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August 2, 2013

**Hand Delivered**

Mr. Darrell Nitschke  
Executive Secretary  
North Dakota Public Service Commission  
600 East Boulevard Avenue, Dept. 408  
Bismarck, ND 58505-0480



Re: Boomerang Wireless d/b/a enTouch Wireless  
Case No. PU-13-203

Dear Mr. Nitschke:


Please find enclosed for filing the original and seven copies of the following:

1. Boomerang Wireless' Certification Relating to Order Provisions;
2. Boomerang Wireless' answers to questions one through six and corresponding attachments in response to the Commission's letter dated July 15, 2013.

If you have any questions or need any additional information, please contact me at your earliest convenience. Thank you.

Sincerely,

CROWLEY FLECK PLLP

 for Wade C. Mann

Wade C. Mann

CDF/lh  
Enclosures

cc: Sara Cardwell  
J. Andrew Gipson (via e-mail)

**STATE OF NORTH DAKOTA**  
**PUBLIC SERVICE COMMISSION**

**Boomerang Wireless, LLC**  
**Eligible Telecommunications Carrier**  
**Application**

**Case No. PU-13-203**

**CERTIFICATION**

I am James T. Balvanz, a representative of Boomerang Wireless, LLC (Boomerang) with authority to bind Boomerang and I certify that:

1. Boomerang understands and agrees to the conditions and criteria set forth in Chapter 49-21 of the North Dakota Century Code and Chapter 69-09-05 of the North Dakota Administrative Code that pertain to Wireless Lifeline Only Eligible Telecommunications Carriers (ETC), and that Boomerang will be responsible for compliance with this Certification, the Public Service Commission's order designating Boomerang as an ETC, and conditions and criteria set forth in the applicable federal and state laws and rules pertaining to Eligible Telecommunications Carriers offering Lifeline Only services.
2. Boomerang agrees to comply with all statements, processes and procedures set forth in its Application for designation as an ETC in the non-rural and rural wire centers in North Dakota identified in its Application. Boomerang agrees that all statements made and matters set forth in its Application are true and correct to the best of Boomerang's knowledge, information, and belief.
3. Boomerang will use the federal low-income universal service support it receives only for the provision of services for which the support is intended.
4. Boomerang meets all of the prerequisites to be designated as an ETC throughout its proposed ETC Designated Area in the state of North Dakota.
5. Boomerang provides each of the services supported by federal universal service support mechanisms, specified in Federal Communications Commission's (FCC's) rules, 47 C.F.R. § 54.101, and will offer these supported services in North Dakota upon designation as an ETC, including voice grade access, minutes of use for local service at no additional charge, access to emergency services and toll limitation services.
6. Boomerang will provide the supported services on a timely basis to requesting customers within Boomerang's designated service area where Boomerang's underlying carriers' network exists.

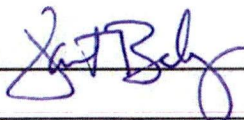
7. Boomerang will provide service within a reasonable period of time, if the potential customer is within Boomerang's proposed designated service area but outside its existing network coverage, if service can be provided at reasonable cost by:
  - (a) Modifying or replacing the requesting customer's equipment;
  - (d) Adjusting network or customer facilities; or
  - (e) Reselling services from another carrier's facilities to provide service.
8. Boomerang is not seeking Universal Service Fund high-cost support as part of its Application.
9. Boomerang will use all available means to ensure customers are eligible for the Lifeline program at the time of sign-up and recertification in accordance with the federal default eligibility criteria in 47 C.F.R. § 54.409(2) and the relevant proof documentation specified in 47 C. F. R. § 54.410. Boomerang will check all available databases including the FCC's National Accountability Database and the National Lifeline Eligibility Database when fully functional to prevent duplication and determine eligibility.
10. Boomerang has taken, and will continue to take, steps to work with its underlying carriers to remain functional in emergency situations by: (1) maintaining a reasonable amount of backup power to ensure functionality without an external power source; (2) maintaining the ability to re-route traffic around damaged facilities and to manage traffic spikes resulting from emergency situations; and (3) establishing procedures for employees to follow in an emergency to prevent or minimize interruption or impairment of telecommunications services.
11. Boomerang will meet or exceed applicable consumer protection and quality standards and will comply with the Cellular Telecommunications and Internet Association's (CTIA) Consumer Code for Wireless Service.
12. Boomerang will advertise the availability of the supported services detailed in its Application, and the corresponding rates and charges, in a manner designed to inform the general public within North Dakota. This advertising will occur through a combination of media channels, such as television and radio, newspaper, magazine and other print advertisements, outdoor advertising, direct marketing, and the Internet.
13. Boomerang will offer the services described in its Application.
14. Boomerang understands and agrees that if Boomerang has not advertised its Lifeline services or signed up any North Dakota customers within 12 months of the effective date of Boomerang's designation as a Lifeline-only ETC, the Public Service Commission may revoke Boomerang's ETC designation and Boomerang may reapply to be designated as a Lifeline-only ETC in North

Dakota.

15. Boomerang understands and agrees that it may be required by the FCC to provide equal access to long distance carriers in the event that no other ETC provides equal access within Boomerang's designated ETC service area.
16. Boomerang will comply with all applicable annual reporting requirements associated with being an ETC in North Dakota including filing with the Public Service Commission a copy of each report filed with the FCC, within 30 days of filing with the FCC.
17. Boomerang will file at least annually or more often if requested by the Public Service Commission, a complete list of its customers and waivers, including North Dakota Department of Human Services' Form SFN 1059, Authorization for Release of Information 449-55-05, for each customer on the list.
18. Boomerang understands and agrees that its ability to offer service is subject to suspension or revocation for failure to comply with the Public Service Commission's orders, or applicable statutes, rules, regulations, standards, and other authorizations.
19. Boomerang agrees to maintain the records to demonstrate that Boomerang has complied with the requirements of the Public Service Commission's order(s) and that Boomerang will preserve records demonstrating compliance for Public Service Commission inspection at any reasonable time upon reasonable notice.
20. Boomerang understands and agrees that, to the extent there are any conflicts or inconsistencies between Boomerang's Application and the provisions in this Certification, the Certification provisions control.

Dated this 2 day of August, 2013.

BOOMERANG WIRELESS, LLC

By 

Its CFO

North Dakota Certification Questions  
Boomerang Wireless, LLC d/b/a enTouch Wireless Responses

1. Provide all Lifeline audits and reviews the Federal Communications Commission (FCC), the Universal Service Administrative Company (USAC) and any other state commission, Lifeline administrator or any other government agency has conducted on Boomerang's Lifeline program since the beginning of 2011. The requested documents should include formal audits and limited reviews such as in-depth data validation and Payment Quality Assurance (PQA) reviews.

**RESPONSE:** Below is a list of the Audits that have been conducted and/or in process by USAC:

- A. PQA, Case ID: LI-2012-12-Case 347, for the month of November-2012 and the state of Iowa. Boomerang received notice of Audit on March 13, 2013, and received results and notice of closure of audit on June 25, 2013. (**Attachment 1-A** includes the notification letter and results from USAC.)
- B. Phase 18-Low Income IDV, for the month of March-2013 and the state of Iowa. Boomerang received notice of Audit on June 3, 2013, and audit is still underway. (**Attachment 1-B** is the notification letter from USAC.)
- C. Phase 21-Low Income IDV, for the month of April-2013 and the state of Oklahoma. Boomerang received notice from CGM of Audit on July 17, 2013, and audit is still underway. (**Attachment 1-C** is the notification letter from USAC.)
- D. PQA, Case ID: LI-2013-03-Case-083, for the month of February-2013 and the state of South Carolina. Boomerang received notice of Audit on July 24, 2013, and audit is still underway. (**Attachment 1-D** is the notification letter from USAC.)

These are the only external audits to which Boomerang has been subject.

2. Provide Boomerang's 2013 recertification report provided to the FCC and USAC. If the company has not yet prepared a 2013 recertification report, please provide the 2012 report and the date the Company expects to submit the 2013 report.

**RESPONSE:** The annual ETC recertifications for FCC and USAC are completed on the 555 Form which are filed electronically on January 31 each year for the preceding year. A form is to be filed for each state where the ETC has distributed Lifeline phones or was approved prior to September 1 of that year.

North Dakota Certification Questions  
Boomerang Wireless, LLC d/b/a enTouch Wireless Responses

Boomerang Wireless, LLC received its first ETC approval on August 28, 2012 for the state of MI, though we did not distribute any phones there in 2012. Boomerang did distribute phones in the states of Iowa, Maryland, Oklahoma and South Carolina in the 4<sup>th</sup> quarter of 2012. Accordingly, copies of the electronic filings (except for MI) of the 555 for the states of Iowa (attachment 2-A), Maryland (attachment 2-B), Michigan (attachment 2-C), Oklahoma (attachment 2-D) and South Carolina (attachment 2-E) are attached.

Per request, the following reflect the number of Boomerang's Lifeline subscribers by state at the end of 2012:

Iowa: 7,534  
Maryland: 770  
Oklahoma: 387  
South Carolina: 4,618

3. If the FCC has issued any citations to individuals receiving duplicate Lifeline support from Boomerang and other Lifeline providers, what processes and procedures has Boomerang undertaken to prevent duplicate Lifeline support going forward? If applicable, please also provide copies of these processes and procedures as well as the number of citations issued.

**RESPONSE:** Boomerang has not received any citations, nor is Boomerang aware of the FCC issuing any citations to individuals receiving Lifeline support from Boomerang and other Lifeline providers.

That said, Boomerang has implemented processes to minimize duplications between us and other carriers. Boomerang uses a 3<sup>rd</sup> party vendor, CGM, for the enrollment process. The CGM enrollment process includes 1) an inquiry by the enTouch employee at the beginning of the process as to whether the customer is receiving a Lifeline benefit from another carrier such as [names the top several carriers in the state], and 2) a dip into the DD ("Duplicate Data base" comprised of the Lifeline subscribers of approximately twenty ETCs that also use the CGM enrollment process) to identify duplicates between the participating carriers. If the applicant admits to having a Lifeline benefit or the DD identifies the applicant as a duplicate and the applicant expresses desire for Boomerang to be their Lifeline provider, the applicant contacts their 'current Lifeline provider' ("old Lifeline provider") and has them cease Lifeline benefits immediately before Boomerang continues processing the Lifeline application.

North Dakota Certification Questions  
Boomerang Wireless, LLC d/b/a enTouch Wireless Responses

As a follow-up to the customer's verbal request and to ensure that the old Lifeline provider's Lifeline benefits cease, Boomerang resurrected the Letter of Authority ("LOA") and adapted it to the Lifeline Wireless scenario. If either of the two previously mentioned situations occur, Boomerang requires the applicant complete the LOA before proceeding through the application process. Boomerang then forwards the LOAs to the 'old Lifeline providers' as a written direction to change the Lifeline provider and to ensure that the 'old Lifeline provider' is aware of and ceases the Lifeline service as directed by the customer. Since Boomerang's implementation of the LOA for wireless Lifeline subscribers, CGM has incorporated the LOA into their enrollment process and we understand that other ETCs have instituted the process as well.

It is Boomerang's intent to avail itself of the national database and/or process(es) that will help identify customers that have multiple carriers so to avoid waste, fraud and abuse. Boomerang also participates in state programs or processes for identifying Lifeline services provided by multiple carriers, such as in Texas.

4. Please describe the specific procedures Boomerang 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 that Boomerang uses. In describing the data bases, please specifically identify what data Boomerang believes specifically helps prevent waste, fraud and abuse.

**RESPONSE:** Boomerang has a Zero-Tolerance policy for waste, fraud and abuse.

- Boomerang begins with thorough training of our employees who represent the Lifeline program to consumers. Regular updates are provided as we continue to refine our waste, fraud & abuse prevention processes.
- Only a Boomerang employee can complete a Lifeline application through to assignment of an account and distribution of a phone with service. In the event an employee has not completed the application with a consumer, 100% of those orders go through an internal audit process. This includes: on-line, hard copy via mail, or via a partnering relationship.

North Dakota Certification Questions  
Boomerang Wireless, LLC d/b/a enTouch Wireless Responses

- Approximately 20% of all orders submitted through events conducted by Boomerang employees are audited as well. enTouch is in the process of transitioning to 100% auditing of all Lifeline orders.
- Boomerang employees have no performance incentive related to Lifeline distribution. They are paid based on implementing the compliance guidelines as outlined in our plans.
- All applications are processed through a third party compliance front end called CGM. This system provides the following database reviews:
  - Current customer list: Reviews applicant's name, address, Last 4 SSN & DOB against Boomerang's current customer list. Duplicate records are not processed.
  - Industry database: Reviews information above against a database of Lifeline coalition members in the absence of the national database.
  - MELISSA address database: Verifies the address against the US Post Office official addresses.
- The duplicate database (discussed above in response to number 3 above) identifies if there is more than one applicant at an address – indicating need for multi household form.
- Additional duplication checks performed prior to submittal of monthly 497 to USAC identifying duplicates within the company via various system records.
- Event personnel checking a government issued photo ID verify that the person who is making the request for a Lifeline benefit is the person as claimed on the ID.
- Event personnel perform system search/checks if they “remember” or “recognize” an applicant.

When dups are discovered, whether that be through an audit process, system duplicate checks, regular day-to-day processes, etc., the violation is remedied consistent with the enTouch “Lifeline Customer with Multiple Lifeline Benefits” process. (See attachment 4-A).

North Dakota Certification Questions

Boomerang Wireless, LLC d/b/a enTouch Wireless Responses

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

**RESPONSE:** Yes, Boomerang would be willing to request Lifeline participants waive any right to privacy (including North Dakota Department of Human Services' Form SFN 1059) in order that 1) Boomerang could periodically provide a list of customers to the Commission, and 2) the Commission could verify eligibility of Boomerang's non-tribal Lifeline subscribers eligibility with the applicable state organization or governmental department.

6. If Boomerang'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 Boomerang 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:** Boomerang's Lifeline program has not been the subject of any state or federal investigations or subject to any fines.

**Julia Redman Carter**

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**From:** Jim Balvanz  
**Sent:** Wednesday, March 20, 2013 3:38 PM  
**To:** jrcarter@readywireless.com  
**Subject:** FW: USAC: Immediate Action Required - Support Payment Documentation Required - LI-2012-12-Case-347 .

**From:** [pqa@usac.i-sight.com](mailto:pqa@usac.i-sight.com) [mailto:[pqa@usac.i-sight.com](mailto:pqa@usac.i-sight.com)]  
**Sent:** Wednesday, March 13, 2013 3:30 PM  
**To:** [jbalvanz@readywireless.com](mailto:jbalvanz@readywireless.com)  
**Subject:** USAC: Immediate Action Required - Support Payment Documentation Required - LI-2012-12-Case-347 .



**Notification of Federal Universal Service Fund Lifeline Program  
Payment Quality Assessment**

**CASE ID:** LI-2012-12-Case-347

**March 13, 2013**

Dear James Balvanz,

Recently you received a payment from the federal Universal Service Lifeline Program. The Universal Service Administrative Company (USAC), as administrator of the program on behalf of the Federal Communications Commission (FCC) and pursuant to its authority under Sections 54.407, 54.417 and 54.707 of the FCC's rules, has selected this payment for assessment under the Payment Quality Assurance (PQA) program. The purpose of the PQA program is to prevent waste, fraud and abuse of universal service funds by determining if payments made from the Lifeline Program were accurate, properly documented and in compliance with FCC rules as set forth in Title 47, Part 54 of the Code of Federal Regulations.

As the recipient of this payment, you are required to respond fully to the requests for documentation detailed in this letter. USAC, acting on behalf of the FCC, may request and obtain detailed documentation needed to determine whether an entity receiving benefits from any of the universal service support mechanisms has been and continues to be in compliance with applicable federal regulations (Title 47 U.S.C. §220(c) and §254 and Part 54). Please read this letter carefully and follow all instructions within the designated timeframe. The USAC website will provide additional information and frequently asked questions (FAQ).

The following information should enable you to identify the payment being assessed. Please keep this information for your records, as you may need to refer back to your case ID.

**CASE ID:** LI-2012-12-Case-347  
**SAC:** 359136  
**BENEFICIARY:** BOOMERANG WIRELESS LLC - IA  
**DISBURSEMENT DATE:** 12/01/2012  
**DISBURSEMENT AMOUNT:** \$52,226.00

**What you need to do**

1. Confirm receipt of this notification **within 2 business days** by replying in an email to [PQA@USAC.i-Sight.com](mailto:PQA@USAC.i-Sight.com)
2. Return requested documentation. Included in this notification, you will find a **PQA Document Request Checklist**, which identifies the documentation needed to perform the assessment. Please read the instructions carefully and return all documentation to USAC.

All collected and labeled documentation associated with this PQA program request must be **delivered to USAC within 10 business days of the date of this notification.**

**How to send documents to USAC**

When sending any documentation, or when contacting us, please reference this **Case ID:** LI-2012-12-Case-347.

Sending by email:	<a href="mailto:PQA@USAC.i-Sight.com">PQA@USAC.i-Sight.com</a>
Sending by fax:	877-549-9036
Sending by US Mail:	USAC Payment Quality Assurance Program - LI 2000 L Street, NW, Suite 200 Washington, DC 20036

If you have any questions regarding this notification, the payment being assessed, or the PQA program in general, you may contact a PQA processor at 866-348-5943.

Thank you in advance for your cooperation and quick response to our payment inquiry.

**USAC - Payment Quality Assurance Program**

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**PQA Document Request Checklist**


**CASE ID:** LI-2012-12-Case-347  
**BENEFICIARY:** BOOMERANG WIRELESS LLC - IA

**INSTRUCTIONS:**

Please review the list of documents below. These documents must be collected, labeled, and **delivered to USAC within 10 business days of the date of this notification.** Please note that:

- **All documents requested below are required for USAC to perform a full assessment of the payment selected for examination.**
- Each document submitted to USAC in reference to the PQA Program should contain its associated **Case ID Number and Document Reference Identifier.**

- All document identifiers should be written clearly in the upper right-hand corner of all documents submitted.

BENEFICIARY DOCUMENTATION REQUESTED	DOCUMENT REFERENCE IDENTIFIER	
<p>1. Electronic subscriber list for the low-income subscribers claimed on the November 2012 Form 497. Please click the applicable template below as a guide when creating the subscriber list.</p> <p>July 2012 and Prior Data Months:</p> <p><a href="#">Subscriber List Template 1</a></p> <p>August 2012 - December 2012 Data Months:</p> <p><a href="#">Subscriber List Template 2</a></p> <p>Note: The data should be formatted so that one subscriber represents one record (i.e., row). Please provide <b>physical addresses</b> and exclude prorated subscribers from the subscriber list.</p>	A	
<p>2. If TLS was claimed, supporting documentation that describes how the incremental cost to provide TLS was calculated and an explanation of the methodology followed.</p>	B	
<p>3. Confirm the following: Carrier does not collect service deposits to initiate a Lifeline Program supported service if (1) the subscriber voluntarily elects to receive TLS or (2) the service package does not assess a fee for toll calls.</p>	C	

**Julia Redman Carter**

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**From:** Jim Balvanz  
**Sent:** Wednesday, June 26, 2013 1:20 PM  
**To:** jrcarter@readywireless.com  
**Subject:** FW: USAC: Payment Quality Assessment Case Closed - LI-2012-12-Case-347 .

FYI

**From:** [pqa@usac.i-sight.com](mailto:pqa@usac.i-sight.com) [mailto:[pqa@usac.i-sight.com](mailto:pqa@usac.i-sight.com)]  
**Sent:** Tuesday, June 25, 2013 8:27 AM  
**To:** [jbalvanz@readywireless.com](mailto:jbalvanz@readywireless.com)  
**Subject:** USAC: Payment Quality Assessment Case Closed - LI-2012-12-Case-347 .



**Notification of Federal Universal Service Fund Lifeline Program  
Payment Quality Assessment Closed**

**CASE ID:** LI-2012-12-Case-347

**June 25, 2013**

Dear James Balvanz,

On March 13, 2013 you were notified that USAC would conduct, pursuant to its authority under 47 C.F.R. § 54.707, a Payment Quality Assurance (PQA) assessment of the Lifeline Program disbursement identified below.

**CASE ID:** LI-2012-12-Case-347  
**SAC:** 359136  
**BENEFICIARY:** BOOMERANG WIRELESS LLC - IA  
**DISBURSEMENT DATE:** 12/01/2012  
**DISBURSEMENT AMOUNT:** \$52,226.00  
**FORM 497 DATA MONTH:** November 2012

We noted the exceptions and the actions to be taken below.

As part of the PQA assessment process, we examined the November 2012 subscriber listing that was submitted to USAC in support of the lines reported on the carrier's December 2012 FCC Form 497 submission that was used by USAC in determining the disbursement amount above. We noted 1 duplicate address - same subscriber in the Lifeline subscriber listing. This resulted in a monthly overpayment. The monetary effect for the period under PQA review was deemed de minimis.

Pursuant to Lifeline Program rule 47 C.F.R. § 54.407(e), to receive Lifeline Program support, an eligible telecommunications carrier must keep accurate records of the revenues it forgoes in providing Lifeline services. Such records shall be kept in the form directed by USAC and provided to USAC at intervals as directed by USAC or as provided in the rules. These records shall include all subscriber information that eligible telecommunications carriers ! are required to maintain pursuant to 47 C.F.R. § 54.410.

The Low Income Program will provide a management response based on its own review and will include any additional actions that may be required to close out the matter.

Thank you for providing the documentation requested to complete the assessment in accordance with Payment Quality Assurance Program policies and procedures.

**USAC - Payment Quality Assurance Program**

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*Via Electronic and FedEx*

May 30, 2013

Caitlyn Lumpkin  
955 KACENA RD, SUITE A  
HIAWATHA, IA 52233

Re: Federal Universal Service Low Income Support Mechanism In-Depth Validation (IDV)  
Review for: BOOMERANG WIRELESS LLC (359136)

Dear Caitlyn Lumpkin:

Your company is a recipient of federal Universal Service Low Income Support Mechanism payments. The Universal Service Administrative Company (USAC) administers the Low Income Support Mechanism for the Federal Communications Commission (FCC). *See* 47 C.F.R. § 54.702(a). To receive Low Income Support Mechanism payments, a recipient must comply with program rules as set forth in 47 C.F.R. Part 54, Subpart E.<sup>1</sup> USAC is authorized by the FCC to collect information to verify that Low Income Support Mechanism payments made to recipients are proper, and to suspend such payments if the recipient fails to provide proper verification as requested by USAC. *See* 47 C.F.R. §§ 54.417 and 54.707. In addition, certain non-facilities based carriers have been authorized to receive Lifeline support by the Commission.<sup>2</sup> The FCC has directed USAC to perform IDVs designed to identify instances of duplicative Lifeline support.<sup>3</sup>

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<sup>1</sup> The Federal Communications Commission (FCC) may request and obtain all records, documents and other information that is necessary to determine whether an entity receiving benefits from any of the universal service support mechanisms or supporting the universal service support mechanisms through contributions to the Universal Service Fund has been and continues to be in compliance with applicable federal and state laws and regulations. *See* 47 U.S.C. § 220(c). *See also*, 47 U.S.C. § 254 (authorizing the FCC to promulgate regulations for provision and support of universal service); 47 C.F.R. §§ 54.701(a) (FCC appointment of USAC as the permanent administrator of the federal universal service support mechanisms); 54.702(a) (FCC designating USAC responsible for administering the schools and libraries support mechanism, the rural health care support mechanism, the high cost support mechanism, and the low income support mechanism.); 54.702(b) (FCC making USAC responsible for billing contributors, collecting contributions to the universal service support mechanisms, and disbursing universal service support funds).

<sup>2</sup> *See In the Matter of Federal-State Joint Board on Universal Service, Tracfone Wireless, Inc.*, CC Docket 96-45, FCC 09-17 (2009).

<sup>3</sup> *Lifeline and Link Up Reform and Modernization et al.*, Report and Order and Further Notice of Proposed Rulemaking, WC Dkt. Nos. 11-42 *et al.*, CC Dkt. No. 96-45, FCC 12-11 (rel. Feb. 6, 2012) at para. 211.

Caitlyn Lumpkin  
BOOMERANG WIRELESS LLC  
May 30, 2013  
Page 2

Your company, BOOMERANG WIRELESS LLC (359136) has been selected for a Low Income Support Mechanism in-depth data validation (IDV) to verify compliance with the aforementioned rules. Please submit to USAC a list of subscribers (using the template guide provided in Appendix A hereto) in Microsoft Excel format and populated using the template attached to this letter. Do not alter the template in any manner. If you password protect the file, you must also provide USAC with the appropriate password in writing. Do not encrypt the file.

This subscriber list must substantiate support claims filed by your company on FCC Form 497 for March 2013. The Lifeline subscriber list your company provides as part of this In-Depth Data Validation must fully conform without exception to the template provided and the guidance provided herein. Failure to comply with the requirements as set forth herein, or providing incomplete or inconsistent data may result in suspension or delay of your company's Low Income support disbursements, consistent with 47 C.F.R. §54.707.

Please submit the requested documentation, including any password required to fully access the data in the file, on or before June 13, 2013 by mailing the data on a CD to:

USAC  
Low Income Data Validations  
Jean Yeung  
2000 L Street, NW  
Suite 200  
Washington, DC 20036

Once USAC begins the IDV, we may contact you with questions concerning the data submitted. Pursuant to 47 C.F.R. § 54.707, failure to comply with this request by the date specified in this paragraph may result in USAC suspending or delaying Low Income Support Mechanism benefits received by your company. USAC may adjust your company's Low Income Support Mechanism benefits accordingly if any other discrepancies or rule violations are found during the IDV process.

Sincerely,

//s// USAC

Enclosures

## Appendix A Template Guide

### General Guidance

- Provide data for each column, as appropriate. Do not include “N/A” or any other indicator if the data requested is not available.
- Provide one subscriber list submission for each month(s) and study area code(s) requested. Do not include more than one month or one SAC on a single list; provide multiple lists on multiple CDs for multiple months and SACs.
- Provide data in Microsoft Excel General format. Do not apply any formatting.

### Special Characters

Remove all special characters, leading spaces, multiple spaces and punctuation, for example:

Special Characters	
	Double spaces or blanks
*	Asterisks
,	Commas
.	Periods
()[]{}	Parentheses, brackets, curly brackets
“ ”	Quotation marks
:	Colons
;	Semi-colons
'	Apostrophes, except for names that contain apostrophes
-	Hyphens, except for the zip+4 code, in the primary number used in the street number, or in name
@	At
&	Ampersand
\	Forward slash; back slash (/) is acceptable only for addresses that contain a fraction

### Template Fields

Submit the data requested consistent with the template provided.

- *Last Name*: Provide the last, or surname, of the Lifeline subscriber. Maximum column size cannot exceed 50 characters.
- *First Name*: Provide the first name of the Lifeline subscriber. Maximum column size cannot exceed 50 characters.

- *Street Address*: Provide the street address in one column, including street number, directional (if applicable), street name, street type and secondary unit designator (if applicable). Maximum column size cannot exceed 50 characters.

For example: 1578 S MAIN AVE APT B

When providing the street name of the Lifeline subscriber's address, include any directional. A directional is the part of the address that gives directional information for delivery (*i.e.*, N, S, E, W, NE, NW, SE, SW).

For example: S MAIN

Numeric street names can be written with an ordinal (*e.g.*, 17<sup>th</sup> ST NW) or spelled out (*e.g.*, Fifth AVE) depending upon how a particular street is most commonly referenced.

Use U.S. Postal Service standard abbreviations for street type.

For example: AVE

Additional examples:

Avenue	AVE
Boulevard	BLVD
Drive	DR
Highway	HWY
Road	RD
Street	ST

For the complete list, see [http://www.usps.com/ncsc/lookups/usps\\_abbreviations.html](http://www.usps.com/ncsc/lookups/usps_abbreviations.html).

Use U.S. Postal Service standard abbreviations for secondary unit designator.

For example: APT B

Additional examples:

Apartment XX	APT XX
Floor XX	FL XX
Unit XX	UNIT XX
Upper XX	UPPR XX

For the complete list, see [http://www.usps.com/ncsc/lookups/usps\\_abbreviations.html](http://www.usps.com/ncsc/lookups/usps_abbreviations.html).

- *City*: Spell out the city name in its entirety. Maximum column size cannot exceed 50 characters.

For example: Newark

- *State*: Use U.S. Postal Service state abbreviations. Maximum column size cannot exceed 2 characters.

For example: DE

<u>State/Possession</u>	<u>Abbreviation</u>
ALABAMA	AL
ALASKA	AK
AMERICAN SAMOA	AS
ARIZONA	AZ
ARKANSAS	AR
CALIFORNIA	CA
COLORADO	CO
CONNECTICUT	CT
DELAWARE	DE
DISTRICT OF COLUMBIA	DC
FEDERATED STATES OF MICRONESIA	FM
FLORIDA	FL
GEORGIA	GA
GUAM	GU
HAWAII	HI
IDAHO	ID
ILLINOIS	IL
INDIANA	IN
IOWA	IA
KANSAS	KS
KENTUCKY	KY
LOUISIANA	LA
MAINE	ME
MARSHALL ISLANDS	MH
MARYLAND	MD
MASSACHUSETTS	MA
MICHIGAN	MI

MINNESOTA	MN
MISSISSIPPI	MS
MISSOURI	MO
MONTANA	MT
NEBRASKA	NE
NEVADA	NV
NEW HAMPSHIRE	NH
NEW JERSEY	NJ
NEW MEXICO	NM
NEW YORK	NY
NORTH CAROLINA	NC
NORTH DAKOTA	ND
NORTHERN MARIANA ISLANDS	MP
OHIO	OH
OKLAHOMA	OK
OREGON	OR
PALAU	PW
PENNSYLVANIA	PA
PUERTO RICO	PR
RHODE ISLAND	RI
SOUTH CAROLINA	SC
SOUTH DAKOTA	SD
TENNESSEE	TN
TEXAS	TX
UTAH	UT
VERMONT	VT
VIRGIN ISLANDS	VI
VIRGINIA	VA
WASHINGTON	WA
WEST VIRGINIA	WV
WISCONSIN	WI
WYOMING	WY

- *Zip Code:* Provide the five numeric digits that make up the U.S. Postal Service zip code associated with the Lifeline subscriber's address. Maximum column size cannot exceed 5 characters.

Caitlyn Lumpkin  
BOOMERANG WIRELESS LLC  
May 30, 2013  
Page 7

For example: 19715

- *Telephone Number*: Provide the telephone number of the Lifeline-subsidized account provided by your company for the Lifeline subscriber. Maximum column size cannot exceed 10 characters.

For example: NPANXXXXXX



*Via Electronic and FedEx*

July 16, 2013

Caitlyn Lumpkin  
Boomerang Wireless LLC  
955 Kacena Rd., Ste. A  
Hiawatha, IA 52233

Re: Federal Universal Service Low Income Support Mechanism In-Depth Validation (IDV)  
Review for: BOOMERANG WIRELESS LLC (439052)

Dear Caitlyn Lumpkin:

Your company is a recipient of federal Universal Service Low Income Support Mechanism payments. The Universal Service Administrative Company (USAC) administers the Low Income Support Mechanism for the Federal Communications Commission (FCC). *See* 47 C.F.R. § 54.702(a). To receive Low Income Support Mechanism payments, a recipient must comply with program rules as set forth in 47 C.F.R. Part 54, Subpart E.<sup>49</sup> USAC is authorized by the FCC to collect information to verify that Low Income Support Mechanism payments made to recipients are proper, and to suspend such payments if the recipient fails to provide proper verification as requested by USAC. *See* 47 C.F.R. §§ 54.417 and 54.707. In addition, certain non-facilities based carriers have been authorized to receive Lifeline support by the Commission.<sup>50</sup> The FCC

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<sup>49</sup> The Federal Communications Commission (FCC) may request and obtain all records, documents and other information that is necessary to determine whether an entity receiving benefits from any of the universal service support mechanisms or supporting the universal service support mechanisms through contributions to the Universal Service Fund has been and continues to be in compliance with applicable federal and state laws and regulations. *See* 47 U.S.C. § 220(c). *See also*, 47 U.S.C. § 254 (authorizing the FCC to promulgate regulations for provision and support of universal service); 47 C.F.R. §§ 54.701(a) (FCC appointment of USAC as the permanent administrator of the federal universal service support mechanisms); 54.702(a) (FCC designating USAC responsible for administering the schools and libraries support mechanism, the rural health care support mechanism, the high cost support mechanism, and the low income support mechanism.); 54.702(b) (FCC making USAC responsible for billing contributors, collecting contributions to the universal service support mechanisms, and disbursing universal service support funds).

<sup>50</sup> *See In the Matter of Federal-State Joint Board on Universal Service, Tracfone Wireless, Inc.*, CC Docket 96-45, FCC 09-17 (2009).

Caitlyn Lumpkin  
BOOMERANG WIRELESS LLC  
July 16, 2013  
Page 2

has directed USAC to perform IDVs designed to identify instances of duplicative Lifeline support.<sup>51</sup>

Your company, BOOMERANG WIRELESS LLC (439052) has been selected for a Low Income Support Mechanism in-depth data validation (IDV) to verify compliance with the aforementioned rules. Please submit to USAC a list of subscribers (using the template guide provided in Appendix A hereto) in Microsoft Excel format and populated using the template attached to this letter. Do not alter the template in any manner. If you password protect the file, you must also provide USAC with the appropriate password in writing. Do not encrypt the file.

This subscriber list must substantiate support claims filed by your company on FCC Form 497 for April 2013. The Lifeline subscriber list your company provides as part of this In-Depth Data Validation must fully conform without exception to the template provided and the guidance provided herein. Failure to comply with the requirements as set forth herein, or providing incomplete or inconsistent data may result in suspension or delay of your company's Low Income support disbursements, consistent with 47 C.F.R. §54.707.

Please submit the requested documentation, including any password required to fully access the data in the file, on or before July 30, 2013 by mailing the data on a CD to:

USAC  
Low Income Data Validations  
Jean Yeung  
2000 L Street, NW  
Suite 200  
Washington, DC 20036

Once USAC begins the IDV, we may contact you with questions concerning the data submitted. Pursuant to 47 C.F.R. § 54.707, failure to comply with this request by the date specified in this paragraph may result in USAC suspending or delaying Low Income Support Mechanism benefits received by your company. USAC may adjust your company's Low Income Support Mechanism benefits accordingly if any other discrepancies or rule violations are found during the IDV process.

Sincerely,

//s// USAC

Enclosures

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<sup>51</sup> *Lifeline and Link Up Reform and Modernization et al.*, Report and Order and Further Notice of Proposed Rulemaking, WC Dkt. Nos. 11-42 *et al.*, CC Dkt. No. 96-45, FCC 12-11 (rel. Feb. 6, 2012) at para. 211.

## Appendix A Template Guide

### General Guidance

- Provide data for each column, as appropriate. Do not include “N/A” or any other indicator if the data requested is not available.
- Provide one subscriber list submission for each month(s) and study area code(s) requested. Do not include more than one month or one SAC on a single list; provide multiple lists on multiple CDs for multiple months and SACs.
- Provide data in Microsoft Excel General format. Do not apply any formatting.

### Special Characters

Remove all special characters, leading spaces, multiple spaces and punctuation, for example:

Special Characters	
	Double spaces or blanks
*	Asterisks
,	Commas
.	Periods
()[]{}	Parentheses, brackets, curly brackets
“ ”	Quotation marks
:	Colons
;	Semi-colons
‘	Apostrophes, except for names that contain apostrophes
-	Hyphens, except for the zip+4 code, in the primary number used in the street number, or in name
@	At
&	Ampersand
\	Forward slash; back slash (/) is acceptable only for addresses that contain a fraction

### Template Fields

Submit the data requested consistent with the template provided.

- *Last Name*: Provide the last, or surname, of the Lifeline subscriber. Maximum column size cannot exceed 50 characters.
- *First Name*: Provide the first name of the Lifeline subscriber. Maximum column size cannot exceed 50 characters.

- *Street Address:* Provide the street address in one column, including street number, directional (if applicable), street name, street type and secondary unit designator (if applicable). Maximum column size cannot exceed 50 characters.

For example: 1578 S MAIN AVE APT B

When providing the street name of the Lifeline subscriber's address, include any directional. A directional is the part of the address that gives directional information for delivery (*i.e.*, N, S, E, W, NE, NW, SE, SW).

For example: S MAIN

Numeric street names can be written with an ordinal (*e.g.*, 17<sup>th</sup> ST NW) or spelled out (*e.g.*, Fifth AVE) depending upon how a particular street is most commonly referenced.

Use U.S. Postal Service standard abbreviations for street type.

For example: AVE

Additional examples:

Avenue	AVE
Boulevard	BLVD
Drive	DR
Highway	HWY
Road	RD
Street	ST

For the complete list, see [http://www.usps.com/ncsc/lookups/usps\\_abbreviations.html](http://www.usps.com/ncsc/lookups/usps_abbreviations.html).

Use U.S. Postal Service standard abbreviations for secondary unit designator.

For example: APT B

Additional examples:

Apartment XX	APT XX
Floor XX	FL XX
Unit XX	UNIT XX
Upper XX	UPPR XX

For the complete list, see [http://www.usps.com/ncsc/lookups/usps\\_abbreviations.html](http://www.usps.com/ncsc/lookups/usps_abbreviations.html).

- *City:* Spell out the city name in its entirety. Maximum column size cannot exceed 50 characters.

For example: Newark

- *State*: Use U.S. Postal Service state abbreviations. Maximum column size cannot exceed 2 characters.

For example: DE

<u>State/Possession</u>	<u>Abbreviation</u>
ALABAMA	AL
ALASKA	AK
AMERICAN SAMOA	AS
ARIZONA	AZ
ARKANSAS	AR
CALIFORNIA	CA
COLORADO	CO
CONNECTICUT	CT
DELAWARE	DE
DISTRICT OF COLUMBIA	DC
FEDERATED STATES OF MICRONESIA	FM
FLORIDA	FL
GEORGIA	GA
GUAM	GU
HAWAII	HI
IDAHO	ID
ILLINOIS	IL
INDIANA	IN
IOWA	IA
KANSAS	KS
KENTUCKY	KY
LOUISIANA	LA
MAINE	ME
MARSHALL ISLANDS	MH
MARYLAND	MD
MASSACHUSETTS	MA
MICHIGAN	MI
MINNESOTA	MN
MISSISSIPPI	MS
MISSOURI	MO

MONTANA	MT
NEBRASKA	NE
NEVADA	NV
NEW HAMPSHIRE	NH
NEW JERSEY	NJ
NEW MEXICO	NM
NEW YORK	NY
NORTH CAROLINA	NC
NORTH DAKOTA	ND
NORTHERN MARIANA ISLANDS	MP
OHIO	OH
OKLAHOMA	OK
OREGON	OR
PALAU	PW
PENNSYLVANIA	PA
PUERTO RICO	PR
RHODE ISLAND	RI
SOUTH CAROLINA	SC
SOUTH DAKOTA	SD
TENNESSEE	TN
TEXAS	TX
UTAH	UT
VERMONT	VT
VIRGIN ISLANDS	VI
VIRGINIA	VA
WASHINGTON	WA
WEST VIRGINIA	WV
WISCONSIN	WI
WYOMING	WY

- *Zip Code:* Provide the five numeric digits that make up the U.S. Postal Service zip code associated with the Lifeline subscriber's address. Maximum column size cannot exceed 5 characters.

For example: 19715

- *Telephone Number*: Provide the telephone number of the Lifeline-subsidized account provided by your company for the Lifeline subscriber. Maximum column size cannot exceed 10 characters.

For example: NPANXXXXXX

## Julia Redman Carter

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**From:** Jim Balvanz  
**Sent:** Wednesday, July 24, 2013 9:35 AM  
**To:** jrcarter@readywireless.com  
**Subject:** FW: USAC Immediate Action Required - LI-2013-03-Case-083  
**Attachments:** Subscriber List Template.xlsx

**Follow Up Flag:** Follow up  
**Flag Status:** Completed

Here's another one.

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**From:** PQA [mailto:[PQA@usac.org](mailto:PQA@usac.org)]  
**Sent:** Wednesday, July 24, 2013 9:34 AM  
**To:** [jbalvanz@readywireless.com](mailto:jbalvanz@readywireless.com)  
**Subject:** USAC Immediate Action Required - LI-2013-03-Case-083



PAYMENT QUALITY ASSURANCE PROGRAM

### Notification of Federal Universal Service Fund Lifeline Program Payment Quality Assessment

**CASE ID: LI-2013-03-Case-083**

**July 24, 2013**

Dear James Balvanz,

Recently your company received a payment from the federal Universal Service Lifeline Program. The Universal Service Administrative Company (USAC), as administrator of the program on behalf of the Federal Communications Commission (FCC) and pursuant to its authority under 47 C.F.R. §§ 54.407, 54.417 and 54.707, has selected this payment to test for compliance of the One-Per-Household requirement. Beginning June 1, 2012, all eligible telecommunications carriers (ETCs) are required to confirm an applicant's eligibility prior to enrolling the applicant in the Lifeline Program.

The testing of the One-Per-Household requirement is being conducted for a potential procedural expansion in the Payment Quality Assessment (PQA) Program. The purpose of the PQA program is to prevent waste, fraud and abuse of universal service funds by determining if payments made from the Lifeline Program were accurate, properly documented and in compliance with FCC rules as set forth in 47 C.F.R. Part 54, Subpart E. Please note that USAC also selected this payment for the 2014 PQA Assessment Program, which will commence later this year. USAC will request

additional documentation from you at that time.

As the recipient of this payment, you are required to respond to the requests for documentation detailed in this letter. Please read this letter carefully and follow all instructions within the designated timeframe. The following URL provides additional information to assist with your understanding of the PQA process:

<http://www.usac.org/about/about/program-integrity/pqa.aspx>

The information below should enable you to identify the payment being assessed. Please keep this information for your records, as you may need to refer back to your case ID.

**CASE ID:** LI-2013-03-Case-083

**SAC:** 249019

**BENEFICIARY:** BOOMERANG WIRELESS LLC - SC

**DISBURSEMENT DATE:** 3/1/2013

**DISBURSEMENT AMOUNT:** \$101,630.00

**SUBSCRIBER LISTING MONTH:** February 2013

#### **What you need to do**

1. Confirm receipt of this notification **within 2 business days** by replying in an email to [PQA@usac.org](mailto:PQA@usac.org)
2. Return requested documentation. Included in this notification, you will find a **PQA Document Request Checklist**, which identifies the documentation needed to perform the assessment. Please read the instructions carefully and return all documentation to USAC.

All collected and labeled documentation associated with this PQA program request must be **delivered to USAC within 10 business days of the date of this notification.**

#### **How to send documents to USAC**

When sending any documentation, or when contacting us, please reference this **Case ID:** LI-2013-03-Case-083.

Sending by email: [PQA@usac.org](mailto:PQA@usac.org)

Sending by fax: 877-549-9036

Sending by US Mail: USAC  
Payment Quality Assurance Program - LI  
2000 L Street, NW, Suite 200  
Washington, DC 20036

If you have any questions regarding this notification, the payment being assessed, or the PQA program in general, you may contact a PQA processor at 866-348-5943.

Thank you in advance for your cooperation and quick response to our payment inquiry.

## USAC - Payment Quality Assurance Program

### PQA Document Request Checklist

**CASE ID:** LI-2013-03-Case-083

**BENEFICIARY:** BOOMERANG WIRELESS LLC - SC

#### INSTRUCTIONS:

Please review the list of documents below. These documents must be collected, labeled, and **delivered to USAC within 10 business days of the date of this notification**. Please note that:

- **All documents requested below are required for USAC to perform a full assessment of the payment selected for examination.**
- Each document submitted to USAC in reference to the PQA Program should contain its associated **Case ID Number and Document Reference Identifier**.
- All document identifiers should be written clearly in the upper right-hand corner of all documents submitted.

<b>BENEFICIARY DOCUMENTATION REQUESTED</b>	<b>DOCUMENT REFERENCE IDENTIFIER</b>	<b>✓</b>
1. Electronic subscriber list for the low-income subscribers claimed on the February 2013 FCC Form 497. Please use the suggested formatting in the attached Subscriber List Template above as a guide when preparing the subscriber list.  Note: The data should be formatted so that one subscriber represents one record (i.e., row). Please provide <b>physical addresses</b> and exclude prorated subscribers from the subscriber list.	A	

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The information contained in this electronic communication and any attachments and links to websites are intended for the exclusive use of the addressee(s) and may contain confidential or privileged information. If you are not the intended recipient, or the person responsible for delivering this communication to the intended recipient, be advised you have received this communication in error and that any use, dissemination, forwarding, printing or copying is strictly prohibited. Please notify the sender immediately and destroy all copies of this communication and any attachments.

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 31<sup>st</sup> (Annually)**

IA \_\_\_\_\_

State

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

359136

BOOMERANG WIRELESS LLC - IA

Study Area Code(s) (SAC)

ETC Name(s)

enTouch Wireless

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** JB

359136

*(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
0	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
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
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 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** JB

359136

(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** JB

**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	0
February	0
March	0
April	0
May	0
June	0
July	0
August	0
September	0
October	0
November	0
December	0

Signed,

James T. Balvanz  
Signature of Officer

James T. Balvanz  
Printed Name of Officer

CFO  
Title of Officer

Jan-30-13  
Date

James T. Balvanz  
Person Completing this Certification Form

319-294-6080  
Contact Phone Number

FCC Form 555  
November 2012

**Submit to USAC using only ONE method:**

Fax to: (202) 776-0080  
E-mail to: [LiVerifications@usac.org](mailto:LiVerifications@usac.org)  
Mail to: USAC - Low Income Program  
2000 L Street, NW, Suite 200  
Washington, DC20036

**Filing Instructions: Submit to USAC via one of the methods below.**

1. Submit electronically via USAC's E-File portal. Instructions are available at [www.usac.org](http://www.usac.org).
2. Fax to (202) 776-0080.
3. E-mail to [LiVerifications@usac.org](mailto:LiVerifications@usac.org).
4. Mail to USAC – Low Income Program, 2000 L Street, NW, Suite 200, Washington, DC20036.

**Information Fields:**

*State*

Enter the state for which the eligible telecommunications carrier (ETC) is filing this certification. An ETC must provide a certification form for each state in which it provides Lifeline service. Use a separate *Annual Lifeline Eligible Telecommunications Carrier Certification Form* for each state.

*Study Area Code(s) SAC*

Enter the five-digit study area code (SAC), or codes, for the state for which the certification is filed. An ETC may include multiple SACs on one form only if the ETC has more than one SAC in the state indicated.

*ETC Name(s)*

Enter the corporate name of the ETC submitting the *Annual Lifeline Eligible Telecommunications Carrier Certification Form*.

*Holding Company Name(s)*

Enter the corporate name of the holding company of the ETC.

FCC Form 555  
November 2012

*DBA, Marking or Other Branding Name(s)*

Enter all additional names under which the ETC does business, including d/b/a's (doing business as) and the names under which the ETC markets or brands its Lifeline service in the state reported on this *Form*.

*Affiliated ETCs*

Provide a list of all ETCs that are affiliated with the reporting ETC. 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. Use additional sheets if necessary.

Section 1:

Section 1 of the *Annual Lifeline Eligible Telecommunications Carrier Certification Form* requires an officer of an ETC to certify that the ETC verifies consumer eligibility prior to enrolling a consumer in Lifeline, and the method used to complete this verification. 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

All ETCs must complete Section 1 for each state in which they provide Lifeline service. An officer of the ETC must initial one or both of the certifications.

An officer of the ETC must initial the first certification in Section 1 if the ETC verifies consumer eligibility by reviewing documentation provided by the consumer. The SAC or SACs for which this certification is made must be listed. List multiple SACs only if the ETC has more than one SAC in the state for which the certification is made. Complete additional *Annual Lifeline Eligible Telecommunications Carrier Certification Forms* for SACs in other states.

An officer of the ETC must initial the second certification in Section 1 if the ETC verifies consumer eligibility by relying on information provided by a database or state Lifeline administrator. In the blank, provide the data source or sources used to verify consumer eligibility. Data sources can include, for example, the name of a state or federal database an ETC queried to confirm consumer eligibility or a state Lifeline administrator that provided notice of consumer eligibility to the ETC. ETCs must also indicate for which qualifying programs (*e.g.*, SNAP, SSI) each source was used to verify consumer eligibility. The SAC or SACs for which this certification is made must be listed. List multiple SACs only if the ETC has more than one SAC in the state for which the certification is made. Complete additional *Annual Lifeline Eligible Telecommunications Carrier Certification Forms* for SACs in other states.

FCC Form 555  
November 2012

An officer of an ETC that uses multiple methods of confirming consumer eligibility should complete both certifications in Section 1, as appropriate. For example, an ETC that uses a state database to verify eligibility of consumers who qualify because they receive benefits under the SNAP program, but reviews documentation of eligibility provided by consumers who qualify under other programs or based on their income, should complete both certifications in Section 1.

Section 2:

Section 2 requires an officer of an ETC to certify either 1) that the ETC has procedures in place to re-certify the continued eligibility of its Lifeline customers, and that the ETC has copies of signed certifications, except for those instances in which re-certification of eligibility was completed by consulting a database or for those customers who were re-certified by a Lifeline administrator; or 2) that the ETC did not claim federal Low Income support for any Lifeline customers prior to June (i.e., the ETC did not file FCC Form 497 for the May data month or earlier data months in the year).

All ETCs must complete Section 2 for each state in which they provide Lifeline service. An officer of the ETC must initial one of the certifications.

An ETC must report the results of its re-certification process in the chart in Section 2 unless it did not claim any federal Low Income Program support for any Lifeline consumers prior to June of the current year. If the ETC did not claim support prior to June, the ETC officer must provide the current year and initial the second certification in Section 2.

Column A: Report the number of Lifeline subscribers for which the ETC claimed Lifeline support on its May FCC Form 497 (i.e., the FCC Form 497 for the May data month) for the SAC or SACs listed. If the ETC has more than one SAC in the state covered by this form, the combined total number of subscribers should be entered in Column A.

Column B: If the ETC is acting as a wholesaler and provides Lifeline service to wireline resellers pursuant to section 251(c)(4), report the number of such lines provided to resellers.

Column C: Report the number of Lifeline subscribers the ETC contacted directly to obtain re-certification of eligibility. Enter zero if the ETC relied solely on methods other than direct contact with consumers (e.g., consulting a state database or relying on a Lifeline administrator) to re-certify eligibility.

Column D: Report the number of Lifeline subscribers that responded to the ETC's request to re-certify their eligibility for Lifeline. This number could be equal to the number in Column C (if every consumer contacted responded) or less than the number reported in Column C (if not every consumer contacted responded).

Column E: Report the number of subscribers who did not respond to the ETC's request to re-certify eligibility. This number should equal the number reported in Column C minus the number reported in Column D.

FCC Form 555  
November 2012

Column F: Report the number of subscribers contacted who responded and indicated that they are no longer eligible. Do not include in Column F any consumers who failed to respond to the ETC's contact.

Column G: Report the number of subscribers that have been, or are scheduled to be, de-enrolled. A subscriber that fails to re-certify continued eligibility must be de-enrolled from Lifeline pursuant to 47 C.F.R. §54.410 (f)(5). The number reported in Column G should include the number of subscribers who did not respond to the ETC's request to re-certify eligibility, which was reported in Column E, plus the number of subscribers who responded and indicated that they are no longer eligible, as was reported in Column F.

Column H: Report the number of subscribers – of those contacted directly by the ETC in an attempt to re-certify eligibility – who de-enrolled from Lifeline prior to the ETC's attempt to re-certify continued eligibility. This number should include all subscribers who de-enrolled for any reason, including those subscribers that discontinued Lifeline service with the ETC on their own initiative and those that the ETC de-enrolled from Lifeline (for example, those de-enrolled for non-usage).

Column I: Report the number of consumers for which the ETC relied on a source other than direct contact with the consumer to confirm continued eligibility. An ETC can rely on a state or national database to confirm a consumer continued to be eligible for Lifeline. An ETC can also rely on a Lifeline administrator to confirm consumer eligibility. An ETC must report the number of consumers for which it relied on either of these methods (confirmation through database or Lifeline administrator) in Column H.

Column J: Report the number of subscribers found to be ineligible via confirmation through a database or from a Lifeline administrator. That is, of the number of subscribers for which the ETC or Lifeline administrator utilized a database to attempt to confirm eligibility, how many were found to be ineligible. If any of these subscribers are subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in columns C through H as appropriate and not in columns J or K.

Column K: Report the number of subscribers who were de-enrolled, or are scheduled to be de-enrolled, from Lifeline because they were found to be no longer eligible after the ETC consulted a database or relied on a Lifeline administrator. This number should equal the number reported in Column J.

Column L: Report the number of subscribers – of those for which the ETC attempted to verify eligibility via a database or through a Lifeline administrator – who de-enrolled from Lifeline prior to the ETC's attempt to re-certify continued eligibility. This number should include all subscribers who de-enrolled for any reason, including those subscribers that discontinued Lifeline service with the ETC on their own initiative and those that the ETC de-enrolled from Lifeline for reasons unrelated to the re-certification process (for example, those de-enrolled for non-usage).

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The SAC or SACs for which this certification is made must be listed. List multiple SACs only if the ETC has more than one SAC in the state for which the certification is made. Complete additional *Annual Lifeline Eligible Telecommunications Carrier Certification Forms* for SACs in other states.

Section 3:

An officer of the ETC must certify that the company is in compliance with federal Lifeline certification procedures, that he or she is an officer of the company, and that he or she is authorized to make this certification for the SACs listed on the *Annual Lifeline Eligible Telecommunications Carrier Certification Form*.

All ETCs must complete Section 3.

Section 4:

Section 4 requires certain ETCs to report by month the number of Lifeline customers de-enrolled as a result of non-usage. 47 C.F.R. §54.405(e)(3) requires ETCs that do not assess or collect a monthly fee from their subscribers to de-enroll subscribers who do not use their Lifeline service for 60 consecutive days plus a 30 day period after notice of potential de-enrollment for non-use is provided. ETCs that do not assess or collect a monthly fee from their Lifeline customers must complete Section 4.

Column N: Report the number of subscribers de-enrolled for non-usage by month.

Signature Fields

*Signature of Officer*

Provide the signature of an officer of the ETC who is authorized to make the certifications included in the *Annual Lifeline Eligible Telecommunications Carrier Certification Form* for the SAC(s) listed on the *Form*.

*Printed Name of Officer*

Provide the name of the ETC officer who signed the *Annual Lifeline Eligible Telecommunications Carrier Certification Form*.

*Title of Officer*

Provide the title of the ETC officer who signed the *Annual Lifeline Eligible Telecommunications Carrier Certification Form*.

*Date*

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Provide the date the ETC officer signed the *Annual Lifeline Eligible Telecommunications Carrier Certification Form*.

*Person Completing This Certification Form*

Provide the name of the ETC employee who populated the form with the data submitted by the ETC.

*Contact Phone Number*

Provide the phone number of the ETC employee who completed the form.

**Persons willfully making false statements on this form can be punished by fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. §1001.**

## **PRIVACY ACT AND PAPERWORK REDUCTION ACT STATEMENTS**

The FCC is authorized under the Communications Act of 1934, as amended, to collect the information we request in this form. If we believe there may be a violation or a potential violation of a FCC statute, regulation, rule or order, your certification may be referred to the Federal, state or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation, or order. In certain cases, the information in your certification may be disclosed to the Department of Justice or a court or adjudicative body when a) the FCC; or b) any employee of the FCC; or c) the United States Government is a party of a proceeding before the body or has an interest in the proceeding.

We have estimated that this collection of information will take 15 hours annually. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERF, Washington, DC 20554, Paperwork Reduction Act Project (3060-0819). We will also accept your PRA comments if you send an e-mail to [PRA@fcc.gov](mailto:PRA@fcc.gov).

Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0819.

**THIS NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, PUBLIC LAW 93-579, DECEMBER 31, 1974, 5 U.S.C. SECTION 552a(e)(3) AND THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.**

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**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 31<sup>st</sup> (Annually)**

MD

State

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

189029

BOOMERANG WIRELESS LLC - MD

Study Area Code(s) (SAC)

ETC Name(s)

Boomerang Wireless LLC

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** JB

189029

*(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 MD Telecommunications Lifeline database 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** JB

189029

*(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** \_\_\_\_\_

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
0	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
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
0	0	0	0

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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** JB

189029

(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** JB

**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	0
February	0
March	0
April	0
May	0
June	0
July	0
August	0
September	0
October	0
November	0
December	0

Signed,

James T. Balvanz  
Signature of Officer

CFO  
Title of Officer

JAMES T. Balvanz  
Person Completing this Certification Form

James T. Balvanz  
Printed Name of Officer

Jan-30-13  
Date

319-294-6080  
Contact Phone Number

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**Submit to USAC using only ONE method:**

Fax to: (202) 776-0080  
E-mail to: [LiVerifications@usac.org](mailto:LiVerifications@usac.org)  
Mail to: USAC - Low Income Program  
2000 L Street, NW, Suite 200  
Washington, DC20036

**Filing Instructions: Submit to USAC via one of the methods below.**

1. Submit electronically via USAC's E-File portal. Instructions are available at [www.usac.org](http://www.usac.org).
2. Fax to (202) 776-0080.
3. E-mail to [LiVerifications@usac.org](mailto:LiVerifications@usac.org).
4. Mail to USAC – Low Income Program, 2000 L Street, NW, Suite 200, Washington, DC20036.

**Information Fields:**

*State*

Enter the state for which the eligible telecommunications carrier (ETC) is filing this certification. An ETC must provide a certification form for each state in which it provides Lifeline service. Use a separate *Annual Lifeline Eligible Telecommunications Carrier Certification Form* for each state.

*Study Area Code(s) SAC*

Enter the five-digit study area code (SAC), or codes, for the state for which the certification is filed. An ETC may include multiple SACs on one form only if the ETC has more than one SAC in the state indicated.

*ETC Name(s)*

Enter the corporate name of the ETC submitting the *Annual Lifeline Eligible Telecommunications Carrier Certification Form*.

*Holding Company Name(s)*

Enter the corporate name of the holding company of the ETC.

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*DBA, Marking or Other Branding Name(s)*

Enter all additional names under which the ETC does business, including d/b/a's (doing business as) and the names under which the ETC markets or brands its Lifeline service in the state reported on this *Form*.

*Affiliated ETCs*

Provide a list of all ETCs that are affiliated with the reporting ETC. 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. Use additional sheets if necessary.

Section 1:

Section 1 of the *Annual Lifeline Eligible Telecommunications Carrier Certification Form* requires an officer of an ETC to certify that the ETC verifies consumer eligibility prior to enrolling a consumer in Lifeline, and the method used to complete this verification. 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

All ETCs must complete Section 1 for each state in which they provide Lifeline service. An officer of the ETC must initial one or both of the certifications.

An officer of the ETC must initial the first certification in Section 1 if the ETC verifies consumer eligibility by reviewing documentation provided by the consumer. The SAC or SACs for which this certification is made must be listed. List multiple SACs only if the ETC has more than one SAC in the state for which the certification is made. Complete additional *Annual Lifeline Eligible Telecommunications Carrier Certification Forms* for SACs in other states.

An officer of the ETC must initial the second certification in Section 1 if the ETC verifies consumer eligibility by relying on information provided by a database or state Lifeline administrator. In the blank, provide the data source or sources used to verify consumer eligibility. Data sources can include, for example, the name of a state or federal database an ETC queried to confirm consumer eligibility or a state Lifeline administrator that provided notice of consumer eligibility to the ETC. ETCs must also indicate for which qualifying programs (*e.g.*, SNAP, SSI) each source was used to verify consumer eligibility. The SAC or SACs for which this certification is made must be listed. List multiple SACs only if the ETC has more than one SAC in the state for which the certification is made. Complete additional *Annual Lifeline Eligible Telecommunications Carrier Certification Forms* for SACs in other states.

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An officer of an ETC that uses multiple methods of confirming consumer eligibility should complete both certifications in Section 1, as appropriate. For example, an ETC that uses a state database to verify eligibility of consumers who qualify because they receive benefits under the SNAP program, but reviews documentation of eligibility provided by consumers who qualify under other programs or based on their income, should complete both certifications in Section 1.

Section 2:

Section 2 requires an officer of an ETC to certify either 1) that the ETC has procedures in place to re-certify the continued eligibility of its Lifeline customers, and that the ETC has copies of signed certifications, except for those instances in which re-certification of eligibility was completed by consulting a database or for those customers who were re-certified by a Lifeline administrator; or 2) that the ETC did not claim federal Low Income support for any Lifeline customers prior to June (i.e., the ETC did not file FCC Form 497 for the May data month or earlier data months in the year).

All ETCs must complete Section 2 for each state in which they provide Lifeline service. An officer of the ETC must initial one of the certifications.

An ETC must report the results of its re-certification process in the chart in Section 2 unless it did not claim any federal Low Income Program support for any Lifeline consumers prior to June of the current year. If the ETC did not claim support prior to June, the ETC officer must provide the current year and initial the second certification in Section 2.

Column A: Report the number of Lifeline subscribers for which the ETC claimed Lifeline support on its May FCC Form 497 (i.e., the FCC Form 497 for the May data month) for the SAC or SACs listed. If the ETC has more than one SAC in the state covered by this form, the combined total number of subscribers should be entered in Column A.

Column B: If the ETC is acting as a wholesaler and provides Lifeline service to wireline resellers pursuant to section 251(c)(4), report the number of such lines provided to resellers.

Column C: Report the number of Lifeline subscribers the ETC contacted directly to obtain re-certification of eligibility. Enter zero if the ETC relied solely on methods other than direct contact with consumers (e.g., consulting a state database or relying on a Lifeline administrator) to re-certify eligibility.

Column D: Report the number of Lifeline subscribers that responded to the ETC's request to re-certify their eligibility for Lifeline. This number could be equal to the number in Column C (if every consumer contacted responded) or less than the number reported in Column C (if not every consumer contacted responded).

Column E: Report the number of subscribers who did not respond to the ETC's request to re-certify eligibility. This number should equal the number reported in Column C minus the number reported in Column D.

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Column F: Report the number of subscribers contacted who responded and indicated that they are no longer eligible. Do not include in Column F any consumers who failed to respond to the ETC's contact.

Column G: Report the number of subscribers that have been, or are scheduled to be, de-enrolled. A subscriber that fails to re-certify continued eligibility must be de-enrolled from Lifeline pursuant to 47 C.F.R. §54.410 (f)(5). The number reported in Column G should include the number of subscribers who did not respond to the ETC's request to re-certify eligibility, which was reported in Column E, plus the number of subscribers who responded and indicated that they are no longer eligible, as was reported in Column F.

Column H: Report the number of subscribers – of those contacted directly by the ETC in an attempt to re-certify eligibility – who de-enrolled from Lifeline prior to the ETC's attempt to re-certify continued eligibility. This number should include all subscribers who de-enrolled for any reason, including those subscribers that discontinued Lifeline service with the ETC on their own initiative and those that the ETC de-enrolled from Lifeline (for example, those de-enrolled for non-usage).

Column I: Report the number of consumers for which the ETC relied on a source other than direct contact with the consumer to confirm continued eligibility. An ETC can rely on a state or national database to confirm a consumer continued to be eligible for Lifeline. An ETC can also rely on a Lifeline administrator to confirm consumer eligibility. An ETC must report the number of consumers for which it relied on either of these methods (confirmation through database or Lifeline administrator) in Column H.

Column J: Report the number of subscribers found to be ineligible via confirmation through a database or from a Lifeline administrator. That is, of the number of subscribers for which the ETC or Lifeline administrator utilized a database to attempt to confirm eligibility, how many were found to be ineligible. If any of these subscribers are subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in columns C through H as appropriate and not in columns J or K.

Column K: Report the number of subscribers who were de-enrolled, or are scheduled to be de-enrolled, from Lifeline because they were found to be no longer eligible after the ETC consulted a database or relied on a Lifeline administrator. This number should equal the number reported in Column J.

Column L: Report the number of subscribers – of those for which the ETC attempted to verify eligibility via a database or through a Lifeline administrator – who de-enrolled from Lifeline prior to the ETC's attempt to re-certify continued eligibility. This number should include all subscribers who de-enrolled for any reason, including those subscribers that discontinued Lifeline service with the ETC on their own initiative and those that the ETC de-enrolled from Lifeline for reasons unrelated to the re-certification process (for example, those de-enrolled for non-usage).

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The SAC or SACs for which this certification is made must be listed. List multiple SACs only if the ETC has more than one SAC in the state for which the certification is made. Complete additional *Annual Lifeline Eligible Telecommunications Carrier Certification Forms* for SACs in other states.

Section 3:

An officer of the ETC must certify that the company is in compliance with federal Lifeline certification procedures, that he or she is an officer of the company, and that he or she is authorized to make this certification for the SACs listed on the *Annual Lifeline Eligible Telecommunications Carrier Certification Form*.

All ETCs must complete Section 3.

Section 4:

Section 4 requires certain ETCs to report by month the number of Lifeline customers de-enrolled as a result of non-usage. 47 C.F.R. §54.405(e)(3) requires ETCs that do not assess or collect a monthly fee from their subscribers to de-enroll subscribers who do not use their Lifeline service for 60 consecutive days plus a 30 day period after notice of potential de-enrollment for non-use is provided. ETCs that do not assess or collect a monthly fee from their Lifeline customers must complete Section 4.

Column N: Report the number of subscribers de-enrolled for non-usage by month.

Signature Fields

*Signature of Officer*

Provide the signature of an officer of the ETC who is authorized to make the certifications included in the *Annual Lifeline Eligible Telecommunications Carrier Certification Form* for the SAC(s) listed on the *Form*.

*Printed Name of Officer*

Provide the name of the ETC officer who signed the *Annual Lifeline Eligible Telecommunications Carrier Certification Form*.

*Title of Officer*

Provide the title of the ETC officer who signed the *Annual Lifeline Eligible Telecommunications Carrier Certification Form*.

*Date*

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Provide the date the ETC officer signed the *Annual Lifeline Eligible Telecommunications Carrier Certification Form*.

*Person Completing This Certification Form*

Provide the name of the ETC employee who populated the form with the data submitted by the ETC.

*Contact Phone Number*

Provide the phone number of the ETC employee who completed the form.

**Persons willfully making false statements on this form can be punished by fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. §1001.**

## **PRIVACY ACT AND PAPERWORK REDUCTION ACT STATEMENTS**

The FCC is authorized under the Communications Act of 1934, as amended, to collect the information we request in this form. If we believe there may be a violation or a potential violation of a FCC statute, regulation, rule or order, your certification may be referred to the Federal, state or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation, or order. In certain cases, the information in your certification may be disclosed to the Department of Justice or a court or adjudicative body when a) the FCC; or b) any employee of the FCC; or c) the United States Government is a party of a proceeding before the body or has an interest in the proceeding.

We have estimated that this collection of information will take 15 hours annually. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERF, Washington, DC 20554, Paperwork Reduction Act Project (3060-0819). We will also accept your PRA comments if you send an e-mail to [PRA@fcc.gov](mailto:PRA@fcc.gov).

Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0819.

**THIS NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, PUBLIC LAW 93-579, DECEMBER 31, 1974, 5 U.S.C. SECTION 552a(e)(3) AND THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.**

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**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 31<sup>st</sup> (Annually)*

Michigan

State

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

319036

Study Area Code(s) (SAC)

Boomerang Wireless, LLC

ETC Name(s)

enTouch Wireless

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 JB

319036

(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).

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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 \_\_\_\_\_

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

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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 JB.

**319036**

(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 JB

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	0
February	0
March	0
April	0
May	0
June	0
July	0
August	0
September	0
October	0
November	0
December	0

Signed,

James T. Balvanz  
Signature of Officer  
CFO  
Title of Officer  
Julia Redman-Carter  
Person Completing this Certification Form

James T. Balvanz  
Printed Name of Officer  
March 21, 2013  
Date  
319-294-6080  
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 31<sup>st</sup> (Annually)**

OK \_\_\_\_\_

State

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

439052

BOOMERANG WIRELESS LLC - OK

Study Area Code(s) (SAC)

ETC Name(s)

Boomerang Wireless LLC

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** JB

439052

*(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).*

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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** \_\_\_\_\_

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
0	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
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
0	0	0	0

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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** JB

439052

(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** JB

**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	0
February	0
March	0
April	0
May	0
June	0
July	0
August	0
September	0
October	0
November	0
December	0

Signed,

James T. Balvanz  
Signature of Officer

James T. Balvanz  
Printed Name of Officer

CFO  
Title of Officer

Jan-30-13  
Date

James T. Balvanz  
Person Completing this Certification Form

319-294-6080  
Contact Phone Number

FCC Form 555  
November 2012

**Submit to USAC using only ONE method:**

Fax to: (202) 776-0080  
E-mail to: [LiVerifications@usac.org](mailto:LiVerifications@usac.org)  
Mail to: USAC - Low Income Program  
2000 L Street, NW, Suite 200  
Washington, DC20036

**Filing Instructions: Submit to USAC via one of the methods below.**

1. Submit electronically via USAC's E-File portal. Instructions are available at [www.usac.org](http://www.usac.org).
2. Fax to (202) 776-0080.
3. E-mail to [LiVerifications@usac.org](mailto:LiVerifications@usac.org).
4. Mail to USAC – Low Income Program, 2000 L Street, NW, Suite 200, Washington, DC20036.

**Information Fields:**

*State*

Enter the state for which the eligible telecommunications carrier (ETC) is filing this certification. An ETC must provide a certification form for each state in which it provides Lifeline service. Use a separate *Annual Lifeline Eligible Telecommunications Carrier Certification Form* for each state.

*Study Area Code(s) SAC*

Enter the five-digit study area code (SAC), or codes, for the state for which the certification is filed. An ETC may include multiple SACs on one form only if the ETC has more than one SAC in the state indicated.

*ETC Name(s)*

Enter the corporate name of the ETC submitting the *Annual Lifeline Eligible Telecommunications Carrier Certification Form*.

*Holding Company Name(s)*

Enter the corporate name of the holding company of the ETC.

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*DBA, Marking or Other Branding Name(s)*

Enter all additional names under which the ETC does business, including d/b/a's (doing business as) and the names under which the ETC markets or brands its Lifeline service in the state reported on this *Form*.

*Affiliated ETCs*

Provide a list of all ETCs that are affiliated with the reporting ETC. 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. Use additional sheets if necessary.

Section 1:

Section 1 of the *Annual Lifeline Eligible Telecommunications Carrier Certification Form* requires an officer of an ETC to certify that the ETC verifies consumer eligibility prior to enrolling a consumer in Lifeline, and the method used to complete this verification. 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

All ETCs must complete Section 1 for each state in which they provide Lifeline service. An officer of the ETC must initial one or both of the certifications.

An officer of the ETC must initial the first certification in Section 1 if the ETC verifies consumer eligibility by reviewing documentation provided by the consumer. The SAC or SACs for which this certification is made must be listed. List multiple SACs only if the ETC has more than one SAC in the state for which the certification is made. Complete additional *Annual Lifeline Eligible Telecommunications Carrier Certification Forms* for SACs in other states.

An officer of the ETC must initial the second certification in Section 1 if the ETC verifies consumer eligibility by relying on information provided by a database or state Lifeline administrator. In the blank, provide the data source or sources used to verify consumer eligibility. Data sources can include, for example, the name of a state or federal database an ETC queried to confirm consumer eligibility or a state Lifeline administrator that provided notice of consumer eligibility to the ETC. ETCs must also indicate for which qualifying programs (*e.g.*, SNAP, SSI) each source was used to verify consumer eligibility. The SAC or SACs for which this certification is made must be listed. List multiple SACs only if the ETC has more than one SAC in the state for which the certification is made. Complete additional *Annual Lifeline Eligible Telecommunications Carrier Certification Forms* for SACs in other states.

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An officer of an ETC that uses multiple methods of confirming consumer eligibility should complete both certifications in Section 1, as appropriate. For example, an ETC that uses a state database to verify eligibility of consumers who qualify because they receive benefits under the SNAP program, but reviews documentation of eligibility provided by consumers who qualify under other programs or based on their income, should complete both certifications in Section 1.

Section 2:

Section 2 requires an officer of an ETC to certify either 1) that the ETC has procedures in place to re-certify the continued eligibility of its Lifeline customers, and that the ETC has copies of signed certifications, except for those instances in which re-certification of eligibility was completed by consulting a database or for those customers who were re-certified by a Lifeline administrator; or 2) that the ETC did not claim federal Low Income support for any Lifeline customers prior to June (i.e., the ETC did not file FCC Form 497 for the May data month or earlier data months in the year).

All ETCs must complete Section 2 for each state in which they provide Lifeline service. An officer of the ETC must initial one of the certifications.

An ETC must report the results of its re-certification process in the chart in Section 2 unless it did not claim any federal Low Income Program support for any Lifeline consumers prior to June of the current year. If the ETC did not claim support prior to June, the ETC officer must provide the current year and initial the second certification in Section 2.

Column A: Report the number of Lifeline subscribers for which the ETC claimed Lifeline support on its May FCC Form 497 (i.e., the FCC Form 497 for the May data month) for the SAC or SACs listed. If the ETC has more than one SAC in the state covered by this form, the combined total number of subscribers should be entered in Column A.

Column B: If the ETC is acting as a wholesaler and provides Lifeline service to wireline resellers pursuant to section 251(c)(4), report the number of such lines provided to resellers.

Column C: Report the number of Lifeline subscribers the ETC contacted directly to obtain re-certification of eligibility. Enter zero if the ETC relied solely on methods other than direct contact with consumers (e.g., consulting a state database or relying on a Lifeline administrator) to re-certify eligibility.

Column D: Report the number of Lifeline subscribers that responded to the ETC's request to re-certify their eligibility for Lifeline. This number could be equal to the number in Column C (if every consumer contacted responded) or less than the number reported in Column C (if not every consumer contacted responded).

Column E: Report the number of subscribers who did not respond to the ETC's request to re-certify eligibility. This number should equal the number reported in Column C minus the number reported in Column D.

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Column F: Report the number of subscribers contacted who responded and indicated that they are no longer eligible. Do not include in Column F any consumers who failed to respond to the ETC's contact.

Column G: Report the number of subscribers that have been, or are scheduled to be, de-enrolled. A subscriber that fails to re-certify continued eligibility must be de-enrolled from Lifeline pursuant to 47 C.F.R. §54.410 (f)(5). The number reported in Column G should include the number of subscribers who did not respond to the ETC's request to re-certify eligibility, which was reported in Column E, plus the number of subscribers who responded and indicated that they are no longer eligible, as was reported in Column F.

Column H: Report the number of subscribers – of those contacted directly by the ETC in an attempt to re-certify eligibility – who de-enrolled from Lifeline prior to the ETC's attempt to re-certify continued eligibility. This number should include all subscribers who de-enrolled for any reason, including those subscribers that discontinued Lifeline service with the ETC on their own initiative and those that the ETC de-enrolled from Lifeline (for example, those de-enrolled for non-usage).

Column I: Report the number of consumers for which the ETC relied on a source other than direct contact with the consumer to confirm continued eligibility. An ETC can rely on a state or national database to confirm a consumer continued to be eligible for Lifeline. An ETC can also rely on a Lifeline administrator to confirm consumer eligibility. An ETC must report the number of consumers for which it relied on either of these methods (confirmation through database or Lifeline administrator) in Column H.

Column J: Report the number of subscribers found to be ineligible via confirmation through a database or from a Lifeline administrator. That is, of the number of subscribers for which the ETC or Lifeline administrator utilized a database to attempt to confirm eligibility, how many were found to be ineligible. If any of these subscribers are subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in columns C through H as appropriate and not in columns J or K.

Column K: Report the number of subscribers who were de-enrolled, or are scheduled to be de-enrolled, from Lifeline because they were found to be no longer eligible after the ETC consulted a database or relied on a Lifeline administrator. This number should equal the number reported in Column J.

Column L: Report the number of subscribers – of those for which the ETC attempted to verify eligibility via a database or through a Lifeline administrator – who de-enrolled from Lifeline prior to the ETC's attempt to re-certify continued eligibility. This number should include all subscribers who de-enrolled for any reason, including those subscribers that discontinued Lifeline service with the ETC on their own initiative and those that the ETC de-enrolled from Lifeline for reasons unrelated to the re-certification process (for example, those de-enrolled for non-usage).

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The SAC or SACs for which this certification is made must be listed. List multiple SACs only if the ETC has more than one SAC in the state for which the certification is made. Complete additional *Annual Lifeline Eligible Telecommunications Carrier Certification Forms* for SACs in other states.

Section 3:

An officer of the ETC must certify that the company is in compliance with federal Lifeline certification procedures, that he or she is an officer of the company, and that he or she is authorized to make this certification for the SACs listed on the *Annual Lifeline Eligible Telecommunications Carrier Certification Form*.

All ETCs must complete Section 3.

Section 4:

Section 4 requires certain ETCs to report by month the number of Lifeline customers de-enrolled as a result of non-usage. 47 C.F.R. §54.405(e)(3) requires ETCs that do not assess or collect a monthly fee from their subscribers to de-enroll subscribers who do not use their Lifeline service for 60 consecutive days plus a 30 day period after notice of potential de-enrollment for non-use is provided. ETCs that do not assess or collect a monthly fee from their Lifeline customers must complete Section 4.

Column N: Report the number of subscribers de-enrolled for non-usage by month.

Signature Fields

*Signature of Officer*

Provide the signature of an officer of the ETC who is authorized to make the certifications included in the *Annual Lifeline Eligible Telecommunications Carrier Certification Form* for the SAC(s) listed on the *Form*.

*Printed Name of Officer*

Provide the name of the ETC officer who signed the *Annual Lifeline Eligible Telecommunications Carrier Certification Form*.

*Title of Officer*

Provide the title of the ETC officer who signed the *Annual Lifeline Eligible Telecommunications Carrier Certification Form*.

*Date*

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Provide the date the ETC officer signed the *Annual Lifeline Eligible Telecommunications Carrier Certification Form*.

*Person Completing This Certification Form*

Provide the name of the ETC employee who populated the form with the data submitted by the ETC.

*Contact Phone Number*

Provide the phone number of the ETC employee who completed the form.

**Persons willfully making false statements on this form can be punished by fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. §1001.**

## **PRIVACY ACT AND PAPERWORK REDUCTION ACT STATEMENTS**

The FCC is authorized under the Communications Act of 1934, as amended, to collect the information we request in this form. If we believe there may be a violation or a potential violation of a FCC statute, regulation, rule or order, your certification may be referred to the Federal, state or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation, or order. In certain cases, the information in your certification may be disclosed to the Department of Justice or a court or adjudicative body when a) the FCC; or b) any employee of the FCC; or c) the United States Government is a party of a proceeding before the body or has an interest in the proceeding.

We have estimated that this collection of information will take 15 hours annually. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-0819). We will also accept your PRA comments if you send an e-mail to [PRA@fcc.gov](mailto:PRA@fcc.gov).

Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0819.

**THIS NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, PUBLIC LAW 93-579, DECEMBER 31, 1974, 5 U.S.C. SECTION 552a(e)(3) AND THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.**

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**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 31<sup>st</sup> (Annually)**

SC \_\_\_\_\_

State

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

249019 \_\_\_\_\_

BOOMERANG WIRELESS LLC - SC

Study Area Code(s) (SAC)

ETC Name(s)

enTouch Wireless

\_\_\_\_\_ 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** JB

249019

*(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).*

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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** \_\_\_\_\_

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
0	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
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
0	0	0	0

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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** JB

249019

(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** JB

**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	0
February	0
March	0
April	0
May	0
June	0
July	0
August	0
September	0
October	0
November	0
December	0

Signed,

James T. Balvanz  
Signature of Officer

CFO  
Title of Officer

James T. Balvanz  
Person Completing this Certification Form

James T. Balvanz  
Printed Name of Officer

Jan-30-13  
Date

319-294-6080  
Contact Phone Number

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**Submit to USAC using only ONE method:**

Fax to: (202) 776-0080  
E-mail to: [LiVerifications@usac.org](mailto:LiVerifications@usac.org)  
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**Information Fields:**

*State*

Enter the state for which the eligible telecommunications carrier (ETC) is filing this certification. An ETC must provide a certification form for each state in which it provides Lifeline service. Use a separate *Annual Lifeline Eligible Telecommunications Carrier Certification Form* for each state.

*Study Area Code(s) SAC*

Enter the five-digit study area code (SAC), or codes, for the state for which the certification is filed. An ETC may include multiple SACs on one form only if the ETC has more than one SAC in the state indicated.

*ETC Name(s)*

Enter the corporate name of the ETC submitting the *Annual Lifeline Eligible Telecommunications Carrier Certification Form*.

*Holding Company Name(s)*

Enter the corporate name of the holding company of the ETC.

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*DBA, Marking or Other Branding Name(s)*

Enter all additional names under which the ETC does business, including d/b/a's (doing business as) and the names under which the ETC markets or brands its Lifeline service in the state reported on this *Form*.

*Affiliated ETCs*

Provide a list of all ETCs that are affiliated with the reporting ETC. 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. Use additional sheets if necessary.

Section 1:

Section 1 of the *Annual Lifeline Eligible Telecommunications Carrier Certification Form* requires an officer of an ETC to certify that the ETC verifies consumer eligibility prior to enrolling a consumer in Lifeline, and the method used to complete this verification. 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

All ETCs must complete Section 1 for each state in which they provide Lifeline service. An officer of the ETC must initial one or both of the certifications.

An officer of the ETC must initial the first certification in Section 1 if the ETC verifies consumer eligibility by reviewing documentation provided by the consumer. The SAC or SACs for which this certification is made must be listed. List multiple SACs only if the ETC has more than one SAC in the state for which the certification is made. Complete additional *Annual Lifeline Eligible Telecommunications Carrier Certification Forms* for SACs in other states.

An officer of the ETC must initial the second certification in Section 1 if the ETC verifies consumer eligibility by relying on information provided by a database or state Lifeline administrator. In the blank, provide the data source or sources used to verify consumer eligibility. Data sources can include, for example, the name of a state or federal database an ETC queried to confirm consumer eligibility or a state Lifeline administrator that provided notice of consumer eligibility to the ETC. ETCs must also indicate for which qualifying programs (*e.g.*, SNAP, SSI) each source was used to verify consumer eligibility. The SAC or SACs for which this certification is made must be listed. List multiple SACs only if the ETC has more than one SAC in the state for which the certification is made. Complete additional *Annual Lifeline Eligible Telecommunications Carrier Certification Forms* for SACs in other states.

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An officer of an ETC that uses multiple methods of confirming consumer eligibility should complete both certifications in Section 1, as appropriate. For example, an ETC that uses a state database to verify eligibility of consumers who qualify because they receive benefits under the SNAP program, but reviews documentation of eligibility provided by consumers who qualify under other programs or based on their income, should complete both certifications in Section 1.

Section 2:

Section 2 requires an officer of an ETC to certify either 1) that the ETC has procedures in place to re-certify the continued eligibility of its Lifeline customers, and that the ETC has copies of signed certifications, except for those instances in which re-certification of eligibility was completed by consulting a database or for those customers who were re-certified by a Lifeline administrator; or 2) that the ETC did not claim federal Low Income support for any Lifeline customers prior to June (i.e., the ETC did not file FCC Form 497 for the May data month or earlier data months in the year).

All ETCs must complete Section 2 for each state in which they provide Lifeline service. An officer of the ETC must initial one of the certifications.

An ETC must report the results of its re-certification process in the chart in Section 2 unless it did not claim any federal Low Income Program support for any Lifeline consumers prior to June of the current year. If the ETC did not claim support prior to June, the ETC officer must provide the current year and initial the second certification in Section 2.

Column A: Report the number of Lifeline subscribers for which the ETC claimed Lifeline support on its May FCC Form 497 (i.e., the FCC Form 497 for the May data month) for the SAC or SACs listed. If the ETC has more than one SAC in the state covered by this form, the combined total number of subscribers should be entered in Column A.

Column B: If the ETC is acting as a wholesaler and provides Lifeline service to wireline resellers pursuant to section 251(c)(4), report the number of such lines provided to resellers.

Column C: Report the number of Lifeline subscribers the ETC contacted directly to obtain re-certification of eligibility. Enter zero if the ETC relied solely on methods other than direct contact with consumers (e.g., consulting a state database or relying on a Lifeline administrator) to re-certify eligibility.

Column D: Report the number of Lifeline subscribers that responded to the ETC's request to re-certify their eligibility for Lifeline. This number could be equal to the number in Column C (if every consumer contacted responded) or less than the number reported in Column C (if not every consumer contacted responded).

Column E: Report the number of subscribers who did not respond to the ETC's request to re-certify eligibility. This number should equal the number reported in Column C minus the number reported in Column D.

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Column F: Report the number of subscribers contacted who responded and indicated that they are no longer eligible. Do not include in Column F any consumers who failed to respond to the ETC's contact.

Column G: Report the number of subscribers that have been, or are scheduled to be, de-enrolled. A subscriber that fails to re-certify continued eligibility must be de-enrolled from Lifeline pursuant to 47 C.F.R. §54.410 (f)(5). The number reported in Column G should include the number of subscribers who did not respond to the ETC's request to re-certify eligibility, which was reported in Column E, plus the number of subscribers who responded and indicated that they are no longer eligible, as was reported in Column F.

Column H: Report the number of subscribers – of those contacted directly by the ETC in an attempt to re-certify eligibility – who de-enrolled from Lifeline prior to the ETC's attempt to re-certify continued eligibility. This number should include all subscribers who de-enrolled for any reason, including those subscribers that discontinued Lifeline service with the ETC on their own initiative and those that the ETC de-enrolled from Lifeline (for example, those de-enrolled for non-usage).

Column I: Report the number of consumers for which the ETC relied on a source other than direct contact with the consumer to confirm continued eligibility. An ETC can rely on a state or national database to confirm a consumer continued to be eligible for Lifeline. An ETC can also rely on a Lifeline administrator to confirm consumer eligibility. An ETC must report the number of consumers for which it relied on either of these methods (confirmation through database or Lifeline administrator) in Column H.

Column J: Report the number of subscribers found to be ineligible via confirmation through a database or from a Lifeline administrator. That is, of the number of subscribers for which the ETC or Lifeline administrator utilized a database to attempt to confirm eligibility, how many were found to be ineligible. If any of these subscribers are subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in columns C through H as appropriate and not in columns J or K.

Column K: Report the number of subscribers who were de-enrolled, or are scheduled to be de-enrolled, from Lifeline because they were found to be no longer eligible after the ETC consulted a database or relied on a Lifeline administrator. This number should equal the number reported in Column J.

Column L: Report the number of subscribers – of those for which the ETC attempted to verify eligibility via a database or through a Lifeline administrator – who de-enrolled from Lifeline prior to the ETC's attempt to re-certify continued eligibility. This number should include all subscribers who de-enrolled for any reason, including those subscribers that discontinued Lifeline service with the ETC on their own initiative and those that the ETC de-enrolled from Lifeline for reasons unrelated to the re-certification process (for example, those de-enrolled for non-usage).

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The SAC or SACs for which this certification is made must be listed. List multiple SACs only if the ETC has more than one SAC in the state for which the certification is made. Complete additional *Annual Lifeline Eligible Telecommunications Carrier Certification Forms* for SACs in other states.

Section 3:

An officer of the ETC must certify that the company is in compliance with federal Lifeline certification procedures, that he or she is an officer of the company, and that he or she is authorized to make this certification for the SACs listed on the *Annual Lifeline Eligible Telecommunications Carrier Certification Form*.

All ETCs must complete Section 3.

Section 4:

Section 4 requires certain ETCs to report by month the number of Lifeline customers de-enrolled as a result of non-usage. 47 C.F.R. §54.405(e)(3) requires ETCs that do not assess or collect a monthly fee from their subscribers to de-enroll subscribers who do not use their Lifeline service for 60 consecutive days plus a 30 day period after notice of potential de-enrollment for non-use is provided. ETCs that do not assess or collect a monthly fee from their Lifeline customers must complete Section 4.

Column N: Report the number of subscribers de-enrolled for non-usage by month.

Signature Fields

*Signature of Officer*

Provide the signature of an officer of the ETC who is authorized to make the certifications included in the *Annual Lifeline Eligible Telecommunications Carrier Certification Form* for the SAC(s) listed on the *Form*.

*Printed Name of Officer*

Provide the name of the ETC officer who signed the *Annual Lifeline Eligible Telecommunications Carrier Certification Form*.

*Title of Officer*

Provide the title of the ETC officer who signed the *Annual Lifeline Eligible Telecommunications Carrier Certification Form*.

*Date*

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Provide the date the ETC officer signed the *Annual Lifeline Eligible Telecommunications Carrier Certification Form*.

*Person Completing This Certification Form*

Provide the name of the ETC employee who populated the form with the data submitted by the ETC.

*Contact Phone Number*

Provide the phone number of the ETC employee who completed the form.

**Persons willfully making false statements on this form can be punished by fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. §1001.**

## **PRIVACY ACT AND PAPERWORK REDUCTION ACT STATEMENTS**

The FCC is authorized under the Communications Act of 1934, as amended, to collect the information we request in this form. If we believe there may be a violation or a potential violation of a FCC statute, regulation, rule or order, your certification may be referred to the Federal, state or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation, or order. In certain cases, the information in your certification may be disclosed to the Department of Justice or a court or adjudicative body when a) the FCC; or b) any employee of the FCC; or c) the United States Government is a party of a proceeding before the body or has an interest in the proceeding.

We have estimated that this collection of information will take 15 hours annually. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PER, Washington, DC 20554, Paperwork Reduction Act Project (3060-0819). We will also accept your PRA comments if you send an e-mail to [PRA@fcc.gov](mailto:PRA@fcc.gov).

Please **DO NOT SEND COMPLETED FORMS TO THIS ADDRESS**. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0819.

**THIS NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, PUBLIC LAW 93-579, DECEMBER 31, 1974, 5 U.S.C. SECTION 552a(e)(3) AND THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.**