

January 31, 2023

Via E-Filing Only

Oregon Public Utility Commission
Attn: Filing Center
P.O. Box 1088
Salem, OR 97308-1088
puc.filingcenter@state.or.us

**Re: Docket No.: RT 1
2022 Lifeline re-certification results reported to the FCC and USAC**


To Whom It May Concern:

Pursuant to the Federal Communications Commission's *Report and Order*¹ requiring eligible telecommunications carriers to re-certify the eligibility of their Lifeline subscribers and to report the results to the Federal Communications Commission, Universal Service Administrative Company and to state commission and Tribal governments, CenturyTel of Oregon and CenturyTel of Eastern Oregon hereby submits its 2022 Lifeline re-certification results for the state of Oregon.

Please note that the results are provided separately for each FCC study area. In addition, the numbers being reported this year are mostly zero as we are no longer handling the verifications and recertifications. The Lifeline National Eligibility Verifier (National Verifier) has taken over these functions for all states except the Opt-out-states of Oregon and Texas. Per USAC's instructions, we are still completing and filing the Form 555 reports; only we are filling them in with zeros where the National Verifier has taken over.

Please do not hesitate to contact me at (816) 759-2895 or via email at peter.gose@lumen.com should you have any questions regarding this filing.

Sincerely,



Peter J. Gose
Regulatory Affairs Director

Enclosure(s)

¹ In the Matter of Lifeline and Link Up Reform and Modernization, Lifeline and Link Up, Federal-State Joint Board on Universal Service, Advancing Broadband Availability Through Digital Literacy Training, Report and Order and Further Notice of Rulemaking, 27 FCC Rcd 6656, 6715-16 ¶132 (2012); 47 C.F.R. § 54.416. Also see Public Notice, 28 FCC Rcd 12947 (2013).

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)

<u>532361</u> Study Area Code (SAC) <i>(An Eligible Telecommunications Carrier (ETC) must provide a certification form for each SAC through which it provides Lifeline service).</i>	<u>143002613</u> Service Provider Identification Number (SPIN)									
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; padding: 5px;"><u>2022</u></td> <td style="width: 10%; text-align: center; padding: 5px;">OR</td> <td style="width: 40%; padding: 5px;"><u>CenturyLink CenturyTel of Oregon Inc.</u></td> </tr> <tr> <td style="padding: 5px;">Recertification Year</td> <td style="padding: 5px;">State</td> <td style="padding: 5px;">ETC Name</td> </tr> <tr> <td style="padding: 5px;">N/A</td> <td></td> <td style="padding: 5px;">Lumen Technologies, Inc.</td> </tr> </table>	<u>2022</u>	OR	<u>CenturyLink CenturyTel of Oregon Inc.</u>	Recertification Year	State	ETC Name	N/A		Lumen Technologies, Inc.	Holding Company Name <i>(If same as ETC name, list "N/A" Do <u>not</u> leave blank)</i>
<u>2022</u>	OR	<u>CenturyLink CenturyTel of Oregon Inc.</u>								
Recertification Year	State	ETC Name								
N/A		Lumen Technologies, Inc.								
DBA, Marketing, or Other Branding Name <i>(If same as ETC name, list "N/A" Do <u>not</u> leave blank)</i>	Holding Company Name <i>(If same as ETC name, list "N/A" Do not leave blank)</i>									

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

ETCs Subject to the Non-Usage Requirements

All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month in Section 4. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-enrolled by month.

Is the ETC subject to the non-usage requirements? Yes No

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

P	Q
Month	Subscribers De-Enrolled for Non-Usage
January	0
February	0
March	0
April	0
May	0
June	0
July	0
August	0
September	0
October	0
November	0
December	0
Total Subscribers	0

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.

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.

AG
Initial _____

Annual Recertification

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

Report the number of Lifeline subscribers due for recertification by month (January-December)

- A. Subscribers eligible for recertification by anniversary month
- B. Subscribers de-enrolled prior to recertification attempts
- C. Total number of subscribers ETC is responsible for recertifying (A-B)

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
A.	0	0	0	0	0	0	0	0	0	315	0	0	315
B.	0	0	0	0	0	0	0	0	0	0	0	0	0
C.	0	0	0	0	0	0	0	0	0	315	0	0	315

Recertification Methods

State of federal database

- D. Subscribers recertified through ETC access to state or federal database by anniversary month

Report the number of eligible subscribers verified through access to a state or federal database.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
D.	0	0	0	0	0	0	0	0	0	0	0	0	0

- E. Name of the data source(s) used to verify consumer eligibility:

ETC Direct Contact

- F. Subscribers contacted by ETC directly to recertify (You may also use this section to report subscriber initiated recertifications).

Report the number of Lifeline subscribers the ETC contacted directly to obtain recertification of eligibility

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
F.	0	0	0	0	0	0	0	0	0	0	0	0	0

- G. Subscribers who failed to recertify through ETC direct outreach attempt

Report the number of Lifeline subscribers de-enrolled due to ineligibility or non-response to the ETC's outreach attempt.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
G.	0	0	0	0	0	0	0	0	0	0	0	0	0

H. Subscribers who recertified through ETC direct outreach attempt

Report the number of Lifeline subscribers that successfully recertified through ETC's outreach attempt.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
H.	0	0	0	0	0	0	0	0	0	0	0	0	0

Third Party

I. Subscribers whose eligibility was reviewed by state administrator, third party administrator, or USAC

Report the number of Lifeline subscribers contacted by a state administrator, third party administrator, or USAC for the purpose of recertification.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
I.	0	0	0	0	0	0	0	0	0	315	0	0	315

J. Name of third party administrator used to verify subscriber eligibility:

Oregon PUC

K. Subscribers de-enrolled as a result of a third party recertification attempt

Report the number of subscribers as a result of ineligibility or non-response to outreach from a state administrator, third party administrator, or USAC.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
K.	0	0	0	0	0	0	0	0	0	23	0	0	23

L. Subscribers who recertified through a state administrator, third party administrator, or USAC's recertification effort

Report the number of subscribers that recertified through a request from a state administrator, third party administrator, or USAC

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
L.	0	0	0	0	0	0	0	0	0	292	0	0	292

Certification:

Recertification Method: Database

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on a database. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Initial _____

Recertification Method: ETC

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

Initial _____

Recertification Method: Third Party

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on an administrator. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Initial AG _____

No Subscribers

I certify that my company did not claim federal low income support for any Lifeline subscribers for the current Form 555 data year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial _____

$M = (G+K)$	$N = (D+F+I)$	$O = M/N*100$
Total number of subscribers de-enrolled as a result of recertification	Total number of subscribers ETC is responsible for recertifying	Percent of subscribers due for recertification who were de-enrolled
23	315	7.3%

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,

Andrea Genschaw, SVP Controller
Signature of Officer

Andrea.Genschaw@lumen.com
Email Address of Officer

Heather Malone
Person Completing This Certification Form

Andrea Genschaw, SVP Control
Printed Name and Title of Officer

Jan 24, 2023
Date

3183306442
Contact Phone Number

