enrolling a consumer in the Lifeline program.

I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial JH



**Section 3: ALL ETCS MUST COMPLETE SECTION 3 -- De-enroll percentage**  
*What is the percentage of subscribers de-enrolled for this ETC?*

| M   | N   | O  | P = N + O  | Q = ((P + M) * 100)  |
|---|---|--|--|--|
| Number of Subscribers Claimed on February FCC Form(s) 497<br><i>(From Column A)</i> | Number of Subscribers De-Enrolled or Scheduled to be De-Enrolled as a Result of Non-Response or Ineligibility<br><i>(From Column H)</i> | Number of Subscribers De-Enrolled or Scheduled to be De-Enrolled as a Result of a Finding of Ineligibility<br><i>(From Column K)</i> | Total Number of Subscribers De-Enrolled or Scheduled to be De-Enrolled | Percentage of Subscribers De-Enrolled or Scheduled to be De-Enrolled that were Claimed on the February FCC Form(s) 497 |
| 0   | 0   | 0  | 0  | 0  |

**Section 4: ALL ETCS MUST COMPLETE APPROPRIATE CHECK BOX; PRE-PAID ETCS MUST COMPLETE ALL OF SECTION 4**

**Is the ETC Pre-Paid?**

Yes  No  *(A Pre-Paid ETC does not assess or collect a monthly fee from its Lifeline subscribers)*

*If yes, record the number of subscribers de-enrolled for non-usage by month in column S below.*

**Non-Usage Results Applicable to Pre-Paid ETCS:**

| R         | S                                     |
|-----------|---------------------------------------|
| Month     | Subscribers De-Enrolled for Non-Usage |
| January   | 0                                     |
| February  | 0                                     |
| March     | 0                                     |
| April     | 0                                     |
| May       | 0                                     |
| June      | 0                                     |
| July      | 0                                     |
| August    | 0                                     |
| September | 0                                     |
| October   | 0                                     |
| November  | 0                                     |
| December  | 0                                     |

**Signature Block: ALL ETCS MUST COMPLETE SIGNATURE FIELDS**

By signing 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.

Signed,

  
Signature of Officer  
CFO  
Title of Officer  
James Balvanz  
Person Completing this Certification Form

James Balvanz  
Printed Name of Officer  
01/16/2014  
Date  
319-294-6080  
Contact Phone Number

**ETC Identification**

| SAC    | ETC Name                |
|--------|-------------------------|
| 419033 | Boomerang Wireless, LLC |
|        |                         |
|        |                         |
|        |                         |
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|        |                         |

**Holding Company Name(s)**

| SAC | Holding Company Name |
|-----|----------------------|
|     | HH Ventures, LLC     |
|     |                      |
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**DBA, Marketing or Other Branding Name(s)**

| SAC    | Name            |
|--------|-----------------|
| 419033 | eTouch Wireless |
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