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January 30, 2017

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

RE:

United Telephone Association

Caileen & Jamison

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

Dear Ms. Green:

Attached for filing please find United Telephone Association'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: Jennifer Pachner

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)

411841		143002314
Study Area Code (SAC) (An Eligible Telecommunicati		Service Provider Identification Number (SPIN) rtification form for each SAC through which it provides Lifeline service).
2016	KS	United Telephone Assn. Inc.
Recertification Year	State	ETC Name
N/A		UNITED TELEPHONE ASSOCIATION
DBA, Marketing, or Oth (If same as ETC name, list "N/.	ner Branding Name 4" 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	nny have affiliated ETCs?	Yes No O
determined in accordance with S	ection 3(2) of the Communications A	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 agreem	legal document. An officer is ent), 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 resident, vice president for operations, vice president for finance er is a sole proprietorship, the owner must sign the certification.
Section 1: Initial Cert	tification All ETCs must complete t	his section
I certify that the company lis	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 s presented with documentation of each consumer's household her enrollment in Lifeline; and/or
	bility by relying upon accessior to enrolling a consumer in	s to a state database and/or notice of eligibility from the state the Lifeline program.
above.	pany named above. I am autho	orized to make this certification for the Study Area Code listed
Initial		

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
19	0	1	0	18

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
18	13	5	1	6

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 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 JP

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 ———

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.

T	- 1		
Initi	\mathbf{a}		

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
18	6	33.34%

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 ET	C subi	iect to	the	non-usage	requiremen	ts'	?

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.

	Jennifer Pachner
Signed,	
Certified Online	
Signature of Officer	Printed Name and Title of Officer
jenniferp@unitedtelcom.net	01/27/2017
Email Address of Officer	Date
Ashley Ledford	620-227-8641
Person Completing This Certification Form	Contact Phone Number

Affiliated ETCs

SAC 419011 United Wireless Communications Inc. Epic Touch LLC WestLink Communications LLC	
419009 Epic Touch LLC	
419015 WestLink Communications LLC	