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State Corporation Commission
of Kansas

NEX-TECH
Your Broadband & Technology Company

January 22, 2019

Lynn M. Retz, Secretary
Kansas Corporation Commission
1500 Arrowhead Rd
Topeka, KS 66604

RE: Lifeline Re-Certification Filing
Docket No. 19-GIMT-207-CPL
Nex-Tech, LLC

Dear Ms. Retz:

In the Matter of the Lifeline Re-Certification Filing of Nex-Tech, LLC. as required by Commission Order dated March 27, 2012, in Docket No. 10-GIMT-658-GIT is attached for filing in the above-captioned docket a copy of the FCC Form 555 for Nex-Tech, LLC. This information is being filed with the FCC and, pursuant to 47 C.F.R. 54.313(h) and (k), with the Commission as the "relevant state commission."

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

Sincerely:

Stacey K Stelts

Stacey K. Stults
Revenue Accountant

P.O. Box 158
145 North Main
Lenora, KS 67645
phone: 785.567.4281
toll free: 877.567.7872
fax: 785.567.4401

www.nex-tech.com

**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)***

| 419007 | 143028558 |
|---|---|
| Study Area Code (SAC) | Service Provider Identification Number (SPIN) |

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

| 2018 | KS | Nex-Tech LLC |
|---|---|---|
| Recertification Year | State | ETC Name |
| N/A | | Rural Telephone Service Co., Inc. |
| DBA, Marketing, or Other Branding Name *(If same as ETC name, list "N/A" Do not leave blank)* | | Holding Company Name *(If same as ETC name, list "N/A" Do not leave blank)* |

**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 |
|---|---|
| | |

**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 ◉

*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 |

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.

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

I certify that the company listed above has certification procedures in place 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; and/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 Code listed above.

**Initial** RSG

## Minimum Service Level

I certify that the company listed above is in compliance with the minimum service levels set forth in the 47 CFR Section 54.408.

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

**Initial** RSG

### Annual Recertification

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

Report the number of Lifeline subscribers due for recertification by month (January-December)

A. Subscribers eligible for recertification by anniversary month
B. Subscribers de-enrolled prior to recertification attempts
C. Total number of subscribers ETC is responsible for recertifying (A-B)

| | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Year Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| A. | 29 | 19 | 19 | 12 | 9 | 12 | 12 | 11 | 5 | 17 | 16 | 25 | 186 |
| B. | 1 | 1 | 1 | 0 | 0 | 1 | 0 | 2 | 0 | 0 | 0 | 0 | 6 |
| C. | 28 | 18 | 18 | 12 | 9 | 11 | 12 | 9 | 5 | 17 | 16 | 25 | 180 |

### Recertification Methods

#### State of federal database

D. Subscribers recertified through ETC access to state or federal database by anniversary month

Report the number of eligible subscribers verified through access to a state or federal database.

| | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Year Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| D. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

E. Name of the data source(s) used to verify consumer eligibility:

_____

#### ETC Direct Contact

F. Subscribers contacted by ETC directly to recertify (You may also use this section to report subscriber initiated recertifications).

Report the number of Lifeline subscribers the ETC contacted directly to obtain recertification of eligibility

| | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Year Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| F. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

G. Subscribers who failed to recertify through ETC direct outreach attempt

Report the number of Lifeline subscribers de-enrolled due to ineligibility or non-response to the ETC's outreach attempt.

| | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Year Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| G. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

H. Subscribers who recertified through ETC direct outreach attempt

Report the number of Lifeline subscribers that successfully recertified through ETC's outreach attempt.

| | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Year Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| H. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

**Third Party**

I. Subscribers whose eligibility was reviewed by state administrator, third party administrator, or USAC

Report the number of Lifeline subscribers contacted by a state administrator, third party administrator, or USAC for the purpose of recertification.

| | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Year Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| I. | 28 | 18 | 18 | 12 | 9 | 11 | 12 | 9 | 5 | 17 | 16 | 25 | 180 |

J. Name of third party administrator used to verify subscriber eligibility:

USAC

K. Subscribers de-enrolled as a result of a third party recertification attempt

Report the number of subscribers as a result of ineligibility or non-response to outreach from a state administrator, third party administrator, or USAC.

| | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Year Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| K. | 12 | 9 | 7 | 7 | 6 | 7 | 6 | 3 | 2 | 8 | 7 | 10 | 84 |

L. Subscribers who recertified through a state administrator, third party administrator, or USAC's recertification effort

Report the number of subscribers that recertified through a request from a state administrator, third party administrator, or USAC

| | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Year Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| L. | 16 | 9 | 11 | 5 | 3 | 4 | 6 | 6 | 3 | 9 | 9 | 15 | 96 |

**Certification:**

**Recertification Method: Database**

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on a database. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

**Initial _____**

**Recertification Method: ETC**
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. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

**Initial _____**

**Recertification Method: Third Party**
I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on an administrator. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

**Initial** RSG

**No Subscribers**
I certify that my company did not claim federal low income support for any Lifeline subscribers 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 listed above.

**Initial _____**

| M = (G+K) | N = (D+F+I) | O = M/N*100 |
|---|---|---|
| **Total number of subscribers de-enrolled as a result of recertification** | **Total number of subscribers ETC is responsible for recertifying** | **Percent of subscribers due for recertification who were de-enrolled** |
| 84 | 180 | 46.66% |

**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,

Rhonda S. Goddard, Chief Financial C
Signature of Officer

Rhonda S. Goddard, Chief Finar
Printed Name and Title of Officer

rgoddard@nex-tech.com
Email Address of Officer

Jan 21, 2019
Date

Stacey Stults
Person Completing This Certification Form

7855674281
Contact Phone Number

# Affiliated ETCs

| SAC | Name |
|---|---|
| 411826 | Rural Telephone Service Co. Inc. |
| 419010 | Nex-Tech Wireless. LLC |