## 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)

OREGON	
	ust provide a certification form for each state in which it
provides Lifeline service). 533336	OREGON TELEPHONE CORP-MTE
Study Area Code(s) (SAC)	ETC Name(s)
Holding Company Name(s)	DBA, Marketing or Other Branding Name(s)
Affiliated ETCs (include names and SACs, attach additional sheets if necessary)	
knowledge, the company was presented with do	stomer in the Lifeline program, and that, to the best of my cumentation of each consumer's household income and/or ollment in Lifeline. I am an officer of the company named above. e Study Area(s) listed above. Initial
(List the specific SAC(s) for which you are maki areas within the state. Attach additional sheets	ng this certification if it is not applicable to all of your study if necessary).
AND/OR	
ETC access to a state database and/or notice of which qualifying programs (e.g., SNAP, SSI) the	consumer eligibility by relying on OREGON PUC gram. (Please list the program eligibility data sources, such as eligibility from the state Lifeline administrator and indicate for ese sources are used to verify consumer eligibility). I am an orized to make this certification for the Study Area(s) listed
(List the specific SAC(s) for which you are maki areas within the state. Attach additional sheets	ng this certification if it is not applicable to all of your study if necessary).

<u>Section 2</u>: 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

A	В
Number of Subscribers Claimed on May FCC Form(s) 497	Number of Lines Claimed on May FCC Form(s) 497 Provided to Wireline Resellers
2	0

C	D	E =C-D	F	G = (E+F)	Н
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
2	0	0	0

FCC	Form	555
Nove	mber	2012

OR	
	w Income support for any Lifeline customers prior to June ny named above. I am authorized to make this certification for
(List the specific SAC(s) for which you are making areas within the state. Attach additional sheets if n	this certification if it is not applicable to all of your study ecessary).
Section 3: All ETCs (Initial the certification below	).
officer of the company named above. I am authorize above. Initial	ance with all federal Lifeline certification procedures. I am an zed to make this certification for the Study Area(s) listed
	<b>Paid ETCs</b> (the ETC does not assess or collect a monthly fee f subscribers de-enrolled for non-usage by month in column N
M	N
Month	Subscribers De-Enrolled for Non-Usage
1,1011011	Substitution De Emilanea for I for obage
January	Substitution of Emilian 100 1100 conge
	Sabbandoro de Emitoriea foi 11om estage
January	Substitute Set Entrolled for 110m estage
January February	
January February March April May	
January February March April May June	
January February March April May June July	
January February March April May June July August	
January February March April May June July August September	
January February March April May June July August September October	
January February March April May June July August September October November	
January February March April May June July August September October	
January February March April May June July August September October November December	Delinda Kluser
January February March April May June July August September October November December  Signed Signature of Officer	Delinda Kusev  Printed Name of Officer  1/20/2013
January February March April May June July August September October November December  Signed Signature of Officer	Delinda Kusev Printed Name of Officer
January February March April May June July August September October November December  Signed Signature of Officer	Delinda Kusev Printed Name of Officer 1/20/2013

## 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)

OREGON	
State (An Eligible Telecommunications Carrier (ETC) mu provides Lifeline service).	est provide a certification form for each state in which it
532389	OREGON TELEPHONE CORP
Study Area Code(s) (SAC)	ETC Name(s)
Holding Company Name(s)	DBA, Marketing or Other Branding Name(s)
Affiliated ETCs (include names and SACs, attach additional sheets if necessary)	
Section 1: All ETCs (Initial the certification that certifications may apply).	t applies to your ETC. Depending on the state, both
eligibility documentation prior to enrolling a cust knowledge, the company was presented with documentation	cation procedures in place to review income and program-based comer in the Lifeline program, and that, to the best of my umentation of each consumer's household income and/or lment in Lifeline. I am an officer of the company named above. Study Area(s) listed above. <b>Initial</b>
(List the specific S4C(s) for which you are makin	g this certification if it is not applicable to all of your study
areas within the state. Attach additional sheets if	
AND/OR	
ETC access to a state database and/or notice of e which qualifying programs (e.g., SNAP, SSI) thes	consumer eligibility by relying on OREGON PUC ram. (Please list the program eligibility data sources, such as eligibility from the state Lifeline administrator and indicate for we sources are used to verify consumer eligibility). I am an rized to make this certification for the Study Area(s) listed
(List the specific SAC(s) for which you are makin	g this certification if it is not applicable to all of your study

areas within the state. Attach additional sheets if necessary).

<u>Section 2</u>: 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

A	В
Number of	Number of
Subscribers	Lines
Claimed on	Claimed on
May FCC	May FCC
Form(s) 497	Form(s) 497
	Provided to
	Wireline
	Resellers
71	0

С	D	E =C-D	F	G = (E+F)	Н
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 Incligible	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
71	0	0	0

FCC	Form	555
Nove	mber	2012

above. Initial

I certify that my company did not claim federal Low Income support for any Lifeline customers prior to June
(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(a) listed

<u>Section 4</u>: 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	
February	
March	
April	
May	
June	
July	
August	`
September	
October	
November	
December	

Signed,	Delinda Kluser
Signature of Officer	Printed Name of Officer
Vice-Pres, Manager	1/20/2013
Title of Officer	Date
_ Laura Gill	541-932-4411
Person Completing this Certification Form	Contact Phone Number

## 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)

State (An Eligible Telecommunications Carrier (ETC) provides Lifeline service). 32388	must provide a certification form for each state in which it  NORTH-STATE TELEPHONE CO
Study Area Code(s) (SAC)	ETC Name(s)
Holding Company Name(s)	DBA, Marketing or Other Branding Name(s)
Affiliated ETCs (include names and SACs, attach additional sheets if necessary)	
	documentation of each consumer's household income and/or prollment in Lifeline. I am an officer of the company named above. The Study Area(s) listed above. Initial
(List the specific SAC(s) for which you are ma areas within the state. Attach additional shee	king this certification if it is not applicable to all of your study ts if necessary).
AND/OR	
AND/OR	
I certify that the company listed above confirm prior to enrolling a customer in the Lifeline pr ETC access to a state database and/or notice which qualifying programs (e.g., SNAP, SSI) t	ns consumer eligibility by relying on OREGON PUC ogram. (Please list the program eligibility data sources, such as of eligibility from the state Lifeline administrator and indicate for these sources are used to verify consumer eligibility). I am an thorized to make this certification for the Study Area(s) listed
I certify that the company listed above confirm prior to enrolling a customer in the Lifeline pr ETC access to a state database and/or notice which qualifying programs (e.g., SNAP, SSI) to officer of the company named above. I am au	ogram. (Please list the program eligibility data sources, such as of eligibility from the state Lifeline administrator and indicate for these sources are used to verify consumer eligibility). I am an

<u>Section 2</u>: 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

A	В
Number of Subscribers Claimed on May FCC Form(s) 497	Number of Lines Claimed on May FCC Form(s) 497 Provided to Wireline Resellers
9	O O

С	D	E=C-D	F	G = (E+F)	Н
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
9	0	0	0

FCC	Form	55	5
Nove	mber	20	12

OR	
	w Income support for any Lifeline customers prior to June ny named above. I am authorized to make this certification for
(List the specific SAC(s) for which you are making areas within the state. Attach additional sheets if t	this certification if it is not applicable to all of your study necessary).
Section 3: All ETCs (Initial the certification below	ν).
	ance with all federal Lifeline certification procedures. I am an zed to make this certification for the Study Area(s) listed
	<b>Paid ETCs</b> (the ETC does not assess or collect a monthly fee f subscribers de-enrolled for non-usage by month in column N
M	N
Month	Subscribers De-Enrolled for Non-Usage
January	
February	
March	
April	
May	
June	
July	
August	
September	
October	esta proprieta de la companya de la
November	
December	
Signed,	Delinda Kluser
Signature of Officer	Printed Name of Officer
Till-fres Managel	1/20/2013
Title of Officer	Date
laura (71)	541-932-4411
Person Completing this Certification Form	Contact Phone Number