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)

419027		143034313		
Study Area Code (SAC)		Service Provider Identification Number (SPIN)		
(An Eligible Telecommunications Carrier (ET	C) must provide a certii	fication form for each SAC that provides Lifeline service).		
2024	KS	Global Connection Inc of America		
Recertification Year	State	ETC Name		
StandUp Wireless		Global Connection Holdings Corporation		
DBA, Marketing, or Other Branding Name		Holding Company Name		
(If same as ETC name, list "N/A" Do <u>not</u> leave blank,	1	(If same as ETC name, list*N/A* Do <u>not</u> leave blank)		
Does the reporting company have aff	iliated ETCs? Ye	s _ No X		
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				

Affiliated ETC's Name

Affiliated ETC's SAC

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	PG

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: $\underline{\underline{}}$ state Lifeline administrator $\underline{\underline{X}}$ National Verifier

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

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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

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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 \underline{X} No $\underline{\hspace{1cm}}$

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

G	H
Month	Subscribers De-Enrolled for Non-Usage
January	34
February	32
March	27
April	37
May	36
June	50
July	86
August	235
September	207
October	258
November	307
December	456
Total Subscribers	1765

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

By signing below, I certify that the information provide above. I am authorized to make this certification for th	d is true and accurate. I am an officer of the company named is SAC.
Signed,	
Paul Greene	Paul Greene - CEO
Signature of Officer	Printed Name and Title of Officer
paul@standupwireless.com	01-31-2025
Email Address of Officer	Date
Heidi Moreira	323-362-0315
Person Completing This Certification Form	Contact Phone Number