

October 18, 2013

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



Re: **Proposed Tribal Offering in North Dakota**

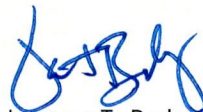
Dear Mr. Nitschke:

On October 9, 2013, the North Dakota Public Service Commission approved the application of Boomerang Wireless, LLC d/b/a enTouch Wireless ("enTouch") for designation as a low-income only ETC for the purposes of offering Lifeline services in the State of North Dakota. enTouch's application identified their service area, which included tribal territories as shown in attachment "A" and their Compliance plan that was approved by the FCC on August 8, 2012.

In the near future enTouch plans to approach the tribes in these specific areas for the purposes of proposing to the tribes the offering of Lifeline, including tribal Lifeline in these areas. Attachment "B" is the Lifeline application form, which identifies the plan offering and the eligibility criteria, enTouch proposes to utilize for this purpose.

Should you have any questions or need additional information, please do not hesitate to contact me with regard to this matter.

Sincerely,



James T. Balvanz, CFO

Enclosures

cc: J. Andrew Gipson, Esq. (electronic copy only)
Kim Lehrman (electronic copy only)
Michael Ryan (electronic copy only)
Julia Redman-Carter (electronic copy only)

18 PU-13-203 Filed 10/21/2013 Pages: 7
Letter enclosing Lifeline application form
Boomerang Wireless, LLC
James Balvanz, CFO enTouch Wireless

TRIBES in NORTH DAKOTA
within **enTouch Wireless** Coverage Area

Spirit Lake Tribe

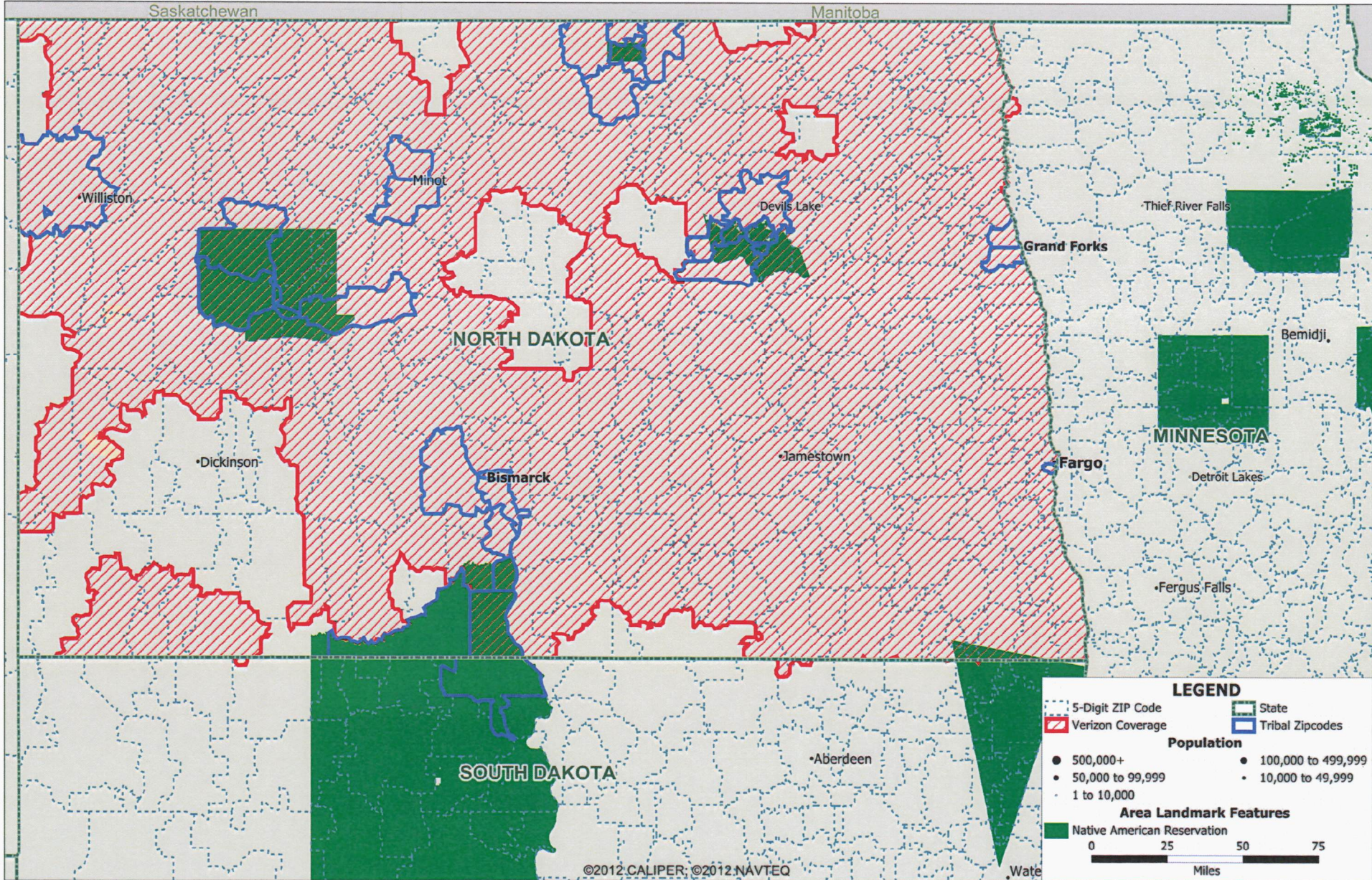
Standing Rock Sioux Tribe

Three Affiliated Tribes of North Dakota tribal grouping

Turtle Mountain Band of Chippewa Indians of North Dakota

North Dakota Tribal Coverage Area

Tribe	Zip Postal City	Zip Code
Spirit Lake Tribe	DEVILS LAKE	58301
Spirit Lake Tribe	FORT TOTTEN	58335
Spirit Lake Tribe	OBERON	58357
Spirit Lake Tribe	SAINT MICHAEL	58370
Spirit Lake Tribe	SHEYENNE	58374
Spirit Lake Tribe	TOKIO	58379
Standing Rock Sioux Tribe	BISMARCK	58501
Standing Rock Sioux Tribe	BISMARCK	58504
Standing Rock Sioux Tribe	CANNON BALL	58528
Standing Rock Sioux Tribe	FORT YATES	58538
Standing Rock Sioux Tribe	MANDAN	58554
Standing Rock Sioux Tribe	MC LAUGHLIN	57642
Standing Rock Sioux Tribe	SELFREDGE	58568
Three Affiliated Tribes of North Dakota tribal grouping	BISMARCK	58501
Three Affiliated Tribes of North Dakota tribal grouping	BISMARCK	58504
Three Affiliated Tribes of North Dakota tribal grouping	GARRISON	58540
Three Affiliated Tribes of North Dakota tribal grouping	MANDAN	58554
Three Affiliated Tribes of North Dakota tribal grouping	MANDAREE	58757
Three Affiliated Tribes of North Dakota tribal grouping	MINOT	58701
Three Affiliated Tribes of North Dakota tribal grouping	NEW TOWN	58763
Turtle Mountain Band of Chippewa Indians of North Dakota	BELCOURT	58316
Turtle Mountain Band of Chippewa Indians of North Dakota	BISMARCK	58504
Turtle Mountain Band of Chippewa Indians of North Dakota	DEVILS LAKE	58301
Turtle Mountain Band of Chippewa Indians of North Dakota	DUNSEITH	58329
Turtle Mountain Band of Chippewa Indians of North Dakota	Fargo	58103
Turtle Mountain Band of Chippewa Indians of North Dakota	FARGO	58103
Turtle Mountain Band of Chippewa Indians of North Dakota	Grand Forks	58201
Turtle Mountain Band of Chippewa Indians of North Dakota	GRAND FORKS	58201
Turtle Mountain Band of Chippewa Indians of North Dakota	Grand Forks	58203
Turtle Mountain Band of Chippewa Indians of North Dakota	GRAND FORKS	58203
Turtle Mountain Band of Chippewa Indians of North Dakota	MANDAN	58554
Turtle Mountain Band of Chippewa Indians of North Dakota	MINOT	58701
Turtle Mountain Band of Chippewa Indians of North Dakota	MINOT	58703
Turtle Mountain Band of Chippewa Indians of North Dakota	ROLETTE	58366
Turtle Mountain Band of Chippewa Indians of North Dakota	ROLLA	58367
Turtle Mountain Band of Chippewa Indians of North Dakota	SAINT JOHN	58369
Turtle Mountain Band of Chippewa Indians of North Dakota	WILLISTON	58801



Saskatchewan

Manitoba

•Williston

•Minot

•Devils Lake

•Thief River Falls

•Grand Forks

NORTH DAKOTA

•Bemidji

MINNESOTA

•Dickinson

•Bismarck

•Jamestown

•Fargo

•Detroit Lakes

•Fergus Falls

SOUTH DAKOTA

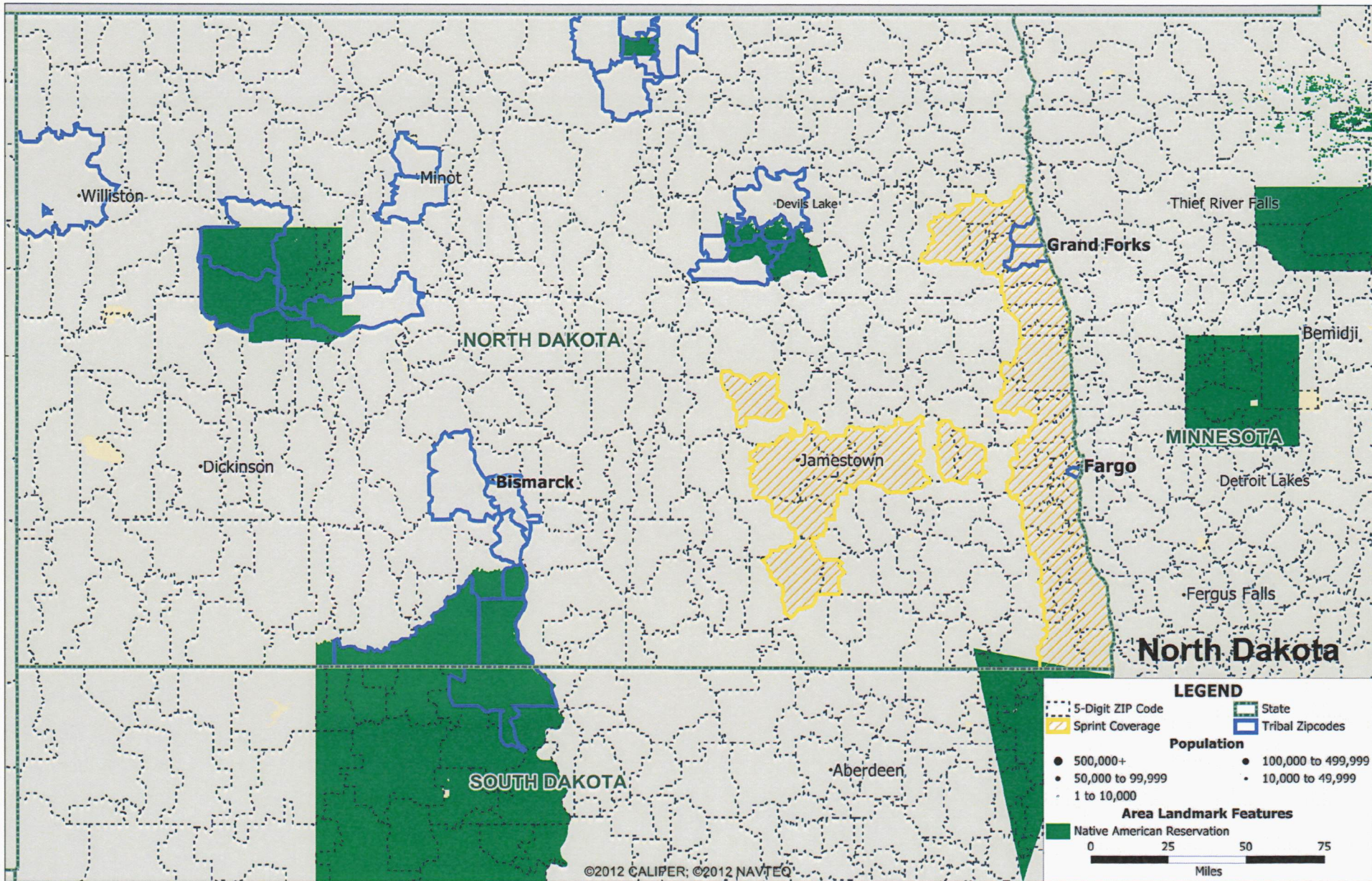
•Aberdeen

•Wate

LEGEND

- 5-Digit ZIP Code
 - Verizon Coverage
 - State
 - Tribal Zipcodes
- Population**
- 500,000+
 - 50,000 to 99,999
 - 1 to 10,000
 - 100,000 to 499,999
 - 10,000 to 49,999
- Area Landmark Features**
- Native American Reservation
- 0 25 50 75
Miles

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STATE OF NORTH DAKOTA

LIFELINE PROGRAM APPLICATION

Lifeline Self-Certification Form

To enroll in the Lifeline America program you need to complete this form. The information is used to certify with the Federal Communications Commission that you are participating in Lifeline with us.

Lifeline Service Disclosure

Lifeline is a government assistance program and willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment or being barred from the program. Only one Lifeline benefit is available per household. A household is defined, for purposes of the Lifeline program, as any individual or group of individuals who live together at the same address and share income and expenses. Violation of the one per household limitation constitutes a violation of the Federal Communications Commission's rules and will result in your de-enrollment from the program, and Lifeline is a non-transferable benefit and you may not transfer this benefit to any other person, regardless if they qualify for Lifeline.

STEP 1—APPLICANT INFORMATION

USE BLACK OR BLUE INK ONLY

Full Name Phone:

Residential Address*:
 Billing Address:

(*No PO Boxes. Residence of Tribal lands must provide descriptive address.)

City: State: ZIP:

Email: Birth Date:

Last 4 digits of SSN or Tribal ID* New/Conv? New Phone ESN:

*Check One:
 Permanent
 Temporary

(*Applicants living on Tribal lands who lack a Social Security Number may instead provide an official Tribal government identification card.)

STEP 2: CERTIFICATIONS: I participate in the following public assistance programs (check one):

<input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP)	<input type="checkbox"/> National School Lunch Program (NSL)
<input type="checkbox"/> Supplemental Security Income (SSI)	
<input type="checkbox"/> Low-Income Home Energy Assistance program (LIHEAP)	<input type="checkbox"/> Food Distribution Program on Indian Reservations
<input type="checkbox"/> Section 8 Federal Public Housing Assistance	<input type="checkbox"/> Tribally administered TANF
<input type="checkbox"/> Temporary Assistance for Needy Families (TANF) aka TEEM	<input type="checkbox"/> Bureau of Indian Affairs General Assistance
<input type="checkbox"/> Medicaid aka Title XIX/Medical State Supplemental Assistance	<input type="checkbox"/> Tribally administered Head Start (meeting the income qualifications of Head Start.)

My household income is at or below 135% of 2013 federal poverty guidelines. I provided documentation confirming my household income level.

# Persons in Household	Income	# Persons in Household	Income
1	\$15,512	4	\$31,793
2	\$20,939	5	\$37,220
3	\$26,366	6	\$42,647

_____ (init) I am seeking Tribal lands Lifeline support and certify that I reside on Federally-recognized Tribal lands.

If you do not participate in one of these programs and someone in your household does:

Relationship to Participant: _____
 Documents Reviewed for Certification: _____
 Name of Person Participating _____

- I certify that the person demonstrating program participation is a member of my household.
- I certify that the person name on the participation documentation is not already receiving a Lifeline discount.



STEP 3: CHOOSE YOUR PLAN: Choose one of the following plans. This plan will be reloaded to your phone monthly as long as you are eligible & certified.

FEATURE/ DESCRIPTION	125 FREE MONTHLY MINUTES	250 FREE MONTHLY MINUTES	TRIBAL: 1000 PLUS BUNDLE PLAN MONTHLY MINUTES
• Local Calls	Y	Y	Y
• National Long Distance	Y	Y	Y
• Voicemail	Y	Y	Y
• Nationwide Text	Y- 1 text =1 min.	Y- 1 text =1 min.	Y- 1 text =1 min.
• Free 411	Y	Y	Y
• Data Enabled (website and email)	Y	Y	Y
• Carry Over Minutes Month to Month	Y	N	N

STEP 4: SIGNATURE (Read, Initial & Sign):

_____ (init) I acknowledge and consent to enTouch Wireless divulging my name, telephone number, address, date of birth, last four digits of SSN or Tribal ID, amount of support being sought, means of qualification for support, and dates of service initiation and termination to the Universal Service Administrative Company (the administrator of the program) and/or its agents for the purpose of verifying that the subscriber does not receive more than one Lifeline benefit. In the event that USAC identifies me as receiving more than one Lifeline subsidy per household, I acknowledge and understand that all carriers may be notified so that I may select one service and be de-enrolled from the other.

_____ (init) I meet the income-based or program-based eligibility criteria for receiving Lifeline service and have provided documentation of eligibility if required to do so.

_____ (init) I understand that Lifeline is a federal government benefit program and that willfully making false statements in order to obtain this benefit can be punished by fine or imprisonment or I may be barred from the program.

_____ (init) My household will receive no more than one Lifeline-supported service. Lifeline service is available for only one subscription per household. A household is defined, for purposes of the Lifeline program, as any individual or group of individuals who live together at the same address and share income and expenses. A household is not permitted to receive Lifeline benefits from multiple providers. I understand that violation of the one-per-household requirement constitutes a violation of the FCC's rules and will result in my de-enrollment from the program, and could result in criminal prosecution by the United States government.

_____ (init) I understand that I must notify enTouch Wireless and provide my new address within 30 days of moving.

_____ (init) If I do not have a permanent address and have supplied instead a temporary address above, I understand that enTouch Wireless will attempt to verify every 90 days that I continue to rely on that address, and that I must notify enTouch Wireless within 30 days of my new address after moving. If I do not respond to enTouch Wireless' address verification attempts within 30 days, I understand that I may be de-enrolled from enTouch Wireless' Lifeline service.

_____ (init) I understand that I must notify enTouch Wireless within 30 days if (1) I cease to participate in a federal or state qualifying program or my annual household income exceeds 135 percent of the federal poverty guidelines; (2) I receive more than one Lifeline-supported service; or (3) Another member of my household is receiving a Lifeline benefit or (4) I for any other reason no longer satisfy the criteria for receiving Lifeline support. I understand that I will be subject to penalties if I fail to follow this notification requirement, including being de-enrolled from the Lifeline program.

_____ (init) I understand and acknowledge that Lifeline service is a non-transferable benefit and that I may not transfer my service to any other individual, including another low-income consumer.

_____ (init) I acknowledge that I will be required to re-certify my eligibility for Lifeline benefits annually, and I may be required to re-certify my continued eligibility for Lifeline at any time, and that failure to do so will result in the termination of my Lifeline benefits.

_____ (init) I hereby authorize the Company to send text messages to my Company provided wireless number about my Lifeline benefit. Text messages sent by the Company will not decrement my available wireless minutes or texts. Standard voice, data and text rates will apply to all messages to and from anyone other than the Company.

_____ (init) I attest under penalty of perjury that the information herein is true and correct to the best of my knowledge.

Applicants Signature, _____ Date: _____

Agents Signature, _____ Date: _____

Office Use Only.

PLACE PHONE ID
STICKER HERE.

Questions? Call 866-488-8719 for Customer Service.