



**Anisa A. Latif**  
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Federal Regulatory

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January 30, 2014

**Via Electronic Submission**

Ms. Marlene H. Dortch  
Secretary  
Federal Communications Commission  
445 12<sup>th</sup> Street, SW  
12<sup>th</sup> Street Lobby – TW-A325  
Washington, D.C. 20554

**Re: AT&T Annual Lifeline Eligible Telecommunications Carrier Certification  
Form – FCC Form 555  
WC Docket No. 11-42**

Dear Ms. Dortch:

Pursuant to 47 C.F.R. § 54.416, AT&T, on behalf of its affiliates AT&T California<sup>1</sup>, AT&T Texas<sup>2</sup>, and AT&T Mobility<sup>3</sup>, hereby submits its 2014 Annual Lifeline Eligible Telecommunications Carrier Certification Form via the Commission's Electronic Comment Filing System. As required, AT&T also submitted its filing to the Universal Service Administrative Company.

Should you have any questions, feel free to contact me.

Sincerely,

**/s/ Anisa A. Latif**

Anisa A. Latif

Attachment

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<sup>1</sup> SAC Nos. 545170 and 549004

<sup>2</sup> SAC No. 445216

<sup>3</sup> SAC Nos. 619004, 259908, 409004, 479006, 269905, 279010, 319026, 289912, 389015, 539010, 639005, 399015, 449022, 199009, 529910, 339920, 209012 and 229014

**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)*

**California**

State

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

545170

Pacific Bell Telephone Company

Study Area Code(s) (SAC)

ETC Name(s)

AT&T Teleholdings, Inc.

AT&T California

Holding Company Name(s)

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 

**Section 2: All ETCs MUST COMPLETE SECTION 2– Annual Recertification**  
Do not leave empty columns. If an ETC has nothing to report in a column, enter a zero.

A	B	C
Number of Subscribers Claimed on February FCC Form(s) 497 of current Form 555 calendar year	Number of Lines Claimed on February FCC Form(s) 497 of current Form 555 calendar year provided to Wireline Resellers	Number of Subscribers claimed on the February FCC Form(s) 497 that were initially enrolled in current Form 555 calendar year
946,458	0	0

Initial the certifications below that apply to your ETC and complete the tables corresponding to the certification below. Depending on the state, BOTH CERTIFICATION A AND B MAY APPLY.

A) I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. 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 \_\_\_\_\_

D	E	F=D-E	G	H = (F+G)	I
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

**AND/OR**

In the space below, 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 or the Universal Service Administrative Company (USAC), and indicate for which qualifying programs (e.g., SNAP, SSI) these sources are used to verify subscriber eligibility. If any of subscribers are subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in columns D through I as appropriate and not in columns J through L.

B) I certify that the company listed above has procedures in place to re-certify consumer eligibility by relying on California Third-party Administrator Xerox. 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 AK

J	K	L
Number of Subscribers Whose Eligibility was Reviewed By State Administrator ETC Access to Eligibility Data or by USAC	Number of Subscribers De-Enrolled or Scheduled to be De-Enrolled as a Result of Finding of Ineligibility by State Administrator, ETC Access to Eligibility Data or USAC	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt
910,279	215,619	152,999

**OR**

C) I certify that my company did not claim federal low income support for any Lifeline subscribers for the February Form 497 data month for the current Form 555 calendar 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 \_\_\_\_\_

**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 <i>(From Column A)</i>	Number of Subscribers De-Enrolled or Scheduled to be De-Enrolled as a Result of Non-Response or Ineligibility <i>(From Column H)</i>	Number of Subscribers De-Enrolled or Scheduled to be De-Enrolled as a Result of a Finding of Ineligibility <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
946,458	0	215,624	215,624	23

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

**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.

Sig

*Mel Coker*

Signature of Officer

Mel Coker

Printed Name of Officer

Chief Marketing Officer, Home Solutions

Title of Officer

Dewey Alexander III

Person Completing this Certification Form

Date

210-246-8291

Contact Phone Number

**ETC Identification**

SAC	ETC Name

**Holding Company Name(s)**

SAC	Holding Company Name

**DBA, Marketing or Other Branding Name(s)**

SAC	Name

**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

**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)*

California

State

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

549004

AT&T Corp.

Study Area Code(s) (SAC)

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)*

*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 

**Section 2: All ETCs MUST COMPLETE SECTION 2– Annual Recertification**

Do not leave empty columns. If an ETC has nothing to report in a column, enter a zero.

A	B	C
Number of Subscribers Claimed on February FCC Form(s) 497 of current Form 555 calendar year	Number of Lines Claimed on February FCC Form(s) 497 of current Form 555 calendar year provided to Wireline Resellers	Number of Subscribers claimed on the February FCC Form(s) 497 that were initially enrolled in current Form 555 calendar year
3965	0	0

Initial the certifications below that apply to your ETC and complete the tables corresponding to the certification below. Depending on the state, BOTH CERTIFICATION A AND B MAY APPLY.

- A) I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. 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

D	E	F =D-E	G	H = (F+G)	I
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

AND/OR

In the space below, 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 or the Universal Service Administrative Company (USAC), and indicate for which qualifying programs (e.g., SNAP, SSI) these sources are used to verify subscriber eligibility. If any of subscribers are subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in columns D through I as appropriate and not in columns J through L.

- B) I certify that the company listed above has procedures in place to re-certify consumer eligibility by relying on California Third-party Administrator Xerox. 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

J	K	L
Number of Subscribers Whose Eligibility was Reviewed By State Administrator ETC Access to Eligibility Data or by USAC	Number of Subscribers De-Enrolled or Scheduled to be De-Enrolled as a Result of Finding of Ineligibility by State Administrator, ETC Access to Eligibility Data or USAC	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt
4087	1331	559

OR

- C) I certify that my company did not claim federal low income support for any Lifeline subscribers for the February Form 497 data month for the current Form 555 calendar 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

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

<b>M</b>	<b>N</b>	<b>O</b>	<b>P = N + O</b>	<b>Q = ((P + M) * 100)</b>
Number of Subscribers Claimed on February FCC Form(s) 497 <i>(From Column A)</i>	Number of Subscribers De-Enrolled or Scheduled to be De-Enrolled as a Result of Non-Response or Ineligibility <i>(From Column H)</i>	Number of Subscribers De-Enrolled or Scheduled to be De-Enrolled as a Result of a Finding of Ineligibility <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
3965	0	1331	1331	34

**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:**

<b>R</b>	<b>S</b>
<b>Month</b>	<b>Subscribers De-Enrolled for Non-Usage</b>
January	
February	
March	
April	
May	
June	
July	
August	
September	
October	
November	
December	

**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,

*Mel Coker*

Signature of Officer

Mel Coker

Printed Name of Officer

Chief Marketing Officer, Home Solutions

Title of Officer

Dewey Alexander III

Person Completing this Certification Form

Date

210 246-8291

Contact Phone Number

**ETC Identification**

SAC	ETC Name

**Holding Company Name(s)**

SAC	Holding Company Name

**DBA, Marketing or Other Branding Name(s)**

SAC	Name

**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)

**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)*

Texas

State

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

445216

Southwestern Bell Telephone Company

Study Area Code(s) (SAC)

ETC Name(s)

AT&T, Inc.

AT&T Texas

Holding Company Name(s)

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 

**Section 2: All ETCs MUST COMPLETE SECTION 2- Annual Recertification**  
Do not leave empty columns. If an ETC has nothing to report in a column, enter a zero.

A	B	C
Number of Subscribers Claimed on February FCC Form(s) 497 of current Form 555 calendar year	Number of Lines Claimed on February FCC Form(s) 497 of current Form 555 calendar year provided to Wireline Resellers	Number of Subscribers claimed on the February FCC Form(s) 497 that were initially enrolled in current Form 555 calendar year
268,065	608	0

Initial the certifications below that apply to your ETC and complete the tables corresponding to the certification below. Depending on the state, BOTH CERTIFICATION A AND B MAY APPLY.

A) I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. 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     

D	E	F =D-E	G	H = (F+G)	I
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

AND/OR

In the space below, 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 or the Universal Service Administrative Company (USAC), and indicate for which qualifying programs (e.g., SNAP, SSI) these sources are used to verify subscriber eligibility. If any of subscribers are subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in columns D through I as appropriate and not in columns J through L.

B) I certify that the company listed above has procedures in place to re-certify consumer eligibility by relying on Texas Third-party Administrator Solix. 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

J	K	L
Number of Subscribers Whose Eligibility was Reviewed By State Administrator ETC Access to Eligibility Data or by USAC	Number of Subscribers De-Enrolled or Scheduled to be De-Enrolled as a Result of Finding of Ineligibility by State Administrator, ETC Access to Eligibility Data or USAC	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt
273,400	105,065	0

OR

C) I certify that my company did not claim federal low income support for any Lifeline subscribers for the February Form 497 data month for the current Form 555 calendar 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

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  <i>(From Column A)</i>	Number of Subscribers De-Enrolled or Scheduled to be De-Enrolled as a Result of Non-Response or Ineligibility  <i>(From Column H)</i>	Number of Subscribers De-Enrolled or Scheduled to be De-Enrolled as a Result of a Finding of Ineligibility  <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
266,065	0	105,065	105,065	39%

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	
February	
March	
April	
May	
June	
July	
August	
September	
October	
November	
December	

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  
**Chief Marketing Officer - Home Solutions**  
\_\_\_\_\_  
Title of Officer  
**Dewey Alexander III**  
\_\_\_\_\_  
Person Completing this Certification Form

\_\_\_\_\_  
**Mel Coker**  
\_\_\_\_\_  
Printed Name of Officer  
\_\_\_\_\_  
Date  
**210-246-8291**  
\_\_\_\_\_  
Contact Phone Number

**ETC Identification**

SAC	ETC Name

**Holding Company Name(s)**

SAC	Holding Company Name

**DBA, Marketing or Other Branding Name(s)**

SAC	Name

**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

**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)*

AK

State

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

619004

Study Area Code(s) (SAC)

AT&T Mobility II LLC

Holding Company Name(s)

Cingular Wireless

ETC Name(s)

AT&T Mobility

DBA, Marketing or Other Branding Name(s)

Affiliated ETCs (include names and SACs, attach additional sheets if necessary)	-See Attached Sheet-
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*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** WEI

**Section 2: All ETCs MUST COMPLETE SECTION 2- Annual Recertification**

Do not leave empty columns. If an ETC has nothing to report in a column, enter a zero.

A	B	C
Number of Subscribers Claimed on February FCC Form(s) 497 of current Form 555 calendar year	Number of Lines Claimed on February FCC Form(s) 497 of current Form 555 calendar year provided to Wireline Resellers	Number of Subscribers claimed on the February FCC Form(s) 497 that were initially enrolled in current Form 555 calendar year
364	0	60

Initial the certifications below that apply to your ETC and complete the tables corresponding to the certification below. Depending on the state, BOTH CERTIFICATION A AND B MAY APPLY.

A) I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. 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** WEI

D	E	F =D-E	G	H = (F+G)	I
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
5	5	0	0	0	0

**AND/OR**

In the space below, 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 or the Universal Service Administrative Company (USAC) and indicate for which qualifying programs (e.g., SNAP, SSI) these sources are used to verify subscriber eligibility. If any of subscribers are subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in columns D through I as appropriate and not in columns J through L.

B) I certify that the company listed above has procedures in place to re-certify consumer eligibility by relying on USAC. 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** WEH

J	K	L
Number of Subscribers Whose Eligibility was Reviewed By State Administrator ETC Access to Eligibility Data or by USAC	Number of Subscribers De-Enrolled or Scheduled to be De-Enrolled as a Result of Finding of Ineligibility by State Administrator, ETC Access to Eligibility Data or USAC	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt
284	94	43

**OR**

C) I certify that my company did not claim federal low income support for any Lifeline subscribers for the February Form 497 data month for the current Form 555 calendar 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** \_\_\_\_\_

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

<b>M</b>	<b>N</b>	<b>O</b>	<b>P = N + O</b>	<b>Q = ((P ÷ M) * 100)</b>
<b>Number of Subscribers Claimed on February FCC Form(s) 497</b> <i>(From Column A)</i>	<b>Number of Subscribers De- Enrolled or Scheduled to be De-Enrolled as a Result of Non-Response or Ineligibility</b> <i>(From Column H)</i>	<b>Number of Subscribers De- Enrolled or Scheduled to be De-Enrolled as a Result of a Finding of Ineligibility</b> <i>(From Column K)</i>	<b>Total Number of Subscribers De-Enrolled or Scheduled to be De-Enrolled</b>	<b>Percentage of Subscribers De-Enrolled or Scheduled to be De-Enrolled that were Claimed on the February FCC Form(s) 497</b>
364	0	94	94	26%

**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:**

<b>R</b>	<b>S</b>
<b>Month</b>	<b>Subscribers De-Enrolled for Non-Usage</b>
January	
February	
March	
April	
May	
June	
July	
August	
September	
October	
November	
December	

**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,

William E. Hogg  
\_\_\_\_\_  
Signature of Officer  
SVP Network Planning and Engineering  
\_\_\_\_\_  
Title of Officer  
Karen Groschel  
\_\_\_\_\_  
Person Completing this Certification Form

William E. Hogg  
\_\_\_\_\_  
Printed Name of Officer  
Jan-27-14  
\_\_\_\_\_  
Date  
732-420-5148  
\_\_\_\_\_  
Contact Phone Number



### Affiliated ETCs

SAC	Name
305150	The Ohio Bell Telephone Company
479006	Cingular Wireless
235193	BellSouth Telecommunications LLC
345070	Illinois Bell Telephone Company
399015	Cingular Wireless
639005	Cingular Wireless
549004	ATandT Corp.
529910	Cingular Wireless
269905	Cingular Wireless
335220	Wisconsin Bell Inc.
295185	BellSouth Telecommunications LLC
405211	Southwestern Bell Telephone Company
555173	Nevada Bell Telephone Company
245194	BellSouth Telecommunications LLC
285184	BellSouth Telecommunications LLC
199009	Cingular Wireless
619004	Cingular Wireless
135200	The Southern New England Telephone Company
259908	Cingular Wireless
539010	ATandT Mobility LLC
275183	BellSouth Telecommunications LLC
209012	Cingular Wireless
545170	Pacific Bell Telephone Company
319026	Cingular Wireless
289912	Cingular Wireless
325080	Indiana Bell Telephone Company Incorporated
339920	Cingular Wireless
409004	ATandT Mobility LLC
425213	Southwestern Bell Telephone Company
315090	Michigan Bell Telephone Company
389015	ATandT Mobility LLC
435215	Southwestern Bell Telephone Company
445216	Southwestern Bell Telephone Company
265182	BellSouth Telecommunications LLC
255181	BellSouth Telecommunications LLC
229014	Allied Wireless Communications Corporation
415214	Southwestern Bell Telephone Company
225192	BellSouth Telecommunications LLC
215191	BellSouth Telecommunications LLC
449022	Cingular Wireless
279010	Cingular Wireless

**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)*

AL

State

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

259908

Study Area Code(s) (SAC)

SBC Telecom, SBC Long Distance, BellSouth Mobi

Holding Company Name(s)

Cingular Wireless

ETC Name(s)

AT&T Mobility

DBA, Marketing or Other Branding Name(s)

Affiliated ETCs (include names and SACs, attach additional sheets if necessary)	-See Attached Sheet-
---	----------------------

*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** WEI

**Section 2: All ETCs MUST COMPLETE SECTION 2– Annual Recertification**

Do not leave empty columns. If an ETC has nothing to report in a column, enter a zero.

A	B	C
Number of Subscribers Claimed on February FCC Form(s) 497 of current Form 555 calendar year	Number of Lines Claimed on February FCC Form(s) 497 of current Form 555 calendar year provided to Wireline Resellers	Number of Subscribers claimed on the February FCC Form(s) 497 that were initially enrolled in current Form 555 calendar year
25	0	1

Initial the certifications below that apply to your ETC and complete the tables corresponding to the certification below. Depending on the state, BOTH CERTIFICATION A AND B MAY APPLY.

A) I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. 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** \_\_\_\_\_

D	E	F =D-E	G	H = (F+G)	I
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
0	0	0	0	0	0

**AND/OR**

In the space below, 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 or the Universal Service Administrative Company (USAC) and indicate for which qualifying programs (e.g., SNAP, SSI) these sources are used to verify subscriber eligibility. If any of subscribers are subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in columns D through I as appropriate and not in columns J through L.

B) I certify that the company listed above has procedures in place to re-certify consumer eligibility by relying on USAC. 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** WEH

J	K	L
Number of Subscribers Whose Eligibility was Reviewed By State Administrator ETC Access to Eligibility Data or by USAC	Number of Subscribers De-Enrolled or Scheduled to be De-Enrolled as a Result of Finding of Ineligibility by State Administrator, ETC Access to Eligibility Data or USAC	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt
22	8	3

**OR**

C) I certify that my company did not claim federal low income support for any Lifeline subscribers for the February Form 497 data month for the current Form 555 calendar 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** \_\_\_\_\_

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

<b>M</b>	<b>N</b>	<b>O</b>	<b>P = N + O</b>	<b>Q = ((P ÷ M) * 100)</b>
<b>Number of Subscribers Claimed on February FCC Form(s) 497</b> <i>(From Column A)</i>	<b>Number of Subscribers De- Enrolled or Scheduled to be De-Enrolled as a Result of Non-Response or Ineligibility</b> <i>(From Column H)</i>	<b>Number of Subscribers De- Enrolled or Scheduled to be De-Enrolled as a Result of a Finding of Ineligibility</b> <i>(From Column K)</i>	<b>Total Number of Subscribers De-Enrolled or Scheduled to be De-Enrolled</b>	<b>Percentage of Subscribers De-Enrolled or Scheduled to be De-Enrolled that were Claimed on the February FCC Form(s) 497</b>
25	0	8	8	32%

**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:**

<b>R</b>	<b>S</b>
<b>Month</b>	<b>Subscribers De-Enrolled for Non-Usage</b>
January	
February	
March	
April	
May	
June	
July	
August	
September	
October	
November	
December	

**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,

William E. Hogg  
\_\_\_\_\_  
Signature of Officer  
SVP Network Planning and Engineering  
\_\_\_\_\_  
Title of Officer  
Karen Groschel  
\_\_\_\_\_  
Person Completing this Certification Form

William E. Hogg  
\_\_\_\_\_  
Printed Name of Officer  
Jan-27-14  
\_\_\_\_\_  
Date  
732-420-5148  
\_\_\_\_\_  
Contact Phone Number



### Affiliated ETCs

SAC	Name
305150	The Ohio Bell Telephone Company
479006	Cingular Wireless
235193	BellSouth Telecommunications LLC
345070	Illinois Bell Telephone Company
399015	Cingular Wireless
639005	Cingular Wireless
549004	ATandT Corp.
529910	Cingular Wireless
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335220	Wisconsin Bell Inc.
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285184	BellSouth Telecommunications LLC
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619004	Cingular Wireless
135200	The Southern New England Telephone Company
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539010	ATandT Mobility LLC
275183	BellSouth Telecommunications LLC
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325080	Indiana Bell Telephone Company Incorporated
339920	Cingular Wireless
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315090	Michigan Bell Telephone Company
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415214	Southwestern Bell Telephone Company
225192	BellSouth Telecommunications LLC
215191	BellSouth Telecommunications LLC
449022	Cingular Wireless
279010	Cingular Wireless

**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)*

AR

State

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

409004

Study Area Code(s) (SAC)

AT&T Mobility II LLC

Holding Company Name(s)

ATandT Mobility LLC

ETC Name(s)

AT&T Mobility

DBA, Marketing or Other Branding Name(s)

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

-See Attached Sheet-

*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** WEI

**Section 2: All ETCs MUST COMPLETE SECTION 2- Annual Recertification**

Do not leave empty columns. If an ETC has nothing to report in a column, enter a zero.

A	B	C
Number of Subscribers Claimed on February FCC Form(s) 497 of current Form 555 calendar year	Number of Lines Claimed on February FCC Form(s) 497 of current Form 555 calendar year provided to Wireline Resellers	Number of Subscribers claimed on the February FCC Form(s) 497 that were initially enrolled in current Form 555 calendar year
5	0	1

Initial the certifications below that apply to your ETC and complete the tables corresponding to the certification below. Depending on the state, BOTH CERTIFICATION A AND B MAY APPLY.

A) I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. 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** \_\_\_\_\_

D	E	F =D-E	G	H = (F+G)	I
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
0	0	0	0	0	0

**AND/OR**

In the space below, 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 or the Universal Service Administrative Company (USAC) and indicate for which qualifying programs (e.g., SNAP, SSI) these sources are used to verify subscriber eligibility. If any of subscribers are subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in columns D through I as appropriate and not in columns J through L.

B) I certify that the company listed above has procedures in place to re-certify consumer eligibility by relying on USAC. 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** WEH

J	K	L
Number of Subscribers Whose Eligibility was Reviewed By State Administrator ETC Access to Eligibility Data or by USAC	Number of Subscribers De-Enrolled or Scheduled to be De-Enrolled as a Result of Finding of Ineligibility by State Administrator, ETC Access to Eligibility Data or USAC	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt
4	1	2

**OR**

C) I certify that my company did not claim federal low income support for any Lifeline subscribers for the February Form 497 data month for the current Form 555 calendar 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** \_\_\_\_\_

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

<b>M</b>	<b>N</b>	<b>O</b>	<b>P = N + O</b>	<b>Q = ((P ÷ M) * 100)</b>
<b>Number of Subscribers Claimed on February FCC Form(s) 497</b> <i>(From Column A)</i>	<b>Number of Subscribers De- Enrolled or Scheduled to be De-Enrolled as a Result of Non-Response or Ineligibility</b> <i>(From Column H)</i>	<b>Number of Subscribers De- Enrolled or Scheduled to be De-Enrolled as a Result of a Finding of Ineligibility</b> <i>(From Column K)</i>	<b>Total Number of Subscribers De-Enrolled or Scheduled to be De-Enrolled</b>	<b>Percentage of Subscribers De-Enrolled or Scheduled to be De-Enrolled that were Claimed on the February FCC Form(s) 497</b>
5	0	1	1	20%

**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:**

<b>R</b>	<b>S</b>
<b>Month</b>	<b>Subscribers De-Enrolled for Non-Usage</b>
January	
February	
March	
April	
May	
June	
July	
August	
September	
October	
November	
December	

**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,

William E. Hogg  
\_\_\_\_\_  
Signature of Officer  
SVP Network Planning and Engineering  
\_\_\_\_\_  
Title of Officer  
Karen Groschel  
\_\_\_\_\_  
Person Completing this Certification Form

William E. Hogg  
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Printed Name of Officer  
Jan-27-14  
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732-420-5148  
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Contact Phone Number



### Affiliated ETCs

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315090	Michigan Bell Telephone Company
389015	ATandT Mobility LLC
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265182	BellSouth Telecommunications LLC
255181	BellSouth Telecommunications LLC
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All carriers must complete all or portions of all sections  
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**IMPORTANT: PLEASE READ INSTRUCTIONS FIRST**

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

ID

State

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

479006

Study Area Code(s) (SAC)

AT&T Mobility II LLC

Holding Company Name(s)

Cingular Wireless

ETC Name(s)

AT&T Mobility

DBA, Marketing or Other Branding Name(s)

Affiliated ETCs (include names and SACs, attach additional sheets if necessary)	-See Attached Sheet-
---	----------------------

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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** WEI

**Section 2: All ETCs MUST COMPLETE SECTION 2- Annual Recertification**

Do not leave empty columns. If an ETC has nothing to report in a column, enter a zero.

A	B	C
Number of Subscribers Claimed on February FCC Form(s) 497 of current Form 555 calendar year	Number of Lines Claimed on February FCC Form(s) 497 of current Form 555 calendar year provided to Wireline Resellers	Number of Subscribers claimed on the February FCC Form(s) 497 that were initially enrolled in current Form 555 calendar year
17	0	1

Initial the certifications below that apply to your ETC and complete the tables corresponding to the certification below. Depending on the state, BOTH CERTIFICATION A AND B MAY APPLY.

A) I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. 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** \_\_\_\_\_

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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
0	0	0	0	0	0

**AND/OR**

In the space below, 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 or the Universal Service Administrative Company (USAC) and indicate for which qualifying programs (e.g., SNAP, SSI) these sources are used to verify subscriber eligibility. If any of subscribers are subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in columns D through I as appropriate and not in columns J through L.

B) I certify that the company listed above has procedures in place to re-certify consumer eligibility by relying on USAC. 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** WEH

J	K	L
Number of Subscribers Whose Eligibility was Reviewed By State Administrator ETC Access to Eligibility Data or by USAC	Number of Subscribers De-Enrolled or Scheduled to be De-Enrolled as a Result of Finding of Ineligibility by State Administrator, ETC Access to Eligibility Data or USAC	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt
15	6	4

**OR**

C) I certify that my company did not claim federal low income support for any Lifeline subscribers for the February Form 497 data month for the current Form 555 calendar 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** \_\_\_\_\_

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

<b>M</b>	<b>N</b>	<b>O</b>	<b>P = N + O</b>	<b>Q = (P ÷ M) * 100</b>
<b>Number of Subscribers Claimed on February FCC Form(s) 497</b> <i>(From Column A)</i>	<b>Number of Subscribers De- Enrolled or Scheduled to be De-Enrolled as a Result of Non-Response or Ineligibility</b> <i>(From Column H)</i>	<b>Number of Subscribers De- Enrolled or Scheduled to be De-Enrolled as a Result of a Finding of Ineligibility</b> <i>(From Column K)</i>	<b>Total Number of Subscribers De-Enrolled or Scheduled to be De-Enrolled</b>	<b>Percentage of Subscribers De-Enrolled or Scheduled to be De-Enrolled that were Claimed on the February FCC Form(s) 497</b>
17	0	6	6	35%

**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:**

<b>R</b>	<b>S</b>
<b>Month</b>	<b>Subscribers De-Enrolled for Non-Usage</b>
January	
February	
March	
April	
May	
June	
July	
August	
September	
October	
November	
December	

**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,

William E. Hogg  
\_\_\_\_\_  
Signature of Officer  
SVP Network Planning and Engineering  
\_\_\_\_\_  
Title of Officer  
Karen Groschel  
\_\_\_\_\_  
Person Completing this Certification Form

William E. Hogg  
\_\_\_\_\_  
Printed Name of Officer  
Jan-27-14  
\_\_\_\_\_  
Date  
732-420-5148  
\_\_\_\_\_  
Contact Phone Number



### Affiliated ETCs

SAC	Name
305150	The Ohio Bell Telephone Company
479006	Cingular Wireless
235193	BellSouth Telecommunications LLC
345070	Illinois Bell Telephone Company
399015	Cingular Wireless
639005	Cingular Wireless
549004	ATandT Corp.
529910	Cingular Wireless
269905	Cingular Wireless
335220	Wisconsin Bell Inc.
295185	BellSouth Telecommunications LLC
405211	Southwestern Bell Telephone Company
555173	Nevada Bell Telephone Company
245194	BellSouth Telecommunications LLC
285184	BellSouth Telecommunications LLC
199009	Cingular Wireless
619004	Cingular Wireless
135200	The Southern New England Telephone Company
259908	Cingular Wireless
539010	ATandT Mobility LLC
275183	BellSouth Telecommunications LLC
209012	Cingular Wireless
545170	Pacific Bell Telephone Company
319026	Cingular Wireless
289912	Cingular Wireless
325080	Indiana Bell Telephone Company Incorporated
339920	Cingular Wireless
409004	ATandT Mobility LLC
425213	Southwestern Bell Telephone Company
315090	Michigan Bell Telephone Company
389015	ATandT Mobility LLC
435215	Southwestern Bell Telephone Company
445216	Southwestern Bell Telephone Company
265182	BellSouth Telecommunications LLC
255181	BellSouth Telecommunications LLC
229014	Allied Wireless Communications Corporation
415214	Southwestern Bell Telephone Company
225192	BellSouth Telecommunications LLC
215191	BellSouth Telecommunications LLC
449022	Cingular Wireless
279010	Cingular Wireless

**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)*

KY

State

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

269905

Study Area Code(s) (SAC)

AT&T Mobility II LLC

Holding Company Name(s)

Cingular Wireless

ETC Name(s)

AT&T Mobility PCS

DBA, Marketing or Other Branding Name(s)

Affiliated ETCs (include names and SACs, attach additional sheets if necessary)	-See Attached Sheet-
---	----------------------

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** WEI

**Section 2: All ETCs MUST COMPLETE SECTION 2– Annual Recertification**

Do not leave empty columns. If an ETC has nothing to report in a column, enter a zero.

A	B	C
Number of Subscribers Claimed on February FCC Form(s) 497 of current Form 555 calendar year	Number of Lines Claimed on February FCC Form(s) 497 of current Form 555 calendar year provided to Wireline Resellers	Number of Subscribers claimed on the February FCC Form(s) 497 that were initially enrolled in current Form 555 calendar year
36	0	1

Initial the certifications below that apply to your ETC and complete the tables corresponding to the certification below. Depending on the state, BOTH CERTIFICATION A AND B MAY APPLY.

A) I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. 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** \_\_\_\_\_

D	E	F =D-E	G	H = (F+G)	I
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
0	0	0	0	0	0

**AND/OR**

In the space below, 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 or the Universal Service Administrative Company (USAC) and indicate for which qualifying programs (e.g., SNAP, SSI) these sources are used to verify subscriber eligibility. If any of subscribers are subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in columns D through I as appropriate and not in columns J through L.

B) I certify that the company listed above has procedures in place to re-certify consumer eligibility by relying on USAC. 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** WEH

J	K	L
Number of Subscribers Whose Eligibility was Reviewed By State Administrator ETC Access to Eligibility Data or by USAC	Number of Subscribers De-Enrolled or Scheduled to be De-Enrolled as a Result of Finding of Ineligibility by State Administrator, ETC Access to Eligibility Data or USAC	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt
33	5	8

**OR**

C) I certify that my company did not claim federal low income support for any Lifeline subscribers for the February Form 497 data month for the current Form 555 calendar 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** \_\_\_\_\_

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

<b>M</b>	<b>N</b>	<b>O</b>	<b>P = N + O</b>	<b>Q = ((P ÷ M) * 100)</b>
<b>Number of Subscribers Claimed on February FCC Form(s) 497</b> <i>(From Column A)</i>	<b>Number of Subscribers De- Enrolled or Scheduled to be De-Enrolled as a Result of Non-Response or Ineligibility</b> <i>(From Column H)</i>	<b>Number of Subscribers De- Enrolled or Scheduled to be De-Enrolled as a Result of a Finding of Ineligibility</b> <i>(From Column K)</i>	<b>Total Number of Subscribers De-Enrolled or Scheduled to be De-Enrolled</b>	<b>Percentage of Subscribers De-Enrolled or Scheduled to be De-Enrolled that were Claimed on the February FCC Form(s) 497</b>
36	0	5	5	14%

**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:**

<b>R</b>	<b>S</b>
<b>Month</b>	<b>Subscribers De-Enrolled for Non-Usage</b>
January	
February	
March	
April	
May	
June	
July	
August	
September	
October	
November	
December	

**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,

William E. Hogg  
\_\_\_\_\_  
Signature of Officer  
SVP Network Planning and Engineering  
\_\_\_\_\_  
Title of Officer  
Karen Groschel  
\_\_\_\_\_  
Person Completing this Certification Form

William E. Hogg  
\_\_\_\_\_  
Printed Name of Officer  
Jan-27-14  
\_\_\_\_\_  
Date  
732-420-5148  
\_\_\_\_\_  
Contact Phone Number



### Affiliated ETCs

SAC	Name
305150	The Ohio Bell Telephone Company
479006	Cingular Wireless
235193	BellSouth Telecommunications LLC
345070	Illinois Bell Telephone Company
399015	Cingular Wireless
639005	Cingular Wireless
549004	ATandT Corp.
529910	Cingular Wireless
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335220	Wisconsin Bell Inc.
295185	BellSouth Telecommunications LLC
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555173	Nevada Bell Telephone Company
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135200	The Southern New England Telephone Company
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339920	Cingular Wireless
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425213	Southwestern Bell Telephone Company
315090	Michigan Bell Telephone Company
389015	ATandT Mobility LLC
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445216	Southwestern Bell Telephone Company
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225192	BellSouth Telecommunications LLC
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449022	Cingular Wireless
279010	Cingular Wireless

**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)*

LA

State

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

279010

Study Area Code(s) (SAC)

AT&T Mobility II LLC

Holding Company Name(s)

Cingular Wireless

ETC Name(s)

AT&T Mobility

DBA, Marketing or Other Branding Name(s)

Affiliated ETCs (include names and SACs, attach additional sheets if necessary)	-See Attached Sheet-
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*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** WEI

**Section 2: All ETCs MUST COMPLETE SECTION 2- Annual Recertification**

Do not leave empty columns. If an ETC has nothing to report in a column, enter a zero.

A	B	C
Number of Subscribers Claimed on February FCC Form(s) 497 of current Form 555 calendar year	Number of Lines Claimed on February FCC Form(s) 497 of current Form 555 calendar year provided to Wireline Resellers	Number of Subscribers claimed on the February FCC Form(s) 497 that were initially enrolled in current Form 555 calendar year
14	0	1

Initial the certifications below that apply to your ETC and complete the tables corresponding to the certification below. Depending on the state, BOTH CERTIFICATION A AND B MAY APPLY.

A) I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. 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** \_\_\_\_\_

D	E	F =D-E	G	H = (F+G)	I
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
0	0	0	0	0	0

**AND/OR**

In the space below, 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 or the Universal Service Administrative Company (USAC) and indicate for which qualifying programs (e.g., SNAP, SSI) these sources are used to verify subscriber eligibility. If any of subscribers are subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in columns D through I as appropriate and not in columns J through L.

B) I certify that the company listed above has procedures in place to re-certify consumer eligibility by relying on USAC. 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** WEH

J	K	L
Number of Subscribers Whose Eligibility was Reviewed By State Administrator ETC Access to Eligibility Data or by USAC	Number of Subscribers De-Enrolled or Scheduled to be De-Enrolled as a Result of Finding of Ineligibility by State Administrator, ETC Access to Eligibility Data or USAC	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt
12	1	3

**OR**

C) I certify that my company did not claim federal low income support for any Lifeline subscribers for the February Form 497 data month for the current Form 555 calendar 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** \_\_\_\_\_

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

<b>M</b>	<b>N</b>	<b>O</b>	<b>P = N + O</b>	<b>Q = ((P ÷ M) * 100)</b>
<b>Number of Subscribers Claimed on February FCC Form(s) 497</b> <i>(From Column A)</i>	<b>Number of Subscribers De- Enrolled or Scheduled to be De-Enrolled as a Result of Non-Response or Ineligibility</b> <i>(From Column H)</i>	<b>Number of Subscribers De- Enrolled or Scheduled to be De-Enrolled as a Result of a Finding of Ineligibility</b> <i>(From Column K)</i>	<b>Total Number of Subscribers De-Enrolled or Scheduled to be De-Enrolled</b>	<b>Percentage of Subscribers De-Enrolled or Scheduled to be De-Enrolled that were Claimed on the February FCC Form(s) 497</b>
14	0	1	1	7%

**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:**

<b>R</b>	<b>S</b>
<b>Month</b>	<b>Subscribers De-Enrolled for Non-Usage</b>
January	
February	
March	
April	
May	
June	
July	
August	
September	
October	
November	
December	

**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,

William E. Hogg  
\_\_\_\_\_  
Signature of Officer  
SVP Network Planning and Engineering  
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Title of Officer  
Karen Groschel  
\_\_\_\_\_  
Person Completing this Certification Form

William E. Hogg  
\_\_\_\_\_  
Printed Name of Officer  
Jan-27-14  
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Date  
732-420-5148  
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Contact Phone Number



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SAC	Name
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315090	Michigan Bell Telephone Company
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**IMPORTANT: PLEASE READ INSTRUCTIONS FIRST**

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

MI

State

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

319026

Study Area Code(s) (SAC)

AT&T Mobility II LLC

Holding Company Name(s)

Cingular Wireless

ETC Name(s)

AT&T Mobility PCS

DBA, Marketing or Other Branding Name(s)

Affiliated ETCs (include names and SACs, attach additional sheets if necessary)	-See Attached Sheet-
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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** WEI

**Section 2: All ETCs MUST COMPLETE SECTION 2- Annual Recertification**

Do not leave empty columns. If an ETC has nothing to report in a column, enter a zero.

A	B	C
Number of Subscribers Claimed on February FCC Form(s) 497 of current Form 555 calendar year	Number of Lines Claimed on February FCC Form(s) 497 of current Form 555 calendar year provided to Wireline Resellers	Number of Subscribers claimed on the February FCC Form(s) 497 that were initially enrolled in current Form 555 calendar year
193	0	9

Initial the certifications below that apply to your ETC and complete the tables corresponding to the certification below. Depending on the state, BOTH CERTIFICATION A AND B MAY APPLY.

A) I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. 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** WEI

D	E	F =D-E	G	H = (F+G)	I
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
1	1	0	0	0	0

**AND/OR**

In the space below, 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 or the Universal Service Administrative Company (USAC) and indicate for which qualifying programs (e.g., SNAP, SSI) these sources are used to verify subscriber eligibility. If any of subscribers are subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in columns D through I as appropriate and not in columns J through L.

B) I certify that the company listed above has procedures in place to re-certify consumer eligibility by relying on USAC. 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** WEH

J	K	L
Number of Subscribers Whose Eligibility was Reviewed By State Administrator ETC Access to Eligibility Data or by USAC	Number of Subscribers De-Enrolled or Scheduled to be De-Enrolled as a Result of Finding of Ineligibility by State Administrator, ETC Access to Eligibility Data or USAC	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt
184	60	21

**OR**

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

<b>M</b>	<b>N</b>	<b>O</b>	<b>P = N + O</b>	<b>Q = ((P ÷ M) * 100)</b>
<b>Number of Subscribers Claimed on February FCC Form(s) 497</b> <i>(From Column A)</i>	<b>Number of Subscribers De-Enrolled or Scheduled to be De-Enrolled as a Result of Non-Response or Ineligibility</b> <i>(From Column H)</i>	<b>Number of Subscribers De-Enrolled or Scheduled to be De-Enrolled as a Result of a Finding of Ineligibility</b> <i>(From Column K)</i>	<b>Total Number of Subscribers De-Enrolled or Scheduled to be De-Enrolled</b>	<b>Percentage of Subscribers De-Enrolled or Scheduled to be De-Enrolled that were Claimed on the February FCC Form(s) 497</b>
193	0	60	60	31%

**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:**

<b>R</b>	<b>S</b>
<b>Month</b>	<b>Subscribers De-Enrolled for Non-Usage</b>
January	
February	
March	
April	
May	
June	
July	
August	
September	
October	
November	
December	

**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,

William E. Hogg  
\_\_\_\_\_  
Signature of Officer  
SVP Network Planning and Engineering  
\_\_\_\_\_  
Title of Officer  
Karen Groschel  
\_\_\_\_\_  
Person Completing this Certification Form

William E. Hogg  
\_\_\_\_\_  
Printed Name of Officer  
Jan-27-14  
\_\_\_\_\_  
Date  
732-420-5148  
\_\_\_\_\_  
Contact Phone Number



### Affiliated ETCs

SAC	Name
305150	The Ohio Bell Telephone Company
479006	Cingular Wireless
235193	BellSouth Telecommunications LLC
345070	Illinois Bell Telephone Company
399015	Cingular Wireless
639005	Cingular Wireless
549004	ATandT Corp.
529910	Cingular Wireless
269905	Cingular Wireless
335220	Wisconsin Bell Inc.
295185	BellSouth Telecommunications LLC
405211	Southwestern Bell Telephone Company
555173	Nevada Bell Telephone Company
245194	BellSouth Telecommunications LLC
285184	BellSouth Telecommunications LLC
199009	Cingular Wireless
619004	Cingular Wireless
135200	The Southern New England Telephone Company
259908	Cingular Wireless
539010	ATandT Mobility LLC
275183	BellSouth Telecommunications LLC
209012	Cingular Wireless
545170	Pacific Bell Telephone Company
319026	Cingular Wireless
289912	Cingular Wireless
325080	Indiana Bell Telephone Company Incorporated
339920	Cingular Wireless
409004	ATandT Mobility LLC
425213	Southwestern Bell Telephone Company
315090	Michigan Bell Telephone Company
389015	ATandT Mobility LLC
435215	Southwestern Bell Telephone Company
445216	Southwestern Bell Telephone Company
265182	BellSouth Telecommunications LLC
255181	BellSouth Telecommunications LLC
229014	Allied Wireless Communications Corporation
415214	Southwestern Bell Telephone Company
225192	BellSouth Telecommunications LLC
215191	BellSouth Telecommunications LLC
449022	Cingular Wireless
279010	Cingular Wireless

**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)*

MS

State

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

289912

Study Area Code(s) (SAC)

AT&T Mobility II LLC

Holding Company Name(s)

Cingular Wireless

ETC Name(s)

AT&T Mobility

DBA, Marketing or Other Branding Name(s)

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

-See Attached Sheet-

*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** WEI

**Section 2: All ETCs MUST COMPLETE SECTION 2- Annual Recertification**

Do not leave empty columns. If an ETC has nothing to report in a column, enter a zero.

A	B	C
Number of Subscribers Claimed on February FCC Form(s) 497 of current Form 555 calendar year	Number of Lines Claimed on February FCC Form(s) 497 of current Form 555 calendar year provided to Wireline Resellers	Number of Subscribers claimed on the February FCC Form(s) 497 that were initially enrolled in current Form 555 calendar year
78	0	6

Initial the certifications below that apply to your ETC and complete the tables corresponding to the certification below. Depending on the state, BOTH CERTIFICATION A AND B MAY APPLY.

A) I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. 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** WEI

D	E	F =D-E	G	H = (F+G)	I
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
1	1	0	0	0	0

**AND/OR**

In the space below, 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 or the Universal Service Administrative Company (USAC) and indicate for which qualifying programs (e.g., SNAP, SSI) these sources are used to verify subscriber eligibility. If any of subscribers are subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in columns D through I as appropriate and not in columns J through L.

B) I certify that the company listed above has procedures in place to re-certify consumer eligibility by relying on USAC. 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** WEH

J	K	L
Number of Subscribers Whose Eligibility was Reviewed By State Administrator ETC Access to Eligibility Data or by USAC	Number of Subscribers De-Enrolled or Scheduled to be De-Enrolled as a Result of Finding of Ineligibility by State Administrator, ETC Access to Eligibility Data or USAC	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt
64	20	11

**OR**

C) I certify that my company did not claim federal low income support for any Lifeline subscribers for the February Form 497 data month for the current Form 555 calendar 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** \_\_\_\_\_

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

<b>M</b>	<b>N</b>	<b>O</b>	<b>P = N + O</b>	<b>Q = ((P ÷ M) * 100)</b>
<b>Number of Subscribers Claimed on February FCC Form(s) 497</b> <i>(From Column A)</i>	<b>Number of Subscribers De-Enrolled or Scheduled to be De-Enrolled as a Result of Non-Response or Ineligibility</b> <i>(From Column H)</i>	<b>Number of Subscribers De-Enrolled or Scheduled to be De-Enrolled as a Result of a Finding of Ineligibility</b> <i>(From Column K)</i>	<b>Total Number of Subscribers De-Enrolled or Scheduled to be De-Enrolled</b>	<b>Percentage of Subscribers De-Enrolled or Scheduled to be De-Enrolled that were Claimed on the February FCC Form(s) 497</b>
78	0	20	20	26%

**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:**

<b>R</b>	<b>S</b>
<b>Month</b>	<b>Subscribers De-Enrolled for Non-Usage</b>
January	
February	
March	
April	
May	
June	
July	
August	
September	
October	
November	
December	

**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,

William E. Hogg  
\_\_\_\_\_  
Signature of Officer  
SVP Network Planning and Engineering  
\_\_\_\_\_  
Title of Officer  
Karen Groschel  
\_\_\_\_\_  
Person Completing this Certification Form

William E. Hogg  
\_\_\_\_\_  
Printed Name of Officer  
Jan-27-14  
\_\_\_\_\_  
Date  
732-420-5148  
\_\_\_\_\_  
Contact Phone Number



### Affiliated ETCs

SAC	Name
305150	The Ohio Bell Telephone Company
479006	Cingular Wireless
235193	BellSouth Telecommunications LLC
345070	Illinois Bell Telephone Company
399015	Cingular Wireless
639005	Cingular Wireless
549004	ATandT Corp.
529910	Cingular Wireless
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225192	BellSouth Telecommunications LLC
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449022	Cingular Wireless
279010	Cingular Wireless

**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)*

ND

State

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

389015

Study Area Code(s) (SAC)

AT&T Mobility II LLC

Holding Company Name(s)

ATandT Mobility LLC

ETC Name(s)

AT&T Mobility

DBA, Marketing or Other Branding Name(s)

Affiliated ETCs (include names and SACs, attach additional sheets if necessary)	-See Attached Sheet-
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*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** WEI

**Section 2: All ETCs MUST COMPLETE SECTION 2- Annual Recertification**

Do not leave empty columns. If an ETC has nothing to report in a column, enter a zero.

A	B	C
Number of Subscribers Claimed on February FCC Form(s) 497 of current Form 555 calendar year	Number of Lines Claimed on February FCC Form(s) 497 of current Form 555 calendar year provided to Wireline Resellers	Number of Subscribers claimed on the February FCC Form(s) 497 that were initially enrolled in current Form 555 calendar year
300	0	252

Initial the certifications below that apply to your ETC and complete the tables corresponding to the certification below. Depending on the state, BOTH CERTIFICATION A AND B MAY APPLY.

A) I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. 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** \_\_\_\_\_

D	E	F =D-E	G	H = (F+G)	I
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
0	0	0	0	0	0

**AND/OR**

In the space below, 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 or the Universal Service Administrative Company (USAC) and indicate for which qualifying programs (e.g., SNAP, SSI) these sources are used to verify subscriber eligibility. If any of subscribers are subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in columns D through I as appropriate and not in columns J through L.

B) I certify that the company listed above has procedures in place to re-certify consumer eligibility by relying on USAC. 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** WEH

J	K	L
Number of Subscribers Whose Eligibility was Reviewed By State Administrator ETC Access to Eligibility Data or by USAC	Number of Subscribers De-Enrolled or Scheduled to be De-Enrolled as a Result of Finding of Ineligibility by State Administrator, ETC Access to Eligibility Data or USAC	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt
44	22	8

**OR**

C) I certify that my company did not claim federal low income support for any Lifeline subscribers for the February Form 497 data month for the current Form 555 calendar 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** \_\_\_\_\_

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

<b>M</b>	<b>N</b>	<b>O</b>	<b>P = N + O</b>	<b>Q = ((P ÷ M) * 100)</b>
<b>Number of Subscribers Claimed on February FCC Form(s) 497</b> <i>(From Column A)</i>	<b>Number of Subscribers De- Enrolled or Scheduled to be De-Enrolled as a Result of Non-Response or Ineligibility</b> <i>(From Column H)</i>	<b>Number of Subscribers De- Enrolled or Scheduled to be De-Enrolled as a Result of a Finding of Ineligibility</b> <i>(From Column K)</i>	<b>Total Number of Subscribers De-Enrolled or Scheduled to be De-Enrolled</b>	<b>Percentage of Subscribers De-Enrolled or Scheduled to be De-Enrolled that were Claimed on the February FCC Form(s) 497</b>
300	0	22	22	7%

**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:**

<b>R</b>	<b>S</b>
<b>Month</b>	<b>Subscribers De-Enrolled for Non-Usage</b>
January	
February	
March	
April	
May	
June	
July	
August	
September	
October	
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December	

**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,

William E. Hogg  
\_\_\_\_\_  
Signature of Officer  
SVP Network Planning and Engineering  
\_\_\_\_\_  
Title of Officer  
Karen Groschel  
\_\_\_\_\_  
Person Completing this Certification Form

William E. Hogg  
\_\_\_\_\_  
Printed Name of Officer  
Jan-27-14  
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Date  
732-420-5148  
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Contact Phone Number



### Affiliated ETCs

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285184	BellSouth Telecommunications LLC
199009	Cingular Wireless
619004	Cingular Wireless
135200	The Southern New England Telephone Company
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315090	Michigan Bell Telephone Company
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415214	Southwestern Bell Telephone Company
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All carriers must complete all or portions of all sections  
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**IMPORTANT: PLEASE READ INSTRUCTIONS FIRST**

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

OR

State

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

539010

Study Area Code(s) (SAC)

SBC Telecom, SBC Long Distance, BellSouth Mobi

Holding Company Name(s)

ATandT Mobility LLC

ETC Name(s)

AT&T Mobility

DBA, Marketing or Other Branding Name(s)

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

-See Attached Sheet-

*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.*

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- 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** WEI

**Section 2: All ETCs MUST COMPLETE SECTION 2- Annual Recertification**

Do not leave empty columns. If an ETC has nothing to report in a column, enter a zero.

A	B	C
Number of Subscribers Claimed on February FCC Form(s) 497 of current Form 555 calendar year	Number of Lines Claimed on February FCC Form(s) 497 of current Form 555 calendar year provided to Wireline Resellers	Number of Subscribers claimed on the February FCC Form(s) 497 that were initially enrolled in current Form 555 calendar year
317	0	12

Initial the certifications below that apply to your ETC and complete the tables corresponding to the certification below. Depending on the state, BOTH CERTIFICATION A AND B MAY APPLY.

A) I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. 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** \_\_\_\_\_

D	E	F =D-E	G	H = (F+G)	I
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
0	0	0	0	0	0

**AND/OR**

In the space below, 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 or the Universal Service Administrative Company (USAC) and indicate for which qualifying programs (e.g., SNAP, SSI) these sources are used to verify subscriber eligibility. If any of subscribers are subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in columns D through I as appropriate and not in columns J through L.

B) I certify that the company listed above has procedures in place to re-certify consumer eligibility by relying on Notice of Eligibility State Lifeline Administrator, SNAP,TANF,SSLI,State Medical Programs at or below 135% of federal poverty guidelines, Medicaid, NSLP,LIHEAP,Federal Public Housing Assistance Section 8,Income based eligibility. 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** WEH

J	K	L
Number of Subscribers Whose Eligibility was Reviewed By State Administrator ETC Access to Eligibility Data or by USAC	Number of Subscribers De-Enrolled or Scheduled to be De-Enrolled as a Result of Finding of Ineligibility by State Administrator, ETC Access to Eligibility Data or USAC	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt
274	13	40

**OR**

C) I certify that my company did not claim federal low income support for any Lifeline subscribers for the February Form 497 data month for the current Form 555 calendar 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** \_\_\_\_\_

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

<b>M</b>	<b>N</b>	<b>O</b>	<b>P = N + O</b>	<b>Q = ((P ÷ M) * 100)</b>
<b>Number of Subscribers Claimed on February FCC Form(s) 497</b> <i>(From Column A)</i>	<b>Number of Subscribers De- Enrolled or Scheduled to be De-Enrolled as a Result of Non-Response or Ineligibility</b> <i>(From Column H)</i>	<b>Number of Subscribers De- Enrolled or Scheduled to be De-Enrolled as a Result of a Finding of Ineligibility</b> <i>(From Column K)</i>	<b>Total Number of Subscribers De-Enrolled or Scheduled to be De-Enrolled</b>	<b>Percentage of Subscribers De-Enrolled or Scheduled to be De-Enrolled that were Claimed on the February FCC Form(s) 497</b>
317	0	13	13	4%

**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:**

<b>R</b>	<b>S</b>
<b>Month</b>	<b>Subscribers De-Enrolled for Non-Usage</b>
January	
February	
March	
April	
May	
June	
July	
August	
September	
October	
November	
December	

**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,

William E. Hogg  
\_\_\_\_\_  
Signature of Officer  
SVP Network Planning and Engineering  
\_\_\_\_\_  
Title of Officer  
Karen Groschel  
\_\_\_\_\_  
Person Completing this Certification Form

William E. Hogg  
\_\_\_\_\_  
Printed Name of Officer  
Jan-27-14  
\_\_\_\_\_  
Date  
732-420-5148  
\_\_\_\_\_  
Contact Phone Number



### Affiliated ETCs

SAC	Name
305150	The Ohio Bell Telephone Company
479006	Cingular Wireless
235193	BellSouth Telecommunications LLC
345070	Illinois Bell Telephone Company
399015	Cingular Wireless
639005	Cingular Wireless
549004	ATandT Corp.
529910	Cingular Wireless
269905	Cingular Wireless
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295185	BellSouth Telecommunications LLC
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135200	The Southern New England Telephone Company
259908	Cingular Wireless
539010	ATandT Mobility LLC
275183	BellSouth Telecommunications LLC
209012	Cingular Wireless
545170	Pacific Bell Telephone Company
319026	Cingular Wireless
289912	Cingular Wireless
325080	Indiana Bell Telephone Company Incorporated
339920	Cingular Wireless
409004	ATandT Mobility LLC
425213	Southwestern Bell Telephone Company
315090	Michigan Bell Telephone Company
389015	ATandT Mobility LLC
435215	Southwestern Bell Telephone Company
445216	Southwestern Bell Telephone Company
265182	BellSouth Telecommunications LLC
255181	BellSouth Telecommunications LLC
229014	Allied Wireless Communications Corporation
415214	Southwestern Bell Telephone Company
225192	BellSouth Telecommunications LLC
215191	BellSouth Telecommunications LLC
449022	Cingular Wireless
279010	Cingular Wireless

**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)*

PR

State

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

639005

Study Area Code(s) (SAC)

Beach Holding Corp.

Holding Company Name(s)

Cingular Wireless

ETC Name(s)

AT&T Mobility

DBA, Marketing or Other Branding Name(s)

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

-See Attached Sheet-

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** WEI

**Section 2: All ETCs MUST COMPLETE SECTION 2- Annual Recertification**

Do not leave empty columns. If an ETC has nothing to report in a column, enter a zero.

A	B	C
Number of Subscribers Claimed on February FCC Form(s) 497 of current Form 555 calendar year	Number of Lines Claimed on February FCC Form(s) 497 of current Form 555 calendar year provided to Wireline Resellers	Number of Subscribers claimed on the February FCC Form(s) 497 that were initially enrolled in current Form 555 calendar year
1743	0	236

Initial the certifications below that apply to your ETC and complete the tables corresponding to the certification below. Depending on the state, BOTH CERTIFICATION A AND B MAY APPLY.

A) I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. 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** WEI

D	E	F =D-E	G	H = (F+G)	I
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
19	19	0	0	0	0

**AND/OR**

In the space below, 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 or the Universal Service Administrative Company (USAC) and indicate for which qualifying programs (e.g., SNAP, SSI) these sources are used to verify subscriber eligibility. If any of subscribers are subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in columns D through I as appropriate and not in columns J through L.

B) I certify that the company listed above has procedures in place to re-certify consumer eligibility by relying on USAC. 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** WEH

J	K	L
Number of Subscribers Whose Eligibility was Reviewed By State Administrator ETC Access to Eligibility Data or by USAC	Number of Subscribers De-Enrolled or Scheduled to be De-Enrolled as a Result of Finding of Ineligibility by State Administrator, ETC Access to Eligibility Data or USAC	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt
1362	872	159

**OR**

C) I certify that my company did not claim federal low income support for any Lifeline subscribers for the February Form 497 data month for the current Form 555 calendar 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** \_\_\_\_\_

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

<b>M</b>	<b>N</b>	<b>O</b>	<b>P = N + O</b>	<b>Q = (P ÷ M) * 100</b>
<b>Number of Subscribers Claimed on February FCC Form(s) 497</b> <i>(From Column A)</i>	<b>Number of Subscribers De-Enrolled or Scheduled to be De-Enrolled as a Result of Non-Response or Ineligibility</b> <i>(From Column H)</i>	<b>Number of Subscribers De-Enrolled or Scheduled to be De-Enrolled as a Result of a Finding of Ineligibility</b> <i>(From Column K)</i>	<b>Total Number of Subscribers De-Enrolled or Scheduled to be De-Enrolled</b>	<b>Percentage of Subscribers De-Enrolled or Scheduled to be De-Enrolled that were Claimed on the February FCC Form(s) 497</b>
1743	0	872	872	50%

**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:**

<b>R</b>	<b>S</b>
<b>Month</b>	<b>Subscribers De-Enrolled for Non-Usage</b>
January	
February	
March	
April	
May	
June	
July	
August	
September	
October	
November	
December	

**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,

William E. Hogg  
\_\_\_\_\_  
Signature of Officer  
SVP Network Planning and Engineering  
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Title of Officer  
Karen Groschel  
\_\_\_\_\_  
Person Completing this Certification Form

William E. Hogg  
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Printed Name of Officer  
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479006	Cingular Wireless
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225192	BellSouth Telecommunications LLC
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449022	Cingular Wireless
279010	Cingular Wireless

**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)*

SD

State

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

399015

Study Area Code(s) (SAC)

SBC Telecom, SBC Long Distance, BellSouth Mobi

Holding Company Name(s)

Cingular Wireless

ETC Name(s)

AT&T Mobility

DBA, Marketing or Other Branding Name(s)

Affiliated ETCs (include names and SACs, attach additional sheets if necessary)	-See Attached Sheet-
---	----------------------

*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** WEI

**Section 2: All ETCs MUST COMPLETE SECTION 2- Annual Recertification**

Do not leave empty columns. If an ETC has nothing to report in a column, enter a zero.

A	B	C
Number of Subscribers Claimed on February FCC Form(s) 497 of current Form 555 calendar year	Number of Lines Claimed on February FCC Form(s) 497 of current Form 555 calendar year provided to Wireline Resellers	Number of Subscribers claimed on the February FCC Form(s) 497 that were initially enrolled in current Form 555 calendar year
151	0	97

Initial the certifications below that apply to your ETC and complete the tables corresponding to the certification below. Depending on the state, BOTH CERTIFICATION A AND B MAY APPLY.

A) I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. 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** \_\_\_\_\_

D	E	F =D-E	G	H = (F+G)	I
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
0	0	0	0	0	0

**AND/OR**

In the space below, 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 or the Universal Service Administrative Company (USAC) and indicate for which qualifying programs (e.g., SNAP, SSI) these sources are used to verify subscriber eligibility. If any of subscribers are subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in columns D through I as appropriate and not in columns J through L.

B) I certify that the company listed above has procedures in place to re-certify consumer eligibility by relying on USAC. 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** WEH

J	K	L
Number of Subscribers Whose Eligibility was Reviewed By State Administrator ETC Access to Eligibility Data or by USAC	Number of Subscribers De-Enrolled or Scheduled to be De-Enrolled as a Result of Finding of Ineligibility by State Administrator, ETC Access to Eligibility Data or USAC	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt
45	25	8

**OR**

C) I certify that my company did not claim federal low income support for any Lifeline subscribers for the February Form 497 data month for the current Form 555 calendar 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** \_\_\_\_\_

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

<b>M</b>	<b>N</b>	<b>O</b>	<b>P = N + O</b>	<b>Q = ((P ÷ M) * 100)</b>
<b>Number of Subscribers Claimed on February FCC Form(s) 497</b> <i>(From Column A)</i>	<b>Number of Subscribers De- Enrolled or Scheduled to be De-Enrolled as a Result of Non-Response or Ineligibility</b> <i>(From Column H)</i>	<b>Number of Subscribers De- Enrolled or Scheduled to be De-Enrolled as a Result of a Finding of Ineligibility</b> <i>(From Column K)</i>	<b>Total Number of Subscribers De-Enrolled or Scheduled to be De-Enrolled</b>	<b>Percentage of Subscribers De-Enrolled or Scheduled to be De-Enrolled that were Claimed on the February FCC Form(s) 497</b>
151	0	25	25	17%

**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:**

<b>R</b>	<b>S</b>
<b>Month</b>	<b>Subscribers De-Enrolled for Non-Usage</b>
January	
February	
March	
April	
May	
June	
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August	
September	
October	
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December	

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

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Signed,

William E. Hogg  
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Signature of Officer  
SVP Network Planning and Engineering  
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Title of Officer  
Karen Groschel  
\_\_\_\_\_  
Person Completing this Certification Form

William E. Hogg  
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Printed Name of Officer  
Jan-27-14  
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732-420-5148  
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315090	Michigan Bell Telephone Company
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445216	Southwestern Bell Telephone Company
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255181	BellSouth Telecommunications LLC
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**IMPORTANT: PLEASE READ INSTRUCTIONS FIRST**

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

TX

State

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

449022

Study Area Code(s) (SAC)

AT&T Mobility II LLC

Holding Company Name(s)

Cingular Wireless

ETC Name(s)

AT&T Mobility

DBA, Marketing or Other Branding Name(s)

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

-See Attached Sheet-

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- 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** WEI

**Section 2: All ETCs MUST COMPLETE SECTION 2- Annual Recertification**

Do not leave empty columns. If an ETC has nothing to report in a column, enter a zero.

A	B	C
Number of Subscribers Claimed on February FCC Form(s) 497 of current Form 555 calendar year	Number of Lines Claimed on February FCC Form(s) 497 of current Form 555 calendar year provided to Wireline Resellers	Number of Subscribers claimed on the February FCC Form(s) 497 that were initially enrolled in current Form 555 calendar year
63	0	0

Initial the certifications below that apply to your ETC and complete the tables corresponding to the certification below. Depending on the state, BOTH CERTIFICATION A AND B MAY APPLY.

A) I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. 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** \_\_\_\_\_

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0	0	0	0	0	0

**AND/OR**

In the space below, 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 or the Universal Service Administrative Company (USAC) and indicate for which qualifying programs (e.g., SNAP, SSI) these sources are used to verify subscriber eligibility. If any of subscribers are subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in columns D through I as appropriate and not in columns J through L.

B) I certify that the company listed above has procedures in place to re-certify consumer eligibility by relying on Texas LIDA,SNAP,Medicaid,CHIP,SSI,LIHEAP,TANF,Free Lunch Program,Fed Poverty Guideline \_\_\_\_\_. 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** WEH

J	K	L
Number of Subscribers Whose Eligibility was Reviewed By State Administrator ETC Access to Eligibility Data or by USAC	Number of Subscribers De-Enrolled or Scheduled to be De-Enrolled as a Result of Finding of Ineligibility by State Administrator, ETC Access to Eligibility Data or USAC	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt
34	14	29

**OR**

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**What is the percentage of subscribers de-enrolled for this ETC?**

<b>M</b>	<b>N</b>	<b>O</b>	<b>P = N + O</b>	<b>Q = ((P ÷ M) * 100)</b>
<b>Number of Subscribers Claimed on February FCC Form(s) 497</b> <i>(From Column A)</i>	<b>Number of Subscribers De- Enrolled or Scheduled to be De-Enrolled as a Result of Non-Response or Ineligibility</b> <i>(From Column H)</i>	<b>Number of Subscribers De- Enrolled or Scheduled to be De-Enrolled as a Result of a Finding of Ineligibility</b> <i>(From Column K)</i>	<b>Total Number of Subscribers De-Enrolled or Scheduled to be De-Enrolled</b>	<b>Percentage of Subscribers De-Enrolled or Scheduled to be De-Enrolled that were Claimed on the February FCC Form(s) 497</b>
63	0	14	14	22%

**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:**

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<b>Month</b>	<b>Subscribers De-Enrolled for Non-Usage</b>
January	
February	
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Signature of Officer  
SVP Network Planning and Engineering  
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Title of Officer  
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Contact Phone Number



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269905	Cingular Wireless
335220	Wisconsin Bell Inc.
295185	BellSouth Telecommunications LLC
405211	Southwestern Bell Telephone Company
555173	Nevada Bell Telephone Company
245194	BellSouth Telecommunications LLC
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135200	The Southern New England Telephone Company
259908	Cingular Wireless
539010	ATandT Mobility LLC
275183	BellSouth Telecommunications LLC
209012	Cingular Wireless
545170	Pacific Bell Telephone Company
319026	Cingular Wireless
289912	Cingular Wireless
325080	Indiana Bell Telephone Company Incorporated
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409004	ATandT Mobility LLC
425213	Southwestern Bell Telephone Company
315090	Michigan Bell Telephone Company
389015	ATandT Mobility LLC
435215	Southwestern Bell Telephone Company
445216	Southwestern Bell Telephone Company
265182	BellSouth Telecommunications LLC
255181	BellSouth Telecommunications LLC
229014	Allied Wireless Communications Corporation
415214	Southwestern Bell Telephone Company
225192	BellSouth Telecommunications LLC
215191	BellSouth Telecommunications LLC
449022	Cingular Wireless
279010	Cingular Wireless

**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)*

VA

State

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

199009

Study Area Code(s) (SAC)

SBC Telecom, SBC Long Distance, BellSouth Mobi

Holding Company Name(s)

Cingular Wireless

ETC Name(s)

AT&T Mobility

DBA, Marketing or Other Branding Name(s)

Affiliated ETCs (include names and SACs, attach additional sheets if necessary)	-See Attached Sheet-
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*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** WEI

**Section 2: All ETCs MUST COMPLETE SECTION 2- Annual Recertification**

Do not leave empty columns. If an ETC has nothing to report in a column, enter a zero.

A	B	C
Number of Subscribers Claimed on February FCC Form(s) 497 of current Form 555 calendar year	Number of Lines Claimed on February FCC Form(s) 497 of current Form 555 calendar year provided to Wireline Resellers	Number of Subscribers claimed on the February FCC Form(s) 497 that were initially enrolled in current Form 555 calendar year
6	0	0

Initial the certifications below that apply to your ETC and complete the tables corresponding to the certification below. Depending on the state, BOTH CERTIFICATION A AND B MAY APPLY.

A) I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. 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** \_\_\_\_\_

D	E	F =D-E	G	H = (F+G)	I
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
0	0	0	0	0	0

**AND/OR**

In the space below, 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 or the Universal Service Administrative Company (USAC) and indicate for which qualifying programs (e.g., SNAP, SSI) these sources are used to verify subscriber eligibility. If any of subscribers are subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in columns D through I as appropriate and not in columns J through L.

B) I certify that the company listed above has procedures in place to re-certify consumer eligibility by relying on USAC. 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** WEH

J	K	L
Number of Subscribers Whose Eligibility was Reviewed By State Administrator ETC Access to Eligibility Data or by USAC	Number of Subscribers De-Enrolled or Scheduled to be De-Enrolled as a Result of Finding of Ineligibility by State Administrator, ETC Access to Eligibility Data or USAC	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt
6	2	1

**OR**

C) I certify that my company did not claim federal low income support for any Lifeline subscribers for the February Form 497 data month for the current Form 555 calendar 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** \_\_\_\_\_

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

<b>M</b>	<b>N</b>	<b>O</b>	<b>P = N + O</b>	<b>Q = ((P ÷ M) * 100)</b>
<b>Number of Subscribers Claimed on February FCC Form(s) 497</b> <i>(From Column A)</i>	<b>Number of Subscribers De-Enrolled or Scheduled to be De-Enrolled as a Result of Non-Response or Ineligibility</b> <i>(From Column H)</i>	<b>Number of Subscribers De-Enrolled or Scheduled to be De-Enrolled as a Result of a Finding of Ineligibility</b> <i>(From Column K)</i>	<b>Total Number of Subscribers De-Enrolled or Scheduled to be De-Enrolled</b>	<b>Percentage of Subscribers De-Enrolled or Scheduled to be De-Enrolled that were Claimed on the February FCC Form(s) 497</b>
6	0	2	2	33%

**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:**

<b>R</b>	<b>S</b>
<b>Month</b>	<b>Subscribers De-Enrolled for Non-Usage</b>
January	
February	
March	
April	
May	
June	
July	
August	
September	
October	
November	
December	

**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,

William E. Hogg  
\_\_\_\_\_  
Signature of Officer  
SVP Network Planning and Engineering  
\_\_\_\_\_  
Title of Officer  
Karen Groschel  
\_\_\_\_\_  
Person Completing this Certification Form

William E. Hogg  
\_\_\_\_\_  
Printed Name of Officer  
Jan-27-14  
\_\_\_\_\_  
Date  
732-420-5148  
\_\_\_\_\_  
Contact Phone Number



### Affiliated ETCs

SAC	Name
305150	The Ohio Bell Telephone Company
479006	Cingular Wireless
235193	BellSouth Telecommunications LLC
345070	Illinois Bell Telephone Company
399015	Cingular Wireless
639005	Cingular Wireless
549004	ATandT Corp.
529910	Cingular Wireless
269905	Cingular Wireless
335220	Wisconsin Bell Inc.
295185	BellSouth Telecommunications LLC
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435215	Southwestern Bell Telephone Company
445216	Southwestern Bell Telephone Company
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255181	BellSouth Telecommunications LLC
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415214	Southwestern Bell Telephone Company
225192	BellSouth Telecommunications LLC
215191	BellSouth Telecommunications LLC
449022	Cingular Wireless
279010	Cingular Wireless

**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)*

WA

State

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

529910

Study Area Code(s) (SAC)

SBC Telecom, SBC Long Distance, BellSouth Mobi

Holding Company Name(s)

Cingular Wireless

ETC Name(s)

AT&T Mobility

DBA, Marketing or Other Branding Name(s)

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

-See Attached Sheet-

*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** WEI

**Section 2: All ETCs MUST COMPLETE SECTION 2– Annual Recertification**

Do not leave empty columns. If an ETC has nothing to report in a column, enter a zero.

A	B	C
Number of Subscribers Claimed on February FCC Form(s) 497 of current Form 555 calendar year	Number of Lines Claimed on February FCC Form(s) 497 of current Form 555 calendar year provided to Wireline Resellers	Number of Subscribers claimed on the February FCC Form(s) 497 that were initially enrolled in current Form 555 calendar year
168	0	13

Initial the certifications below that apply to your ETC and complete the tables corresponding to the certification below. Depending on the state, BOTH CERTIFICATION A AND B MAY APPLY.

A) I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. 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** WEI

D	E	F =D-E	G	H = (F+G)	I
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	3	0	0	0	0

**AND/OR**

In the space below, 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 or the Universal Service Administrative Company (USAC) and indicate for which qualifying programs (e.g., SNAP, SSI) these sources are used to verify subscriber eligibility. If any of subscribers are subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in columns D through I as appropriate and not in columns J through L.

B) I certify that the company listed above has procedures in place to re-certify consumer eligibility by relying on USAC. 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** WEH

J	K	L
Number of Subscribers Whose Eligibility was Reviewed By State Administrator ETC Access to Eligibility Data or by USAC	Number of Subscribers De-Enrolled or Scheduled to be De-Enrolled as a Result of Finding of Ineligibility by State Administrator, ETC Access to Eligibility Data or USAC	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt
138	39	17

**OR**

C) I certify that my company did not claim federal low income support for any Lifeline subscribers for the February Form 497 data month for the current Form 555 calendar 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** \_\_\_\_\_

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

<b>M</b>	<b>N</b>	<b>O</b>	<b>P = N + O</b>	<b>Q = (P ÷ M) * 100</b>
<b>Number of Subscribers Claimed on February FCC Form(s) 497</b> <i>(From Column A)</i>	<b>Number of Subscribers De- Enrolled or Scheduled to be De-Enrolled as a Result of Non-Response or Ineligibility</b> <i>(From Column H)</i>	<b>Number of Subscribers De- Enrolled or Scheduled to be De-Enrolled as a Result of a Finding of Ineligibility</b> <i>(From Column K)</i>	<b>Total Number of Subscribers De-Enrolled or Scheduled to be De-Enrolled</b>	<b>Percentage of Subscribers De-Enrolled or Scheduled to be De-Enrolled that were Claimed on the February FCC Form(s) 497</b>
168	0	39	39	23%

**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:**

<b>R</b>	<b>S</b>
<b>Month</b>	<b>Subscribers De-Enrolled for Non-Usage</b>
January	
February	
March	
April	
May	
June	
July	
August	
September	
October	
November	
December	

**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,

William E. Hogg  
\_\_\_\_\_  
Signature of Officer  
SVP Network Planning and Engineering  
\_\_\_\_\_  
Title of Officer  
Karen Groschel  
\_\_\_\_\_  
Person Completing this Certification Form

William E. Hogg  
\_\_\_\_\_  
Printed Name of Officer  
Jan-27-14  
\_\_\_\_\_  
Date  
732-420-5148  
\_\_\_\_\_  
Contact Phone Number



### Affiliated ETCs

SAC	Name
305150	The Ohio Bell Telephone Company
479006	Cingular Wireless
235193	BellSouth Telecommunications LLC
345070	Illinois Bell Telephone Company
399015	Cingular Wireless
639005	Cingular Wireless
549004	ATandT Corp.
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405211	Southwestern Bell Telephone Company
555173	Nevada Bell Telephone Company
245194	BellSouth Telecommunications LLC
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315090	Michigan Bell Telephone Company
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415214	Southwestern Bell Telephone Company
225192	BellSouth Telecommunications LLC
215191	BellSouth Telecommunications LLC
449022	Cingular Wireless
279010	Cingular Wireless

**Annual Lifeline Eligible Telecommunications Carrier Certification Form**

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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)*

WI

State

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

339920

Study Area Code(s) (SAC)

AT&T Mobility II LLC

Holding Company Name(s)

Cingular Wireless

ETC Name(s)

AT&T Mobility

DBA, Marketing or Other Branding Name(s)

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

-See Attached Sheet-

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- 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** WEI

**Section 2: All ETCs MUST COMPLETE SECTION 2– Annual Recertification**

Do not leave empty columns. If an ETC has nothing to report in a column, enter a zero.

A	B	C
Number of Subscribers Claimed on February FCC Form(s) 497 of current Form 555 calendar year	Number of Lines Claimed on February FCC Form(s) 497 of current Form 555 calendar year provided to Wireline Resellers	Number of Subscribers claimed on the February FCC Form(s) 497 that were initially enrolled in current Form 555 calendar year
27	0	0

Initial the certifications below that apply to your ETC and complete the tables corresponding to the certification below. Depending on the state, BOTH CERTIFICATION A AND B MAY APPLY.

A) I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. 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** \_\_\_\_\_

D	E	F =D-E	G	H = (F+G)	I
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
0	0	0	0	0	0

**AND/OR**

In the space below, 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 or the Universal Service Administrative Company (USAC) and indicate for which qualifying programs (e.g., SNAP, SSI) these sources are used to verify subscriber eligibility. If any of subscribers are subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in columns D through I as appropriate and not in columns J through L.

B) I certify that the company listed above has procedures in place to re-certify consumer eligibility by relying on USAC. 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** WEH

J	K	L
Number of Subscribers Whose Eligibility was Reviewed By State Administrator ETC Access to Eligibility Data or by USAC	Number of Subscribers De-Enrolled or Scheduled to be De-Enrolled as a Result of Finding of Ineligibility by State Administrator, ETC Access to Eligibility Data or USAC	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt
25	8	1

**OR**

C) I certify that my company did not claim federal low income support for any Lifeline subscribers for the February Form 497 data month for the current Form 555 calendar 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** \_\_\_\_\_

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

<b>M</b>	<b>N</b>	<b>O</b>	<b>P = N + O</b>	<b>Q = ((P ÷ M) * 100)</b>
<b>Number of Subscribers Claimed on February FCC Form(s) 497</b> <i>(From Column A)</i>	<b>Number of Subscribers De- Enrolled or Scheduled to be De-Enrolled as a Result of Non-Response or Ineligibility</b> <i>(From Column H)</i>	<b>Number of Subscribers De- Enrolled or Scheduled to be De-Enrolled as a Result of a Finding of Ineligibility</b> <i>(From Column K)</i>	<b>Total Number of Subscribers De-Enrolled or Scheduled to be De-Enrolled</b>	<b>Percentage of Subscribers De-Enrolled or Scheduled to be De-Enrolled that were Claimed on the February FCC Form(s) 497</b>
27	0	8	8	30%

**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:**

<b>R</b>	<b>S</b>
<b>Month</b>	<b>Subscribers De-Enrolled for Non-Usage</b>
January	
February	
March	
April	
May	
June	
July	
August	
September	
October	
November	
December	

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

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Signed,

William E. Hogg  
\_\_\_\_\_  
Signature of Officer  
SVP Network Planning and Engineering  
\_\_\_\_\_  
Title of Officer  
Karen Groschel  
\_\_\_\_\_  
Person Completing this Certification Form

William E. Hogg  
\_\_\_\_\_  
Printed Name of Officer  
Jan-27-14  
\_\_\_\_\_  
Date  
732-420-5148  
\_\_\_\_\_  
Contact Phone Number



### Affiliated ETCs

SAC	Name
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479006	Cingular Wireless
235193	BellSouth Telecommunications LLC
345070	Illinois Bell Telephone Company
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639005	Cingular Wireless
549004	ATandT Corp.
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295185	BellSouth Telecommunications LLC
405211	Southwestern Bell Telephone Company
555173	Nevada Bell Telephone Company
245194	BellSouth Telecommunications LLC
285184	BellSouth Telecommunications LLC
199009	Cingular Wireless
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545170	Pacific Bell Telephone Company
319026	Cingular Wireless
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389015	ATandT Mobility LLC
435215	Southwestern Bell Telephone Company
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449022	Cingular Wireless
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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)*

WV

State

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

209012

Study Area Code(s) (SAC)

AT&T Mobility II LLC

Holding Company Name(s)

Cingular Wireless

ETC Name(s)

AT&T Mobility

DBA, Marketing or Other Branding Name(s)

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

-See Attached Sheet-

*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** WEI

**Section 2: All ETCs MUST COMPLETE SECTION 2- Annual Recertification**

Do not leave empty columns. If an ETC has nothing to report in a column, enter a zero.

A	B	C
Number of Subscribers Claimed on February FCC Form(s) 497 of current Form 555 calendar year	Number of Lines Claimed on February FCC Form(s) 497 of current Form 555 calendar year provided to Wireline Resellers	Number of Subscribers claimed on the February FCC Form(s) 497 that were initially enrolled in current Form 555 calendar year
141	0	1

Initial the certifications below that apply to your ETC and complete the tables corresponding to the certification below. Depending on the state, BOTH CERTIFICATION A AND B MAY APPLY.

A) I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. 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** \_\_\_\_\_

D	E	F =D-E	G	H = (F+G)	I
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
0	0	0	0	0	0

**AND/OR**

In the space below, 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 or the Universal Service Administrative Company (USAC) and indicate for which qualifying programs (e.g., SNAP, SSI) these sources are used to verify subscriber eligibility. If any of subscribers are subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in columns D through I as appropriate and not in columns J through L.

B) I certify that the company listed above has procedures in place to re-certify consumer eligibility by relying on USAC. 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** WEH

J	K	L
Number of Subscribers Whose Eligibility was Reviewed By State Administrator ETC Access to Eligibility Data or by USAC	Number of Subscribers De-Enrolled or Scheduled to be De-Enrolled as a Result of Finding of Ineligibility by State Administrator, ETC Access to Eligibility Data or USAC	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt
132	53	12

**OR**

C) I certify that my company did not claim federal low income support for any Lifeline subscribers for the February Form 497 data month for the current Form 555 calendar 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** \_\_\_\_\_

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

<b>M</b>	<b>N</b>	<b>O</b>	<b>P = N + O</b>	<b>Q = ((P ÷ M) * 100)</b>
<b>Number of Subscribers Claimed on February FCC Form(s) 497</b> <i>(From Column A)</i>	<b>Number of Subscribers De-Enrolled or Scheduled to be De-Enrolled as a Result of Non-Response or Ineligibility</b> <i>(From Column H)</i>	<b>Number of Subscribers De-Enrolled or Scheduled to be De-Enrolled as a Result of a Finding of Ineligibility</b> <i>(From Column K)</i>	<b>Total Number of Subscribers De-Enrolled or Scheduled to be De-Enrolled</b>	<b>Percentage of Subscribers De-Enrolled or Scheduled to be De-Enrolled that were Claimed on the February FCC Form(s) 497</b>
141	0	53	53	38%

**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:**

<b>R</b>	<b>S</b>
<b>Month</b>	<b>Subscribers De-Enrolled for Non-Usage</b>
January	
February	
March	
April	
May	
June	
July	
August	
September	
October	
November	
December	

**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,

William E. Hogg  
\_\_\_\_\_  
Signature of Officer  
SVP Network Planning and Engineering  
\_\_\_\_\_  
Title of Officer  
Karen Groschel  
\_\_\_\_\_  
Person Completing this Certification Form

William E. Hogg  
\_\_\_\_\_  
Printed Name of Officer  
Jan-27-14  
\_\_\_\_\_  
Date  
732-420-5148  
\_\_\_\_\_  
Contact Phone Number



### Affiliated ETCs

SAC	Name
305150	The Ohio Bell Telephone Company
479006	Cingular Wireless
235193	BellSouth Telecommunications LLC
345070	Illinois Bell Telephone Company
399015	Cingular Wireless
639005	Cingular Wireless
549004	ATandT Corp.
529910	Cingular Wireless
269905	Cingular Wireless
335220	Wisconsin Bell Inc.
295185	BellSouth Telecommunications LLC
405211	Southwestern Bell Telephone Company
555173	Nevada Bell Telephone Company
245194	BellSouth Telecommunications LLC
285184	BellSouth Telecommunications LLC
199009	Cingular Wireless
619004	Cingular Wireless
135200	The Southern New England Telephone Company
259908	Cingular Wireless
539010	ATandT Mobility LLC
275183	BellSouth Telecommunications LLC
209012	Cingular Wireless
545170	Pacific Bell Telephone Company
319026	Cingular Wireless
289912	Cingular Wireless
325080	Indiana Bell Telephone Company Incorporated
339920	Cingular Wireless
409004	ATandT Mobility LLC
425213	Southwestern Bell Telephone Company
315090	Michigan Bell Telephone Company
389015	ATandT Mobility LLC
435215	Southwestern Bell Telephone Company
445216	Southwestern Bell Telephone Company
265182	BellSouth Telecommunications LLC
255181	BellSouth Telecommunications LLC
229014	Allied Wireless Communications Corporation
415214	Southwestern Bell Telephone Company
225192	BellSouth Telecommunications LLC
215191	BellSouth Telecommunications LLC
449022	Cingular Wireless
279010	Cingular Wireless

**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)*

Georgia

State

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

229014

Study Area Code(s) (SAC)

Georgia RSA #8 Partnership

ETC Name(s)

U-Lifeline, Alltel Wireless

Holding Company Name(s)

DBA, Marketing or Other Branding Name(s)

Affiliated ETCs (include names and SACs, attach additional sheets if necessary)	SEE ATTACHED
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*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 27

**Section 2: All ETCs MUST COMPLETE SECTION 2- Annual Recertification**

Do not leave empty columns. If an ETC has nothing to report in a column, enter a zero.

A	B	C
Number of Subscribers Claimed on February FCC Form(s) 497 of current Form 555 calendar year	Number of Lines Claimed on February FCC Form(s) 497 of current Form 555 calendar year provided to Wireline Resellers	Number of Subscribers claimed on the February FCC Form(s) 497 that were initially enrolled in current Form 555 calendar year
908	0	112

Initial the certifications below that apply to your ETC and complete the tables corresponding to the certification below. Depending on the state, BOTH CERTIFICATION A AND B MAY APPLY.

A) I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. 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 WJ

D	E	F=D-E	G	H = (F+G)	I
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
174	28	146	0	146	622

AND/OR

In the space below, 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 or the Universal Service Administrative Company (USAC), and indicate for which qualifying programs (e.g., SNAP, SSI) these sources are used to verify subscriber eligibility. If any of subscribers are subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in columns D through I as appropriate and not in columns J through L.

B) I certify that the company listed above has procedures in place to re-certify consumer eligibility by relying on \_\_\_\_\_. 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 \_\_\_\_\_

J	K	L
Number of Subscribers Whose Eligibility was Reviewed By State Administrator ETC Access to Eligibility Data or by USAC	Number of Subscribers De-Enrolled or Scheduled to be De-Enrolled as a Result of Finding of Ineligibility by State Administrator, ETC Access to Eligibility Data or USAC	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt
0	0	0

OR

C) I certify that my company did not claim federal low income support for any Lifeline subscribers for the February Form 497 data month for the current Form 555 calendar 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 \_\_\_\_\_

**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  <i>(From Column A)</i>	Number of Subscribers De-Enrolled or Scheduled to be De-Enrolled as a Result of Non-Response or Ineligibility  <i>(From Column H)</i>	Number of Subscribers De-Enrolled or Scheduled to be De-Enrolled as a Result of a Finding of Ineligibility  <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
908	146	0	146	16.07%

**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	88
February	108
March	94
April	108
May	78
June	54
July	154
August	266
September	52
October	121
November	44
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,

*William W. Hague*

Signature of Officer

William W. Hague

Printed Name of Officer

EVP-International, Alliances & Integrator

Title of Officer

1/20/2014

Date

Jill Peterson

Person Completing this Certification Form

501-448-1231

Contact Phone Number

### ETC Identification

SAC	ETC Name

### Holding Company Name(s)

SAC	Holding Company Name

### DBA, Marketing or Other Branding Name(s)

SAC	Name

**Affiliated ETCs**

SAC	Name
549004	AT&T CORP
199009	AT&T MOBILITY LLC
259908	AT&T MOBILITY LLC
399015	AT&T MOBILITY LLC
529910	AT&T MOBILITY LLC
539010	AT&T MOBILITY LLC
639005	AT&T MOBILITY PUERTO RICO, INC
215191	BELLSOUTH TELECOMMUNICATIONS, LLC
225192	BELLSOUTH TELECOMMUNICATIONS, LLC
235193	BELLSOUTH TELECOMMUNICATIONS, LLC
245194	BELLSOUTH TELECOMMUNICATIONS, LLC
255181	BELLSOUTH TELECOMMUNICATIONS, LLC
265182	BELLSOUTH TELECOMMUNICATIONS, LLC
275183	BELLSOUTH TELECOMMUNICATIONS, LLC
285184	BELLSOUTH TELECOMMUNICATIONS, LLC
295185	BELLSOUTH TELECOMMUNICATIONS, LLC
345070	ILLINOIS BELL TELEPHONE COMPANY
325080	INDIANA BELL TELEPHONE COMPANY, INC
315090	MICHIGAN BELL TELEPHONE COMPANY
555173	NEVADA BELL TELEPHONE COMPANY
209012	NEW CINGULAR WIRELESS PCS, LLC
269905	NEW CINGULAR WIRELESS PCS, LLC
279010	NEW CINGULAR WIRELESS PCS, LLC
289912	NEW CINGULAR WIRELESS PCS, LLC
319026	NEW CINGULAR WIRELESS PCS, LLC
339920	NEW CINGULAR WIRELESS PCS, LLC
389015	NEW CINGULAR WIRELESS PCS, LLC
409004	NEW CINGULAR WIRELESS PCS, LLC
449022	NEW CINGULAR WIRELESS PCS, LLC
479006	NEW CINGULAR WIRELESS PCS, LLC
619004	NEW CINGULAR WIRELESS PCS, LLC
545170	PACIFIC BELL TELEPHONE COMPANY
405211	SOUTHWESTERN BELL TELEPHONE COMPANY
415214	SOUTHWESTERN BELL TELEPHONE COMPANY
425213	SOUTHWESTERN BELL TELEPHONE COMPANY
435215	SOUTHWESTERN BELL TELEPHONE COMPANY
445216	SOUTHWESTERN BELL TELEPHONE COMPANY
305150	THE OHIO BELL TELEPHONE COMPANY
135200	THE SOUTHERN NEW ENGLAND TELEPHONE CO.
335220	WISCONSIN BELL, INC
229014	GEORGIA RSA #8 PARTNERSHIP