

FCC Form 555
November 2012

Annual Lifeline Eligible Telecommunications Carrier Certification Form
All carriers must complete Sections 1, 2, and 3. Carriers must complete Section 4, if applicable.

Deadline: January 31st (Annually)

OR

State

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

532369

EAGLE TELEPHONE SYSTEM INC.

Study Area Code(s) (SAC)

ETC Name(s)

Eagle Telephone System, Inc.

Holding Company Name(s)

DBA, Marketing or Other Branding Name(s)

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

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EAGLE TELEPHONE SYSTEM INC.

Section 1: *All ETCs (Initial the certification that applies to your ETC. Depending on the state, both certifications may apply).*

I certify that the company listed above has certification procedures in place to review income and program-based eligibility documentation prior to enrolling a customer 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. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. **Initial** ML

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(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

AND/OR

I certify that the company listed above confirms consumer eligibility by relying on notice from state lifeline administrator, snap,ssi, etc... prior to enrolling a customer in the Lifeline program. *(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 and indicate for which qualifying programs (e.g., SNAP, SSI) these sources are used to verify consumer eligibility).* I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. **Initial** ML

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(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

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Section 2: *All ETCs (Initial the certification that applies to your ETC, and if applicable, complete columns A through L the tables below. Attach additional sheets if necessary).*

I certify that the company listed above has procedures in place to re-certify the continued eligibility of all of its Lifeline customers, and that, to the best of my knowledge, the company obtained signed certifications from all consumers attesting to their continuing eligibility for Lifeline, except those subscribers whose eligibility was verified by the company through the use of other sources of eligibility information as well as those subscribers who were re-certified by the state Lifeline administrator. 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 ML

A	B
Number of Subscribers Claimed on May FCC Form(s) 497	Number of Lines Claimed on May FCC Form(s) 497 Provided to Wireline Resellers
15	0

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

I	J	K	L
Number of Subscribers Whose Eligibility was Reviewed By State Administrator or By ETC Access to Eligibility Data	Number of Subscribers Whose Eligibility Was Examined by State Administrator or By ETC Access to Eligibility Data and Found to be Ineligible	Number of Customers De-enrolled or Scheduled to be De-Enrolled as a Result of a Finding of Ineligibility	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt
15	0	0	0

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OR

I certify that my company did not claim federal Low Income support for any Lifeline customers prior to June ___ (insert current 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 _____

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(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

Section 3: All ETCs (Initial the certification 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. Initial ML

Section 4: Non-Usage Applicable to Certain Pre-Paid ETCs (the ETC does not assess or collect a monthly fee from its Lifeline subscribers)(Record the number of subscribers de-enrolled for non-usage by month in column N below).

M	N
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

Signed,

Michael L. Lattin
Signature of Officer

Michael L. Lattin
Printed Name of Officer

President
Title of Officer

Jan-23-13
Date

Brandi Sangster
Person Completing this Certification Form

541-893-6111
Contact Phone Number

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Submit to USAC using only ONE method:

Fax to: (202) 776-0080
E-mail to: LiVerifications@usac.org
Mail to: USAC - Low Income Program
2000 L Street, NW, Suite 200
Washington, DC20036

Filing Instructions: Submit to USAC via one of the methods below.

1. Submit electronically via USAC's E-File portal. Instructions are available at www.usac.org.
2. Fax to (202) 776-0080.
3. E-mail to LiVerifications@usac.org.
4. Mail to USAC – Low Income Program, 2000 L Street, NW, Suite 200, Washington, DC20036.

Information Fields:

State

Enter the state for which the eligible telecommunications carrier (ETC) is filing this certification. An ETC must provide a certification form for each state in which it provides Lifeline service. Use a separate *Annual Lifeline Eligible Telecommunications Carrier Certification Form* for each state.

Study Area Code(s) SAC

Enter the five-digit study area code (SAC), or codes, for the state for which the certification is filed. An ETC may include multiple SACs on one form only if the ETC has more than one SAC in the state indicated.

ETC Name(s)

Enter the corporate name of the ETC submitting the *Annual Lifeline Eligible Telecommunications Carrier Certification Form*.

Holding Company Name(s)

Enter the corporate name of the holding company of the ETC.

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DBA, Marking or Other Branding Name(s)

Enter all additional names under which the ETC does business, including d/b/a's (doing business as) and the names under which the ETC markets or brands its Lifeline service in the state reported on this *Form*.

Affiliated ETCs

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. Use additional sheets if necessary.

Section 1:

Section 1 of the *Annual Lifeline Eligible Telecommunications Carrier Certification Form* requires an officer of an ETC to certify that the ETC verifies consumer eligibility prior to enrolling a consumer in Lifeline, and the method used to complete this verification. 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

All ETCs must complete Section 1 for each state in which they provide Lifeline service. An officer of the ETC must initial one or both of the certifications.

An officer of the ETC must initial the first certification in Section 1 if the ETC verifies consumer eligibility by reviewing documentation provided by the consumer. The SAC or SACs for which this certification is made must be listed. List multiple SACs only if the ETC has more than one SAC in the state for which the certification is made. Complete additional *Annual Lifeline Eligible Telecommunications Carrier Certification Forms* for SACs in other states.

An officer of the ETC must initial the second certification in Section 1 if the ETC verifies consumer eligibility by relying on information provided by a database or state Lifeline administrator. In the blank, provide the data source or sources used to verify consumer eligibility. Data sources can include, for example, the name of a state or federal database an ETC queried to confirm consumer eligibility or a state Lifeline administrator that provided notice of consumer eligibility to the ETC. ETCs must also indicate for which qualifying programs (*e.g.*, SNAP, SSI) each source was used to verify consumer eligibility. The SAC or SACs for which this certification is made must be listed. List multiple SACs only if the ETC has more than one SAC in the state for which the certification is made. Complete additional *Annual Lifeline Eligible Telecommunications Carrier Certification Forms* for SACs in other states.