

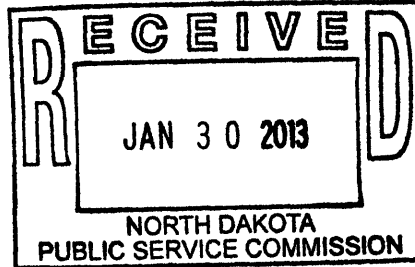


2200 IDS Center
80 South 8th Street
Minneapolis MN 55402-2157
tel 612.977.8400
fax 612.977.8650

January 30, 2013

VIA US MAIL

Mr. Darrell Nitschke
Executive Secretary
North Dakota Public Service Commission
600 East Boulevard Avenue, 12th Floor
Bismarck, ND 58505-0480



Matthew A. Slaven
(612) 977-8245
mslaven@briggs.com

**Re: Verizon Wireless
Annual Lifeline Eligible Telecommunications Carrier Certification Form
Docket PU-13-001**

Dear Mr. Nitschke:

Pursuant to 47 C.F.R. § 54.416(b), please find enclosed a courtesy copy of Verizon Wireless' 2012 Annual Lifeline Eligible Telecommunications Carrier Certification Form (FCC Form 555).

Sincerely,

/s/ Matthew A. Slaven

MAS/pk
Enclosure

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)

North Dakota

State

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

See Attached

Study Area Code(s) (SAC)

See Attached

ETC Name(s)

N/A

Holding Company Name(s)

Verizon Wireless

DBA, Marketing or Other Branding Name(s)

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

See Attached

(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 _____

See Attached

(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 NY

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
8	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
11	10	1	0	1	1

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

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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 _____

(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 MS

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	
February	
March	
April	
May	
June	
July	
August	
September	
October	
November	
December	

Signed,



Signature of Officer

Mark R. Smith

Printed Name of Officer

Exec Dir-Operations

Title of Officer

1/28/13

Date

Bob Priebe

Person Completing this Certification Form

501-905-6629

Contact Phone Number

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ETC Identification

SAC	ETC Name
389005	Bismarck MSA Limited Partnership
389006	North Central RSA 2 of North Dakota Limited Partnership
389007	Northwest Dakota Cellular of North Dakota Limited Partnership
389008	North Dakota RSA No. 3 Limited Partnership
389009	Badlands Cellular of North Dakota Limited Partnership
389010	North Dakota 5 - Kidder Limited Partnership

Holding Company Name(s)

SAC	Holding Company Name
389005	N/A
389006	N/A
389007	N/A
389008	N/A
389009	N/A
389010	N/A

DBA, Marketing or Other Branding Name(s)

SAC	Name
389005	Verizon Wireless
389006	Verizon Wireless
389007	Verizon Wireless
389008	Verizon Wireless
389009	Verizon Wireless
389010	Verizon Wireless

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Affiliated Wireline ETCs

SAC	Name
115112	Verizon New England Inc.
585114	Verizon New England Inc.
155130	Verizon New York Inc.
165120	Verizon New Jersey Inc.
175000	Verizon Pennsylvania LLC
170169	Verizon North LLC
170170	Verizon North LLC
170201	Verizon North LLC
185030	Verizon Maryland Inc.
195040	Verizon Virginia LLC
210328	Verizon Florida LLC
565010	Verizon Delaware LLC
575020	Verizon Washington D.C. Inc.
542319	Verizon California Inc.
542302	Verizon California Inc.
442080	GTE Southwest d/b/a Verizon Southwest
442154	GTE Southwest d/b/a Verizon Southwest
230864	Verizon South Inc.
190233	Verizon South Inc.
190479	Verizon South Inc.
449007	MCI Communications Services Inc.