

December 26, 2024

Lynn Retz Executive Director Kansas Corporate Commission 1500 SW Arrowhead Rd Topeka, KS 66604

RE: Docket No. 25-GIMT-215-CPL - Wisper ISP, LLC -Compliance Filings - FCC Form 555

Dear Ms. Retz:

The Kansas Corporate Commission designated Wisper ISP, LLC an Eligible Telecommunications Carrier ("ETC") for the limited purpose of providing Lifeline services in the state of Kansas.

In compliance with FCC and Kansas Commission ETC annual reporting requirements, Wisper ISP is required to file a copy of the FCC Annual Report (Form 555) pertaining to Kansas operations with the Kansas Commission. Please find attached a copy of the FCC Form 555 that was filed with USAC.

Please do not hesitate to contact me if you have questions or concerns.

Respectfully submitted,

/s/ Mark Lammert

Mark Lammert Attorney-in Fact Wisper ISP, LLC 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)

419047		143035599
Study Area Code (SAC)  (An Eligible Telecommunications Carrier (ETC) mu	est provide a certific	Service Provider Identification Number (SPIN) cation form for <b>each SAC</b> that provides Lifeline service).
(An Englishe Telecommunications Samer (ETO) ma	si provide a certine	nation form for each one that provides Elicinic scretcey.
2024	KS	Wisper ISP, LLC
Recertification Year	State	ETC Name
		Wisper ISP Inc.
DBA, Marketing, or Other Branding Name		Holding Company Name
(If same as ETC name, list "N/A" Do <u>not</u> leave blank)		(If same as ETC name, list "N/A" Do <u>not</u> leave blank)
Does the reporting company have affiliate	ed ETCs? Yes	No <u>X</u>
Provide a list of all ETCs that are affiliated with the reporting ET	C, using page 4 and a	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 (dire	ectly 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 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 MDA

#### **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 X National Verifier

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

Initial MDA

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 MDA

# **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 $\underline{\hspace{1cm}}$ No $\underline{\hspace{1cm}}$

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

G	Н
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 above. I am authorized to make this certification for the	d is true and accurate. I am an officer of the company named is SAC.
Signed,	
Mark Albertyn	Mark Albertyn - CFO
Signature of Officer	Printed Name and Title of Officer
malbertyn@wisperisp.com	12-23-2024
Email Address of Officer	Date
Mark Lammert	4077943488
Person Completing This Certification Form	Contact Phone Number