

**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)**

389029		143037108
Study Area Code (SAC)		Service Provider Identification Number (SPIN)
<i>(An Eligible Telecommunications Carrier (ETC) must provide a certification form for each SAC that provides Lifeline service).</i>		
2025	ND	Airvoice Wireless LLC
Recertification Year	State	ETC Name
AirTalk Wireless		VTel Holding, LLC
DBA, Marketing, or Other Branding Name		Holding Company Name
<i>(If same as ETC name, list "N/A" Do not leave blank)</i>		<i>(If same as ETC name, list "N/A" Do not leave blank)</i>

**Does the reporting company have affiliated ETCs? Yes  No**

*Provide a list of all ETCs that are affiliated with the reporting ETC, using page 4 and additional sheets if necessary. 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.*

Affiliated ETC's SAC	Affiliated ETC's Name
279032	TAG Mobility, LLC
409015	TAG Mobility, LLC
429016	TAG Mobility, LLC
409028	Cintex Wireless, LLC.
189016	Cintex Wireless, LLC.
589003	Cintex Wireless, LLC.
209018	Cintex Wireless, LLC.
189020	TAG Mobility, LLC
109012	Cintex Wireless, LLC.
279045	Cintex Wireless, LLC.
209026	TAG Mobility, LLC
269034	TAG Mobility, LLC
439049	TAG Mobility, LLC
469016	TAG Mobility, LLC
319037	TAG Mobility, LLC
339040	TAG Mobility, LLC
249022	TAG Mobility, LLC
179019	TAG Mobility, LLC
109017	TAG Mobility, LLC
559018	TAG Mobility, LLC
369028	TAG Mobility, LLC

549020	TAG Mobility, LLC
359143	TAG Mobility, LLC
459027	TAG Mobility, LLC
290003	TAG Mobility, LLC
250002	TAG Mobility, LLC
210008	TAG Mobility, LLC
280003	TAG Mobility, LLC
150002	TAG Mobility, LLC
520007	TAG Mobility, LLC
330003	TAG Mobility, LLC
160003	TAG Mobility, LLC
190004	TAG Mobility, LLC
300002	TAG Mobility, LLC
220003	TAG Mobility, LLC

**Initial Certification** *All ETCs must complete this section.*

I certify that the company listed above:

- Has policies and procedures in place to ensure that its Lifeline subscribers are eligible to receive Lifeline services; and
- Is in compliance with all federal Lifeline certification procedures; and
- Is in compliance with the minimum service levels set forth in 47 C.F.R. § 54.408.

I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial     JN    

**Annual Recertification Results**

Report the results of recertification efforts for the current calendar year.

*Do not leave blocks empty. If the National Verifier is responsible for conducting recertification, enter zero for blocks A - F. If the state Lifeline Administrator is responsible for conducting recertification, report the results for each block.*

A. Subscribers eligible for recertification within current calendar year	
B. Subscribers de-enrolled prior to recertification attempts	
C. Total number of subscribers required to be recertified (A-B)	
D. Subscribers successfully recertified	
E. Subscribers de-enrolled for failed recertification	
F. Percentage de-enrolled for failed recertification (E/C)	

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying upon notice of eligibility from:  state Lifeline administrator  National Verifier

I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial     JN    

**No Subscribers Certification** *Complete this section if ETC claimed no Lifeline subscribers.*

I certify that my company did not claim federal low income support for the current Form 555 data year. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed on this form

Initial     JN

**ETCs Subject to the Non-Usage Requirements**

All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-enrolled by month.

Is the ETC subject to the non-usage requirements? Yes  No

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

<b>G</b>	<b>H</b>
Month	Subscribers De-Enrolled for Non-Usage
January	80
February	100
March	67
April	95
May	83
June	69
July	73
August	62
September	60
October	63
November	77
December	55
<b>Total Subscribers</b>	<b>884</b>

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.

**Signature Block**

<p>By signing below, I certify that the information provided is true and accurate. I am an officer of the company named above. I am authorized to make this certification for this SAC.</p>	
<p>Signed,</p>	
<p>JANE NGUYEN</p> <hr/> <p>Signature of Officer</p>	<p>JANE NGUYEN - ACCOUNTING SUPERVISOR</p> <hr/> <p>Printed Name and Title of Officer</p>
<p>COMPLIANCE@HTHCOMM.COM</p> <hr/> <p>Email Address of Officer</p>	<p>01-29-2026</p> <hr/> <p>Date</p>
<p>Octavia Clanton</p> <hr/> <p>Person Completing This Certification Form</p>	<p>713-534-1950</p> <hr/> <p>Contact Phone Number</p>