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January 30, 2017

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

RE:

United Wireless Communications Inc.

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

Caileen & Jamison

Dear Ms. Green:

Attached for filing please find United Wireless Communications Inc.'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 31<sup>st</sup> (Annually)

	1850,000							
419011		143030185						
Study Area Code (SAC)		Service Provider Identification Number (SPIN) ertification form for each SAC through which it provides Lifeline service).						
2016	KS	United Wireless Communications Inc.						
Recertification Year	State	ETC Name						
N/A		N/A						
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 O 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 agreem	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								

#### Section 2: Annual Recertification

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

Α	В	С	D	$\mathbf{E} = (\mathbf{A} - \mathbf{B} - \mathbf{C} - \mathbf{D})$
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	2	0	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	8	5	0	5

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 F.

#### 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
HARRESCH .	0.

#### 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.

Initia	

#### 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	5	38.47%

#### **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.

Yes O No O

 ${\it If yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.}$ 

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,	Ιc	ertify tha	nt the	company	listed	above is	in	complia	ance w	ith a	ill fed	eral	Lifeline	certi	fication
procedures	. I am	an	officer of	of the	company	name	d above.	I	am autl	horize	d to	make	this	certifica	ation	for the
Study Area	Code (	SA	C) listed	abov	e.											

	Jennifer Pachner, Controller				
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	Name
411841	United Telephone Assn. Inc.
419009	Epic Touch LLC
419015	WestLink Communications LLC
	THE COMMISSION BE