



Michaela Fewallen
Area Manager

AT&T
405 North Broadway
Room 232
Oklahoma City, OK 73102

T 469 785-0341
michaela.fewallen@att.com

202501311207341407
Filed Date: 01/31/2025
State Corporation Commission
of Kansas

January 31, 2025

Ms. Lynn M. Retz
Secretary
Kansas Corporation Commission
1500 SW Arrowhead Rd.
Topeka, Kansas 66604-4027

Re: FCC Form 555 Compliance Filing
Docket No. 25-GIMT-215-CPL
Southwestern Bell Telephone Co. LLC dba AT&T Kansas

Dear Ms. Retz:

On behalf of Southwestern Bell Telephone Company, LLC d/b/a AT&T Kansas, attached please find a copy of FCC Form 555 – Annual Lifeline Eligible Telecommunications Carrier Certification Form. AT&T Kansas is providing you with a copy of this FCC filing in accordance with 47 C.F.R. § 54.422(c). Receipt of this information requires no action on your part. It is strictly informational.

If you have any questions concerning this matter, please contact me at 469 785-0341.

Sincerely,

A handwritten signature in cursive script that reads "Michaela Fewallen".

Enclosure

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)

415214 _____ Study Area Code (SAC)	143004662 _____ Service Provider Identification Number (SPIN)	
<i>(An Eligible Telecommunications Carrier (ETC) must provide a certification form for each SAC that provides Lifeline service).</i>		
2024 _____ Recertification Year	KS _____ State	Southwestern Bell Telephone Company, LLC _____ ETC Name
		AT&T Inc. _____
DBA, Marketing, or Other Branding Name <i>(If same as ETC name, list "N/A" Do <u>not</u> leave blank)</i>		Holding Company Name <i>(If same as ETC name, list "N/A" Do <u>not</u> leave blank)</i>

Does the reporting company 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
405211	Southwestern Bell Telephone Company, LLC
545170	Pacific Bell Telephone Company
285184	BellSouth Telecommunications, LLC
555173	Nevada Bell Telephone Company, LLC
305150	The Ohio Bell Telephone Company, LLC
289912	Cingular Wireless
529910	Cingular Wireless
269905	Cingular Wireless
449022	Cingular Wireless
279010	Cingular Wireless
209012	Cingular Wireless
259908	Cingular Wireless
479006	Cingular Wireless
319026	Cingular Wireless
399015	Cingular Wireless
539010	AT&T Mobility LLC
389015	AT&T Mobility LLC
409004	AT&T Mobility LLC

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 ALG

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: state Lifeline administrator National Verifier

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

Initial ALG

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

Initial _____

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 No

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	
February	
March	
April	
May	
June	
July	
August	
September	
October	
November	
December	
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.

Signature Block

By signing below, I certify that the information provided is true and accurate. I am an officer of the company named above. I am authorized to make this certification for this SAC.

Signed,

Anisa Green

Signature of Officer

al7161@att.com

Email Address of Officer

Anisa L. Green

Person Completing This Certification Form

Anisa Green - Director - Federal Regulatory

Printed Name and Title of Officer

01-30-2025

Date

202-425-2417

Contact Phone Number