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January 17, 2020

Central Records Filing Clerk Public Utility Commission of Texas 1701 N. Congress Avenue Austin, Texas 78711

Re: Docket No. 20-GIMT-236-CPL, ETC's (Eligible Telecommunications Carriers) FCC Form 555 Filing

Dear Filing Clerk:

On behalf of S&A Telephone Company, Inc. ("S&A") I am submitting S&A's FCC Form 555, Annual Lifeline Eligible Telecommunications Carrier Certification Form, pursuant to 47 C.F.R. 54.416 for filing in the above-referenced proceeding.

Any questions or comments may be directed to me at the above-listed address and telephone number or the below-listed email address.

Sincerely,

andy elengaban

Cindy Neugebauer Authorized Representative for S&A Telephone Company, Inc.

Attachment

cc: Ms. Janet Bathurst, General Manager S&A Telephone Company, Inc.

Headquarters: 7852 Walker Drive, Suite 200 Greenbelt, MD 20770 phone: 301-459-7590, fax: 301-577-5575

Eagandale Corporate Center, Suite 310 1380 Corporate Center Curve, Eagan, MN 55121 phone: 651-452-2660, fax: 651-452-1909

3440 Blue Springs Rd. NW, Suite 503 Kennesaw, GA 30144 phone: 770-569-2105 547 South Oakview Lane Bountiful, UT 84010 phone: 801-294-4576

Telecommunications Advisors Since 1962

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)

| Study Area Code (SAC An Eligible Telecommunicat | · | Service Provider Identification Number (SPIN) certification form for each SAC through which it provides Lifeline service). |
|--|--------------------------|--|
| 2019 | KS | SandA Telephone Company Inc. |
| Recertification Year | State | ETC Name |
| N/A | | USCONNECT HOLDINGS, INC. |
| DBA, Marketing, or Ot (If same as ETC name, list "N | | Holding Company Name (If same as ETC name, list "N/A" Do not leave blank) |
| es the reporting compa | my 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.

| Р | 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.

| | JB |
|---------|----|
| Initial | |

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 <u>JB</u>

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 |
|----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|---------------|
| А. | 2 | 5 | 7 | 4 | 3 | 18 | 4 | 6 | 0 | 4 | 2 | 0 | 55 |
| В. | 0 | 2 | 1 | 1 | 1 | 0 | 0 | 1 | 0 | 2 | 0 | 0 | 8 |
| C. | 2 | 3 | 6 | 3 | 2 | 18 | 4 | 5 | 0 | 2 | 2 | 0 | 47 |

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. | 2 | 3 | 6 | 3 | 2 | 18 | 4 | 5 | 0 | 2 | 2 | 0 | 47 |

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 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |

H. Subscribers who recertified through ETC direct outreach attempt

| Report the number of Lifeline subscribers that suc | cessfully recertified | through FTC's outreach | attemnt |
|--|-----------------------|------------------------|----------|
| Report the number of Enemie subscribers that suc | cessiuny recentine | i unougn Lite sourcaen | aucinpi. |

| | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Year Total |
|----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|---------------|
| H. | 2 | 3 | 6 | 3 | 2 | 18 | 4 | 5 | 0 | 2 | 2 | 0 | 47 |

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. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

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

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

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

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. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

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 JB

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 _____

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) | $\mathbf{N} = (\mathbf{D} + \mathbf{F} + \mathbf{I})$ | $\mathbf{O} = \mathbf{M}/\mathbf{N}^*100$ | | |
|---|---|--|--|--|
| 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 | | |
| 1 | 47 | 2.12% | | |

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,

Janet Bathurst, General Manager and V Signature of Officer jbathurst@satelephone.com Email Address of Officer Janet Bathurst Person Completing This Certification Form

Janet Bathurst, General Manage

Printed Name and Title of Officer Jan 16, 2020

Date

620.528.3655

Contact Phone Number

Affiliated ETCs

| SAC | Name |
|--------|---|
| 220392 | Waverly Hall Telephone LLC |
| 371518 | ELSIE COMMUNICATIONS INC. |
| 371537 | Dalton Telephone Company |
| 442107 | LIVINGSTON TELEPHONE COMPANY INC. |
| 391659 | Golden West Telecommunications Cooperative Inc. |
| 240528 | Horry Telephone Cooperative Inc. |
| 381611 | Dickey Rural Telephone Cooperative |
| 442040 | Brazoria Telephone Company |
| 462203 | The Rye Telephone Company |
| 462195 | South Park LLC |
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