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)

Study Area Code (SAC)
(An Eligible Telecommunications Carrier (ETC) must provide a certification form for each SAC through which it provides Lifeline service).

KS
State
YourTel Wireless
DBA, Marketing or Other Branding Name
(If same as ETC name, list “N/A” Do not leave blank)

YourTel America Inc.
ETC Name
N/A
Holding Company Name
(If same as ETC name, list “N/A” Do not leave blank)

Does the reporting company have affiliated ETCs? Yes ☐ No ☐

Provide a list of all ETCs that are affiliated with the reporting ETC, using page 4 and additional sheets if necessary. 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.

Affiliated ETC’s SAC
Affiliated ETC’s Name

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: Initial Certification All ETCs must complete this section

I certify that the company listed above has certification procedures in place 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; and/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 Code listed above.

Initial DS
Section 2: Annual Recertification

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

<table>
<thead>
<tr>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E = (A – B – C – D)</th>
</tr>
</thead>
<tbody>
<tr>
<td>9650</td>
<td>0</td>
<td>35</td>
<td>5175</td>
<td>4440</td>
</tr>
</tbody>
</table>

Recertification Results:

<table>
<thead>
<tr>
<th>F</th>
<th>G</th>
<th>H = (F-G)</th>
<th>I</th>
<th>J = (H+I)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of subscribers ETC contacted directly to recertify eligibility through attestation</td>
<td>Number of subscribers responding to ETC contact</td>
<td>Number of non-responding subscribers</td>
<td>Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of non-response or response of ineligibility from ETC recertification attempt</td>
<td></td>
</tr>
<tr>
<td>4440</td>
<td>2468</td>
<td>1972</td>
<td>0</td>
<td>1972</td>
</tr>
</tbody>
</table>

Note: If any subscriber was reviewed by an ETC accessing a state database or by a state administrator and subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in Blocks F through J as appropriate and not in Blocks K and L. As a result, all subscribers subject to recertification who were not de-enrolled prior to the recertification attempt must be accounted for in Block F or Block K.

The total of Block F and Block K should equal the number reported in Block E.

Certification:

Based on the data entered above, initial the certification(s) below that apply. Both Certification A and B may apply depending on the recertification procedures in place for the SAC reporting on this form. If Certification C applies, neither Certification A nor 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 above in Blocks F through J as appropriate and not in Blocks K and L. As a result, all subscribers subject to recertification who were not de-enrolled prior to the recertification attempt must be accounted for in Block F or Block K.

I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial DS AND/OR

B.) I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on: ____________________________. Results are provided in the chart above in Blocks K through L. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial DS 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 SAC listed above.

Initial DS
**Section 3: De-enroll Percentage**

Using the data entered in Section 2, complete the chart below to find the percentage of subscribers de-enrolled for this ETC.

<table>
<thead>
<tr>
<th>M = (F+K)</th>
<th>N = (J+L)</th>
<th>O = ((N ÷ M) × 100)</th>
</tr>
</thead>
<tbody>
<tr>
<td>4440</td>
<td>1972</td>
<td>44.42%</td>
</tr>
</tbody>
</table>

**Section 4: Pre-Paid ETCs**

All ETCs must complete the appropriate check-box; pre-paid ETCs must complete all of Section 4. Pre-paid ETCs generally do not assess or collect a monthly fee from their Lifeline subscribers. ETCs that only assess a fee but do not collect such fees are pre-paid ETCs and must complete the chart below.

**Is the ETC Pre-Paid?**
- Yes [ ]
- No [ ]

If Yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

<table>
<thead>
<tr>
<th>P</th>
<th>Month</th>
<th>Subscribers De-Enrolled for Non-Usage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q</td>
<td>January</td>
<td>362</td>
</tr>
<tr>
<td></td>
<td>February</td>
<td>480</td>
</tr>
<tr>
<td></td>
<td>March</td>
<td>258</td>
</tr>
<tr>
<td></td>
<td>April</td>
<td>179</td>
</tr>
<tr>
<td></td>
<td>May</td>
<td>119</td>
</tr>
<tr>
<td></td>
<td>June</td>
<td>145</td>
</tr>
<tr>
<td></td>
<td>July</td>
<td>97</td>
</tr>
<tr>
<td></td>
<td>August</td>
<td>135</td>
</tr>
<tr>
<td></td>
<td>September</td>
<td>830</td>
</tr>
<tr>
<td></td>
<td>October</td>
<td>218</td>
</tr>
<tr>
<td></td>
<td>November</td>
<td>404</td>
</tr>
<tr>
<td></td>
<td>December</td>
<td>729</td>
</tr>
<tr>
<td></td>
<td>Total Subscribers</td>
<td>3956</td>
</tr>
</tbody>
</table>

**Signature Block**

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 Code (SAC) listed above.

**Signed,**

Certified Online

Signature of Officer
dschmick@yourtel.com

Email Address of Officer

Kristen Farole

Person Completing This Certification Form

Dale Schmick

Printed Name and Title of Officer

01/26/2015

Date

405-293-4870

Contact Phone Number