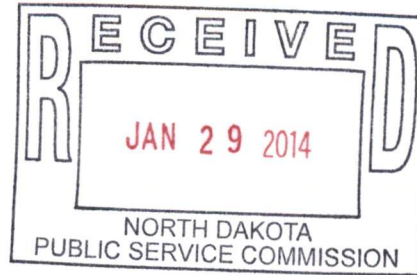




Jon Blessing
Area Manager –
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January 29, 2014



Mr. Patrick Fahn
North Dakota Public Service Commission
600 E. Boulevard Ave., Dept. 408
Bismarck, ND 58505-0480

RE: FCC Form 555, Annual Lifeline Eligible Telecommunications Carrier Certification Form,
for New Cingular Wireless PCS, LLC d/b/a AT&T Mobility, LLC

Dear Mr. Fahn,

On behalf of New Cingular Wireless PCS, LLC d/b/a AT&T Mobility, LLC, attached please find a copy of FCC Form 555¹. AT&T is providing you with a copy of this FCC filing in accordance with 47 C.F.R. § 54.422(c). Do not hesitate to contact me with any questions. You can reach me at 303 299 5703.

Sincerely,

Jon Blessing
AT&T – External Affairs
State Regulatory - Western Region

1 PU-14-80 Filed: 1/29/2014 Pages: 7
ETC Annual Lifeline Certification FCC Form-555

New Cingular Wireless PCS, LLC

¹ AT&T Mobility filed its FCC Form 555 online with the Universal Service Administrative Company (USAC). Once a carrier enters its six-digit study area code (SAC) into USAC's online FCC Form 555, the online tool automatically populates a name associated with that SAC. In some cases, this automatically generated name differs from (e.g., is an abbreviated version of) the legal entity name for AT&T Mobility's eligible telecommunications carrier affiliate

Annual Lifeline Eligible Telecommunications Carrier Certification Form
All carriers must complete all or portions of all sections
Form must be submitted to USAC and filed with the Federal Communications Commission

IMPORTANT: PLEASE READ INSTRUCTIONS FIRST

Deadline: January 31st (Annually)

ND

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

389015

ATandT Mobility LLC

Study Area Code(s) (SAC)

ETC Name(s)

AT&T Mobility II LLC

AT&T Mobility

Holding Company Name(s)

DBA, Marketing or Other Branding Name(s)

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

-See Attached Sheet-

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.

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

Section 1: All ETCs MUST COMPLETE SECTION 1- Initial Certification

I certify that the company listed above has certification procedures in place either to:

A) Review income and program-based eligibility documentation prior to enrolling a consumer 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 or

B) Confirm consumer eligibility by relying upon access to a state database and/or notice of eligibility from the state Lifeline administrator prior to enrolling a consumer in the Lifeline program.

I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. **Initial** WEI

Section 2: All ETCs MUST COMPLETE SECTION 2– Annual Recertification

Do not leave empty columns. If an ETC has nothing to report in a column, enter a zero.

A	B	C
Number of Subscribers Claimed on February FCC Form(s) 497 of current Form 555 calendar year	Number of Lines Claimed on February FCC Form(s) 497 of current Form 555 calendar year provided to Wireline Resellers	Number of Subscribers claimed on the February FCC Form(s) 497 that were initially enrolled in current Form 555 calendar year
300	0	252

Initial the certifications below that apply to your ETC and complete the tables corresponding to the certification below. Depending on the state, BOTH CERTIFICATION A AND B MAY APPLY.

- A) I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. 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** _____

D	E	F=D-E	G	H = (F+G)	I
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

AND/OR

In the space below, 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 or the Universal Service Administrative Company (USAC) and indicate for which qualifying programs (e.g., SNAP, SSI) these sources are used to verify subscriber eligibility. If any of subscribers are subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in columns D through I as appropriate and not in columns J through L.

- B) I certify that the company listed above has procedures in place to re-certify consumer eligibility by relying on USAC. 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** WEH

J	K	L
Number of Subscribers Whose Eligibility was Reviewed By State Administrator ETC Access to Eligibility Data or by USAC	Number of Subscribers De-Enrolled or Scheduled to be De-Enrolled as a Result of Finding of Ineligibility by State Administrator, ETC Access to Eligibility Data or USAC	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt
44	22	8

OR

- C) I certify that my company did not claim federal low income support for any Lifeline subscribers for the February Form 497 data month for the current Form 555 calendar 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** _____

Section 3: ALL ETCS MUST COMPLETE SECTION 3 –De-enroll percentage

What is the percentage of subscribers de-enrolled for this ETC?

M	N	O	P = N + O	Q = ((P ÷ M) * 100)
Number of Subscribers Claimed on February FCC Form(s) 497 <i>(From Column A)</i>	Number of Subscribers De-Enrolled or Scheduled to be De-Enrolled as a Result of Non-Response or Ineligibility <i>(From Column H)</i>	Number of Subscribers De-Enrolled or Scheduled to be De-Enrolled as a Result of a Finding of Ineligibility <i>(From Column K)</i>	Total Number of Subscribers De-Enrolled or Scheduled to be De-Enrolled	Percentage of Subscribers De-Enrolled or Scheduled to be De-Enrolled that were Claimed on the February FCC Form(s) 497
300	0	22	22	7%

Section 4: ALL ETCS MUST COMPLETE APPROPRIATE CHECK BOX; PRE-PAID ETCS MUST COMPLETE ALL OF SECTION 4

Is the ETC Pre-Paid?

Yes No *(A Pre-Paid ETC does not assess or collect a monthly fee from its Lifeline subscribers)*

If yes, record the number of subscribers de-enrolled for non-usage by month in column S below.

Non-Usage Results Applicable to Pre-Paid ETCs:

R	S
Month	Subscribers De-Enrolled for Non-Usage
January	
February	
March	
April	
May	
June	
July	
August	
September	
October	
November	
December	

Signature Block: ALL ETCS MUST COMPLETE SIGNATURE FIELDS

By signing 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.

Signed,

William E. Hogg
Signature of Officer
SVP Network Planning and Engineering
Title of Officer
Karen Groschel
Person Completing this Certification Form

William E. Hogg
Printed Name of Officer
Jan-27-14
Date
732-420-5148
Contact Phone Number

Affiliated ETCs

SAC	Name
305150	The Ohio Bell Telephone Company
479006	Cingular Wireless
235193	BellSouth Telecommunications LLC
345070	Illinois Bell Telephone Company
399015	Cingular Wireless
639005	Cingular Wireless
549004	ATandT Corp.
529910	Cingular Wireless
269905	Cingular Wireless
335220	Wisconsin Bell Inc.
295185	BellSouth Telecommunications LLC
405211	Southwestern Bell Telephone Company
555173	Nevada Bell Telephone Company
245194	BellSouth Telecommunications LLC
285184	BellSouth Telecommunications LLC
199009	Cingular Wireless
619004	Cingular Wireless
135200	The Southern New England Telephone Company
259908	Cingular Wireless
539010	ATandT Mobility LLC
275183	BellSouth Telecommunications LLC
209012	Cingular Wireless
545170	Pacific Bell Telephone Company
319026	Cingular Wireless
289912	Cingular Wireless
325080	Indiana Bell Telephone Company Incorporated
339920	Cingular Wireless
409004	ATandT Mobility LLC
425213	Southwestern Bell Telephone Company
315090	Michigan Bell Telephone Company
389015	ATandT Mobility LLC
435215	Southwestern Bell Telephone Company
445216	Southwestern Bell Telephone Company
265182	BellSouth Telecommunications LLC
255181	BellSouth Telecommunications LLC
229014	Allied Wireless Communications Corporation
415214	Southwestern Bell Telephone Company
225192	BellSouth Telecommunications LLC
215191	BellSouth Telecommunications LLC
449022	Cingular Wireless
279010	Cingular Wireless