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January 18, 2017

Amy Green, Secretary Kansas Corporation Commission 1500 SW Arrowhead Rd. Topeka, KS 66604

RE:

Nex-Tech Wireless, LLC

FCC Form 555 Compliance Filing Docket No. 17-GIMT-211-CPL

Dear Ms. Green:

Attached for filing please find Nex-Tech Wireless, LLC's 2016 Lifeline Recertification, FCC Form 555.

If you have any further questions, please don't hesitate to let me know.

Cordially yours,

Colleen R. Jamison

cc:

Jon Lightle

Steven M. Chernoff

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January 18, 2017

FILED VIA ECFS

Marlene H. Dortch, Secretary Federal Communications Commission 445 12th Street, SW, Room TW-B204 Washington, D.C. 20554

> FCC Form 555 Annual Lifeline Report and Certification Re:

> > WC Docket No. 14-171

Dear Ms. Dortch:

Enclosed is the FCC Form 555 Annual Lifeline Report and Certification on behalf of Nex-Tech Wireless, LLC, which was filed with USAC January 18, 2017.

Please contact the undersigned if any questions arise.

Respectfully submitted,

Som M. Chruff Todd B. Lantor

Steven M. Chernoff

Attorneys for Nex-Tech Wireless, LLC

Encl.

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)

419010		143030038
Study Area Code (SAC) (An Eligible Telecommunicat		Service Provider Identification Number (SPIN) rtification form for each SAC through which it provides Lifeline service).
2016	KS	Nex-Tech Wireless. LLC
Recertification Year	State	ETC Name
n/a		N/A
DBA, Marketing, or Otl (If same as ETC name, list "N/	ner Branding Name A" Do <u>not</u> leave blank)	Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)
Provide a list of all ETCs that ar determined in accordance with S	ection 3(2) of the Communications	Yes No No No No No No No No No N
Affiliated ETC's SAC		Affiliated ETC's Name
See attached worksheet	•	
formation, or other similar laws (or partnership agreem	legal document. An officer is tent), and would typically be p	of a position listed in the article of incorporation, articles of a person who occupies a position specified in the corporate by- president, vice president for operations, vice president for finance, are is a sole proprietorship, the owner must sign the certification.
Section 1: Initial Cer	tification All ETCs must complete t	his section
I certify that the company li	sted above has certification pro	ocedures in place to:
that, to the best of my	knowledge, the company wa	ntation prior to enrolling a consumer in the Lifeline program, and is presented with documentation of each consumer's household her enrollment in Lifeline; and/or
B) Confirm consumer elig Lifeline administrator pr	ibility by relying upon access ior to enrolling a consumer in	s to a state database and/or notice of eligibility from the state the Lifeline program.
I am an officer of the comabove.	pany named above. I am author	orized to make this certification for the Study Area Code listed
InitialJL		

Section 2: Annual Recertification

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

A	В	С	D	$\mathbf{E} = (\mathbf{A} - \mathbf{B} - \mathbf{C} - \mathbf{D})$
Number of subscribers claimed on February FCC Form 497 of current Form 555 calendar year (February data month)	Number of lines claimed on February FCC Form 497 of current Form 555 calendar year provided to wireline resellers	Number of subscribers claimed on the February FCC Form 497 that were initially enrolled in the current Form 555 calendar year (These subscribers did not have Lifeline service prior to January 1 of the current 555 calendar year.)	Number of subscribers de-enrolled <u>prior</u> to recertification attempt by either the ETC, a state administrator, access to an eligibility database, or by USAC	Number of subscribers ETC is responsible for recertifying for current Form 555 calendar year
56	0	4	8	44

Recertification Results:

F	G	H = (F-G)	I	J = (H+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 (This should be a subset of Block G.)	Number of subscribers de- enrolled or scheduled to be de-enrolled as a result of non-response or response of ineligibility from ETC recertification attempt
44	40	4	0	4

K	L
Number of subscribers whose eligibility was reviewed by state administrator, ETC access to eligibility database, 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 database, or USAC
0	0

Note: If any subscriber was reviewed by an ETC accessing a state database or by a state administrator and subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in Blocks F through J as appropriate and not in Blocks K and L. As a result, all subscribers subject to recertification who were not de-enrolled prior to the recertification attempt must be accounted for in Block F or Block K.

The total of Block F and Block K should equal the number reported in Block

Certification:

Based on the data entered above, initial the certification(s) below that apply. Both Certification A and B may apply depending on the recertification procedures in place for the SAC reporting on this form. If Certification C applies, neither Certification A nor 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 above in Blocks F
	through J. I am an officer of the company named above. I am authorized to make this certification for the SAC listed
	above.
	Initial JL

AND/OR

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on:

______. (List database or name of administrator here) Results are provided in the chart above in Blocks K through L. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial _______

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 SAC listed above.

Initial _____

Section 3: De-enroll Percentage

Using the data entered in Section 2, complete the chart below to find the percentage of subscribers de-enrolled for this ETC.

$\mathbf{M} = (\mathbf{F} + \mathbf{K})$	N = (J+L)	$O = ((N \div M) * 100)$
Number of subscribers that the ETC attempted to recertify directly or through a state administrator, ETC access to a state database, or by USAC (This should equal the number reported in Block E)	Number of subscribers de-enrolled or scheduled to be de- enrolled as a result of non-response or ineligibility	Percentage of subscribers de-enrolled or scheduled to be de-enrolled as a result of ineligibility or non-response
44	4	9.1%

Section 4: 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 in Section 4. 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 lo

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

P	Q
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
Total Subscribers	0

Signature Block

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 Code (SAC) listed above.

Signed,	
In Jeghtle	
Signature of Officer	
ilightle@ntwls.com	
Email Address of Officer	
Cindy King	_

Person Completing This Certification Form

Jon Lightle, President/CEO)
Printed Name and Title of Officer	
01/17/2017	
Date	
785-621-3615	
Contact Phone Number	Ī

Affiliated ETCs

SAC	Name
411777	
411826	The Golden Belt Telephone Association Inc Rural Telephone Service Co. Inc.
	Teach Telebholic Service Co. Inc.
A	
	- Metaosa
y	