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January 31, 2014

FILED VIA ECFS

Marlene H. Dortch, Secretary
Federal Communications Commission
445 12th Street, SW, Room TW-B204
Washington, D.C. 20554

FILED VIA E-MAIL

USAC
Customer Operations
Lifeline Program
2000 L Street NW, Suite 200
Washington, DC 20036

**Re: FCC Form 555 Annual Lifeline Report and Certification
WC Docket No. 11-42**

Dear Ms. Dortch:

Enclosed is the FCC Form 555 Annual Lifeline Report and Certification on behalf of Smith Bagley, Inc. (SBI) for Arizona SAC 459001.

In an Order released November 30, 2012 (DA 12-1927), the Chief of the Wireline Competition Bureau granted SBI a 90-day waiver of the 2012 re-certification requirement with respect to SBI's subscribers in Tribal areas. In accordance with the Order, some subscribers in Tribal areas were not de-enrolled until March or April 2013, and thus were included in the numbers reported on the February 2013 Form 497. To avoid double-counting these de-enrollments, SBI has excluded from Column D the 5,255 subscribers who were de-enrolled in March or April 2013 as a result of the 2012 re-certification process. Accordingly, the number in Column D is lower than the difference between the numbers in Columns A and C.

Please contact the undersigned if any questions arise.

Respectfully submitted,



David A. LaFuria
Steven M. Chernoff

Attorneys for Smith Bagley, Inc.

Encl.

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 31st (Annually)

AZ

State

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

459001

Smith Bagley, Inc

Study Area Code(s) (SAC)

ETC Name(s)

N/A

CellularOne of NE AZ, CellularOne

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** 

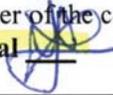
Section 2: All ETCs MUST COMPLETE SECTION 2- Annual Recertification

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
43743	0	1291

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
37197	28553	8644	312	8956	3090

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 N/A. 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 (From Column A)	Number of Subscribers De-Enrolled or Scheduled to be De-Enrolled as a Result of Non-Response or Ineligibility (From Column H)	Number of Subscribers De-Enrolled or Scheduled to be De-Enrolled as a Result of a Finding of Ineligibility (From Column K)	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
43743	8956	0	8956	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.

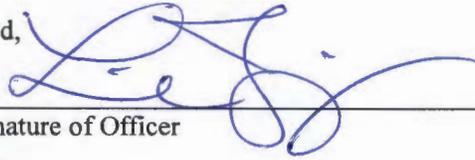
Non-Usage Results Applicable to Pre-Paid ETCS:

R	S
Month	Subscribers De-Enrolled for Non-Usage
January	338
February	189
March	193
April	160
May	171
June	189
July	162
August	177
September	211
October	185
November	214
December	191

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

CEO

Title of Officer

Annette Weidle/Anita Garrison

Person Completing this Certification Form

Louise Finnigan

Printed Name of Officer

1/31/2014

Date

(928) 537-0690

Contact Phone Number

ETC Identification

SAC	ETC Name
459001	Smith Bagley, Inc

Holding Company Name(s)

SAC	Holding Company Name
N/A	N/A

DBA, Marketing or Other Branding Name(s)

SAC	Name
459001	CellularOne of NE AZ, CellularOne

