

November 27, 2013

VIA FEDEX

Darrell Nitschke
Executive Secretary
North Dakota Public Service Commission
600 East Boulevard, Department 408
Bismarck, North Dakota 58505-0480



Re: Application of Total Call Mobile, Inc. for Limited Designation as an Eligible
Telecommunications Carrier, Case No. PU-12-820

Dear Mr. Nitschke:

Pursuant to N.D.A.C. § 69-02-09-02, please find enclosed the following:

1. Original and seven (7) copies of Total Call Mobile, Inc.'s Application to Protect Information
2. Original of the trade secret material, which is an unredacted version of Total Call Mobile, Inc.'s Response to Data Request #1.
3. Original of redacted version of Total Call Mobile, Inc.'s Response to Data Request #1

Should you have any questions about this submission, please do not hesitate to contact me at (310) 818-4300 or amyi@totalcallusa.com.

Sincerely,

A handwritten signature in black ink, appearing to read "Amy Inagaki".

Amy Inagaki
Counsel
Total Call Mobile, Inc.

Enclosures

4. Please describe the specific procedures TCM has in place to prevent waste, fraud and abuse in the Lifeline program. Include in this response copies of employee training manuals, processes and procedures as well as a discussion of the data bases TCM uses. In describing the data bases, please specifically identify what data TCM believes specifically helps prevent waste, fraud and abuse.

Response to 4: CONFIDENTIAL TREATMENT REQUESTED. [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

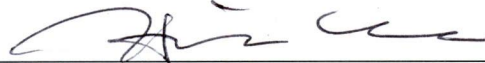
- [REDACTED]
5. Would TCM be willing to request Lifeline participants waive any right to privacy in order that TCM could periodically provide a list of customers to the Commission?

Response to 5: Yes.

6. If TCM's Lifeline program has been the subject of any state or federal investigations, please provide information on the outcome of these investigations. Did any of the investigations result in TCM paying fines and implementing any changes in its processes and procedures to ensure the mistakes that led to the investigation would not reoccur? If so, please specifically discuss the changes and the amount of any fines.

Response to 6: TCM's Lifeline program has not been the subject of any state or federal investigations.

Respectfully submitted,



Hideki Kato

Chief Operating Officer for Total Call Mobile, Inc.

November 27, 2013

ATTACHMENT A

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)

Maryland

State

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

189026

Study Area Code(s) (SAC)

Total Call Mobile, Inc.

ETC Name(s)

Total Call Mobile, Inc.

Total Call Mobile, Inc.

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 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 T.L.G.

(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 _____ 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 _____

(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).

FCC Form 555
November 2012

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 AK

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
4	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
4	0	4	0	4	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
0	0	0	0

FCC Form 555
November 2012

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 _____

(List the specific SACTs 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).

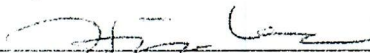
I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial JK

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).

See 47 CFR 20.103, 164.403 (numbered approx. 22 entries, use notes on programed. Tools) over a period of time de-enrolled for non-usage by 1/31/13

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,


Signature of Officer

Hideki Kato
Printed Name of Officer

Chief Operating Officer
Title of Officer

1/31/13
Date

Robert Yao
Person Completing this Certification Form

310-818-4319
Contact Phone Number

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)

Michigan

State

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

319031

Study Area Code(s) (SAC)

Total Call Mobile, Inc.

ETC Name(s)

Total Call Mobile, Inc.

Total Call Mobile, Inc.

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 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 JK

(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 _____ 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 _____

(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).

FCC Form 555
November 2012

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 _____

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

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

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

FCC Form 555
November 2012

OR

I certify that my company did not claim federal Low Income support for any Lifeline customers prior to June 2012 (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 JK 2/1/13

(List the specific S.A.C(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 JK

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).

As of Jan 2013, TCM has carried approx. 372 lifeline subscribers in Huntington. Sixteen (16) are scheduled to be de-enrolled for non-usage by 1/31/13.

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.



Hideki Kato

Signature of Officer

Printed Name of Officer

Chief Operating Officer

1/31/13

Title of Officer

Date

Robert Yap
Person Completing this Certification Form

310-818-4319

Contact Phone Number

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)

West Virginia

State

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

209027

Study Area Code(s) (SAC)

Total Call Mobile, Inc.

ETC Name(s)

Total Call Mobile, Inc.

Total Call Mobile, Inc.

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 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 PLK

(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 _____ 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 _____

(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).

FCC Form 555
November 2012

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 _____

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

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

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

FCC Form 555
November 2012

OR

I certify that my company did not claim federal Low Income support for any Lifeline customers prior to June ~~2012~~
(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 HK 2/1/13

(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).

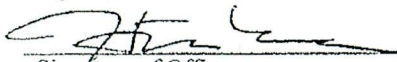
Section 3: All ETCs (Initial the certification below).

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 HK.

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
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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,



Signature of Officer

Chief Operating Officer

Title of Officer

Robert Yap

Person Completing this Certification Form

Hideki Kato

Printed Name of Officer

1/31/13

Date

310-818-4319

Contact Phone Number

FCC Form 555
November 2012

Annual Lifeline Eligible Telecommunications Carrier Certification Form
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Deadline: January 31st (Annually)

Nevada

State

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

559015

Study Area Code(s) (SAC)

Total Call Mobile, Inc.

ETC Name(s)

Total Call Mobile, Inc.

Total Call Mobile, Inc.

Holding Company Name(s)

DBA, Marketing or Other Branding Name(s)

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

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AND/OR

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November 2012

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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

FCC Form 555
November 2012

OR

I certify that my company did not claim federal Low Income support for any Lifeline customers prior to June ~~2012~~
(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 JK 2/1/13

(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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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,



Signature of Officer
Chief Operating Officer

Title of Officer
Robert Yap
Person Completing this Certification Form

Hideki Kato

Printed Name of Officer

1/31/13

Date

310-818-4319
Contact Phone Number

ATTACHMENT B

[REDACTED]