



e-FILING REPORT COVER SHEET

COMPANY NAME: U.S. CELLULAR

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: RT1

Report is required by:  OAR  
 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 Federal Regulations  
(For example, federal regulations, or requested by Staff)

Is this report associated with a specific docket/case?  No  Yes, docket number: RT1

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 [PUC.FilingCenter@puc.oregon.gov](mailto:PUC.FilingCenter@puc.oregon.gov)

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.

**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)**

539002 _____ Study Area Code (SAC)	143000667 _____ Service Provider Identification Number (SPIN)	
<i>(An Eligible Telecommunications Carrier (ETC) must provide a certification form for <b>each SAC</b> that provides Lifeline service).</i>		
2023 _____ Recertification Year	OR _____ State	Yakima MSA Limited Partnership _____ ETC Name
U.S. Cellular _____ DBA, Marketing, or Other Branding Name <small>(If same as ETC name, list "N/A" Do <u>not</u> leave blank)</small>		Telephone and Data Systems, Inc. _____ Holding Company Name <small>(If same as ETC name, list "N/A" Do <u>not</u> leave blank)</small>

**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
109002	Yakima MSA Limited Partnership
129002	Yakima MSA Limited Partnership
199004	Yakima MSA Limited Partnership
209005	Yakima MSA Limited Partnership
239006	Yakima MSA Limited Partnership
299010	Yakima MSA Limited Partnership
339007	Yakima MSA Limited Partnership
349007	Yakima MSA Limited Partnership
359016	Yakima MSA Limited Partnership
379019	Yakima MSA Limited Partnership
419012	Yakima MSA Limited Partnership
429007	Yakima MSA Limited Partnership
439004	Yakima MSA Limited Partnership
529001	Yakima MSA Limited Partnership

**Initial Certification** *All ETCs must complete this section.*

I certify that the company listed above:

- Has policies and procedures in place to ensure that its Lifeline subscribers are eligible to receive Lifeline services; and
- Is in compliance with all federal Lifeline certification procedures; and
- Is in compliance with the minimum service levels set forth in 47 C.F.R. § 54.408.

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

Initial     RMT    

**Annual Recertification Results**

Report the results of recertification efforts for the current calendar year.

*Do not leave blocks empty. If the National Verifier is responsible for conducting recertification, enter zero for blocks A - F. If the state Lifeline Administrator is responsible for conducting recertification, report the results for each block.*

A. Subscribers eligible for recertification within current calendar year	1091
B. Subscribers de-enrolled prior to recertification attempts	0
C. Total number of subscribers required to be recertified (A-B)	1091
D. Subscribers successfully recertified	1077
E. Subscribers de-enrolled for failed recertification	14
F. Percentage de-enrolled for failed recertification (E/C)	1.28%

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying upon notice of eligibility from:  state Lifeline administrator  National Verifier

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

Initial     RMT    

**No Subscribers Certification** *Complete this section if ETC claimed no Lifeline subscribers.*

I certify that my company did not claim federal low income support 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(s) listed on this form

Initial \_\_\_\_\_

## 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. 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 H below.

G	H
Month	Subscribers De-Enrolled for Non-Usage
<b>January</b>	
<b>February</b>	
<b>March</b>	
<b>April</b>	
<b>May</b>	
<b>June</b>	
<b>July</b>	
<b>August</b>	
<b>September</b>	
<b>October</b>	
<b>November</b>	
<b>December</b>	
<b>Total Subscribers</b>	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.

## Signature Block

By signing below, I certify that the information provided is true and accurate. I am an officer of the company named above. I am authorized to make this certification for this SAC.

Signed,

Rebecca Thompson

\_\_\_\_\_  
Signature of Officer

rebecca.thompson@uscellular.com

\_\_\_\_\_  
Email Address of Officer

Stephanie Cassioppi

\_\_\_\_\_  
Person Completing This Certification Form

Rebecca Thompson - VP Government Affairs

\_\_\_\_\_  
Printed Name and Title of Officer

01-30-2024

\_\_\_\_\_  
Date

7733997940

\_\_\_\_\_  
Contact Phone Number