## e-FILING REPORT COVER SHEET



# COMPANY NAME:

DOES REPORT CONTAIN CONFIDENTIAL INFORMATION? No Yes If yes, submit a redacted public version (or a cover letter) by email. Submit the confidential information as directed in OAR 860-001-0070 or the terms of an applicable protective order.
Select report type: RE (Electric) RG (Gas) RW (Water) RT (Telecommunications) RO (Other, for example, industry safety information)
Did you previously file a similar report? No Yes, report docket number:
Report is required by:  Statute  Order  Note: A one-time submission required by an order is a compliance filing and not a report (file compliance in the applicable docket)  Other  (For example, federal regulations, or requested by Staff)
Is this report associated with a specific docket/case? No Yes, docket number: ZT-\
List Key Words for this report. We use these to improve search results.
Send the completed Cover Sheet and the Report in an email addressed to <a href="PUC.FilingCenter@state.or.us">PUC.FilingCenter@state.or.us</a>
Send confidential information, voluminous reports, or energy utility Results of Operations Reports to PUC Filing Center, PO Box 1088, Salem, OR 97308-1088 or by delivery service to 201 High Street SE Suite 100, Salem, OR 97301.

above.

Initial

### **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)

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532371	
Study Area Code (SAC)	
(An Eligible Telecommunications Carrier (ETC) must provide a ce	ertification form for <b>each SAC</b> through which it provides Lifeline service).
Oregon	Cascade Utilities, Inc.
State	ETC Name
	N/A
DBA, Marketing or Other Branding Name (If same as ETC name, list "N/A" Do not leave blank)	Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)
Does the reporting company have affiliated ETCs?  Provide a list of all ETCs that are affiliated with the reporting ETC, determined in accordance with Section 3(2) of the Communications A	Yes No In No.
owns or controls, is owned or controlled by, or is under common ow. C.F.R. § 76.1200.	nership or control with, another person." 47 U.S.C. § 153(2). See also 47
Affiliated ETC's SAC	Affiliated ETC's Name
H	
formation, or other similar legal document. An officer is laws (or partnership agreement), and would typically be p	of a position listed in the article of incorporation, articles of a person who occupies a position specified in the corporate by-resident, vice president for operations, vice president for finance, or is a sole proprietorship, the owner must sign the certification.
Section 1: Initial Certification All ETCs must complete to	his section
I certify that the company listed above has certification pro	cedures in place to:
A) Review income and program-based eligibility documen that, to the best of my knowledge, the company was income and/or program-based eligibility prior to his or leading to the company was income and/or program-based eligibility prior to his or leading to the company was also become and program-based eligibility documents.	station prior to enrolling a consumer in the Lifeline program, and s presented with documentation of each consumer's household ner enrollment in Lifeline; and/or
B) Confirm consumer eligibility by relying upon access Lifeline administrator prior to enrolling a consumer in t	to a state database and/or notice of eligibility from the state he Lifeline program.
I am an officer of the company named above. I am author	orized to make this certification for the Study Area Code listed

#### Section 2: Annual Recertification

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

A	В	C	D	$\mathbf{E} = (\mathbf{A} - \mathbf{B} - \mathbf{C} - \mathbf{D})$
Number of subscribers claimed on February FCC Form 497 of current Form 555 calendar year  (February data month)	Number of lines claimed on February FCC Form 497 of current Form 555 calendar year provided to wireline resellers	Number of subscribers claimed on the February FCC Form 497 that were initially enrolled in the current Form 555 calendar year  (These subscribers did not have Lifeline service prior to January 1 of the current 555 calendar year.)	Number of subscribers de-enrolled <u>prior</u> to recertification attempt by either the ETC, a state administrator, access to an eligibility database, or by USAC	Number of subscribers ETC is responsible for recertifying for current Form 555 calendar year
167	0	1	0	166

#### **Recertification Results:**

F	G	H = (F-G)	I	J = (H+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  (This should be a subset of Block G.)	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
0	0	0	0	0

K	L
Number of subscribers whose eligibility was reviewed by state administrator, ETC access to eligibility database, 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 database, or USAC
166	6

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

Initial \_\_\_\_\_

#### AND/OR

B.) I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on:

Oregon Public Utilities Commission

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.

Initial

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.

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Initial	
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#### 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.

$\mathbf{M} = (\mathbf{F} + \mathbf{K})$	N = (J+L)	$O = ((N \div M) * 100)$
Number of subscribers that the ETC attempted to recertify directly or through a state administrator, ETC access to a state database, or by USAC (This should equal the number reported in Block E)	Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of non-response or ineligibility	Percentage of subscribers de-enrolled or scheduled to be de-enrolled as a result of ineligibility or non-response
166	6	3.7%

#### 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
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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	
February	
March	
April	
May	
June	
July	
August	
September	
October	
November	
December	
Total Subscribers	

#### 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.

Signature of Officer

WheelerB@cuaccess.net

Email Address of Officer

Jenny Alsman

Person Completing This Certification Form

Brooker Wheeler, CFO

Printed Name and Title of Officer

01/30/2017

Date

503-630-8970

Contact Phone Number

# **Affiliated ETCs**

SAC	Name