

2021 FEB 16 AM 10: 19

UTA PIES COMMISSION

January 17, 2021

Commission Secretary Idaho Public Utilities Commission 472 W. Washington Boise, ID 83702

RE: Docket No. GNR-T-17-01- FCC Form 555—Annual Lifeline Certification- Filed on behalf of Boomerang Wireless, LLC d/b/a enTouch Wireless

Dear Secretary,

Pursuant to FCC requirements under 47 C.F.R. § 54.416, enclosed please find for filing in the above-referenced docket a copy of Boomerang Wireless, LLC d/b/a enTouch Wireless' FCC Form 555 – Annual Lifeline Eligible Telecommunications Carrier Certification.

If you have any questions regarding this filing, please contact me at (407) 260-1011 or regulatory@csilongwood.com.

Respectfully submitted,

Mark Lammert

Attorney-in-Fact

Boomerang Wireless, LLC d/b/a enTouch Wireless

Enclosures

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)

479022		143036595
Study Area Code (SAG An Eligible Telecommunica		Service Provider Identification Number (SPIN) a certification form for each SAC through which it provides Lifeline service).
2020	ID	N/A
Recertification Year	State	ETC Name
N/A DBA, Marketing, or C		N/A Holding Company Name
DBA, Marketing, or O		Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)
DBA, Marketing, or O (If same as ETC name, list "I same as ETC name, list of all ETCs that as ETC name in accordance with	N/A" Do not leave blank) any have affiliated ETCs? re affiliated with the reporting ET Section 3(2) of the Communication	Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)

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 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	3
February	1
March	0
April	0
May	0
June	0
July	0
August	0
September	0
October	0
November	0
December	0
Total Subscribers	4

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.

	TS	
T	10	
Initial		

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
A.	0	0	0	0	0	0	0	0	0	0	0	0	0
В.	0	0	0	0	0	0	0	0	0	0	0	0	0
C.	0	0	0	0	0	0	0	0	0	0	0	0	0

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.	0	0	0	0	0	0	0	0	0	0	0	0	0

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	0	0	0	0	0	0	0	0	0	0	0	0

stable with the last the effect of the state of the

H. Subscribers who recertified through ETC direct outreach attempt

Report the number of Lifeline subscribers that successfully recertified through ETC's outreach attempt.

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

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

Report the number of subscribers as a result of ineligibility or non-response to outreach from a state administrator, third party administrator, or USAC.

	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.

Initia		

The second of the second and

할다. 그 회문하였다는 10 분에 누르륵이라면 10 10

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 knowle	edge, the compar	ly obtained sig	ned certification	is from all subscr	ibers attesting
to their continuing eligibility for Lifeline. I	am an officer o	f the company	named above.	I am authorized	to make this
certification for the SAC(s) listed above.					
Initial					
Tintial					
Recertification Method: Third Party					
I certify that the company listed above has pr	ocedures in plac	e to recertify c	onsumer eligibi	lity by relying or	n an

administrator. I am an officer of the company named above. I am authorized to make this certification for the SAC(s)

Initial ____

listed above.

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 TS

M = (G+K) $N = (D+F+I)$		O = M/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	
0	0	0.0%	

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.

Signed,

Todd Shores VP of Finance & Accoun

Signature of Officer

tshores@readywireless.com

Email Address of Officer

Mark Lammert

Person Completing This Certification Form

Todd Shores VP of Finance & Ac

Printed Name and Title of Officer

Jan 28, 2021

Date

407-794-3488

Contact Phone Number

garantan garantan da		
republication of the state of t		A DESCRIPTION OF THE PROPERTY
A Comment of the Comm	and the second of the second o	
	The Property of the Control of the C	
Burgon and the segret and the second of the		en an euro a meneral reconstruir com a management de la companie d
American entropy of the second second second second entropy of the		
kan na salawa na salawa na kata kata wasan waka kata wasan wasa salawa kata wa salawa kata wa salawa kata wa s Kanana kata wa		
		e general e toma, i i i i i
		and the service of a real service of the consideration.
	The second secon	And the second s
gas consistence in the second company to the extra second		
		,

Affiliated ETCs

SAC	Name