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LAW OFFICES JAMES M. CAPLINGER, CHARTERED 823 S.W. 10TH Ave. TOPEKA, KS 66612-1618

JAMES M. CAPLINGER (1929 – 2015) JAMES M. CAPLINGER, JR. COLLEEN R. JAMISON (785) 232-0495 FAX (785) 232-0724 <u>jrcaplinger@caplinger.net</u> <u>colleen@caplinger.net</u>

January 31, 2017

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

RE:

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

Calleen & Jamison

Dear Ms. Green:

Attached for filing please find Sunflower Telephone Company'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: Beth Westman

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)

411835		143002311	
Study Area Code (SAC) (An Eligible Telecommunication		Service Provider Identification Number (SPIN) retification form for each SAC through which it provides Lifeline service).	
2016	KS	Sunflower Telephone Company	
Recertification Year	State	ETC Name	
FairPoint Communica	ations	FAIRPOINT COMMUNICATIONS INC	
DBA, Marketing, or Otl (If same as ETC name, list "N/	her Branding Name A" Do <u>not</u> leave blank)	Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)	
Does the reporting compa	any have affiliated ETCs?	Yes No O	
determined in accordance with S	Section 3(2) of the Communications	using page 4 and additional sheets if necessary. Affiliation shall be Act. That Section defines "affiliate" as "a person that (directly or indirectly) nership or control with, another person." 47 U.S.C. § 153(2). See also 47	
Affiliated ETC's SAC		Affiliated ETC's Name	
See attached worksheet			
formation, or other similar laws (or partnership agreen	legal document. An officer is nent), 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, er is a sole proprietorship, the owner must sign the certification.	
Section 1: Initial Cer	tification All ETCs must complete	this 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 as presented with documentation of each consumer's household her enrollment in Lifeline; and/or	
	ibility by relying upon accession 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 com above.	pany named above. I am auth	orized to make this certification for the Study Area Code listed	
Initial PM			

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	E = (A - B - C - 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
15	0	0	2	13

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
13	6	7	0	7

К	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 E.

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 PM

AND/OR

B)	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

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.

OR

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111	1112	ŧI.		

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
13	7	53.85%

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	ct to the	non-usage	requirements?
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Yes O No O

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,	Pat Morse, Sr VP Governmental Affairs
Certified Online	
Signature of Officer	Printed Name and Title of Officer
pmorse@fairpoint.com	01/30/2017
Email Address of Officer	Date
Jana Manterola	509-962-0272
Person Completing This Certification Form	Contact Phone Number

Affiliated ETCs

SAC	Name
170145	Bentlevville Communications Corporation
150073	Berkshire Telephone Company
462192	Big Sandy Telecom
150078	Chautaucqua and Erie Telephone Corporation
100004	China Telephone Co.
431981	Chouteau Telephone Company
462204	Columbine Telecom Co. Columbine Acquisition Corp
300604	The Columbus Grove Telephone Company
341009	C-R Telephone Company
100015	Community Service Telephone Co
341004	El Paso Telephone Company
522412	Ellensburg Telephone Company
210291	GTC Inc.
421472	FairPoint Communications Missouri Inc.
300618	Germantown Independent Telephone Company
170185	Marianna Scenery Hill Telephone Company
103313	Northland Telephone Company of Maine Inc., Sidney Tele
143331	FairPoint Vermont Inc (formerly dba Northland Tele Co of
341065	Odin Telephone Exchange
300649	Orwell Telephone Company
190244	Peoples Mutual Telephone Company
210329	GTC Inc.
210339	GTC Inc.
100025	Maine Telephone Co Standish Telephone Company
461835	Sunflower Telephone Company Inc.
150084	Taconic Telephone Corp
522453	Ycom Networks Inc.
105111	Northern New England Telephone Operations LLC
145115	Telephone Operating Company of Vermont LLC
125113	Northern New England Telephone Operations LLC