

RECEIVED Friday, January 27, 2023 1:40:24 PM 151 Southhall Lane, Ste. 450 PUBLIC UMaitland Fri 32934 MISSION

> P.O. Drawer 200 Winter Park, FL 32790-0200 www.inteserra.com

March 11, 2022 Via Web Filing https://efiling.utc.wa.gov/Form

WA UTC Electronic Filing
Washington Utilities & Transportation Comm.
https://efiling.utc.wa.gov/Form

RE: Newmax, LLC d/b/a Interrmax Networks

WA Copy of FCC Form 555 - Annual Lifeline ETC Certification

Docket No. UT-220002

Dear Sir or Madam:

Enclosed please find the WA Copy of FCC Form 555 - Annual Lifeline ETC Certification, filed on behalf of Newmax, LLC d/b/a Interrmax Networks. No check is enclosed as there are no remittance fees due.

This report has been filed at https://efiling.utc.wa.gov/Form

Questions regarding this filing should be directed to my attention at 407-740-8575. Thank you for your assistance in this matter.

Sincerely,

Inteserra Compliance

cc: Caitlin Kling - Newmax, LLC d/b/a Interrmax Networks

file: Newmax, LLC d/b/a Interrmax Networks - Reporting - Washington

CF/dt

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)

479025		143027948
Study Area Code (SAC (An Eligible Telecommunicate)	,	Service Provider Identification Number (SPIN) t provide a certification form for each SAC through which it provides Lifeline service).
2021	ID	Newmax, LLC
Recertification Year	State	ETC Name
DBA, Marketing or Ot (If same as ETC name, list "N		
oes the reporting compa	any have affiliated	d ETCs? Yes \(\sum \) No \(\sum \)
termined in accordance with sec	tion 3(2) of the Commu	ting ETC, using page 4 and additional sheets if necessary. Affiliation shall be nications Act. That Section defines "affiliate" as "a person that (directly or indirectly) ommon ownership or control with, another person." 47 U.S.C § 153(2). See also 47
ffiliated ETC's SAC		Affiliated ETC's Name

ETCs Subject to the Non-Usage Requirements

All ETC's 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 ☐ No ☒

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	
February	
March	
April	
May	
June	
July	
August	
September	
October	
November	
December	
Total Subscribers	

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 file 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.

Initial	MK	

Minimum Service Level

I certify that the company listed above is in compliance with the minimum service levels set forth in the 47 CFR Section 54.408.

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

Initial MK

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
(Ĵ.	0	0	0	0	0	0	0	0	0	0	0	0	0

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
Н.	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 part 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.

R	ecertification	Method:	FTC
1	ecei uncanon	Michiga.	121 (

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

Initial	MK	

Recertification Method: Third Party

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on an administrator. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) 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 MK

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

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 the company named above. I am authorized to make this certification for the Study Area Code (SAC) listed above.

Signed,

Mike Kennedy, President/CEO

Printed Name and Title of Officer

mkennedy@intermaxteam.com

Email Address of Officer

Shannon Atha

Person Completing this Certification Form

Date

Contact Phone Number

Affiliated ETCs

SAC n/a	Name
n/a	

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2021	WA	Newmax, LLC					
Recertification Year	State	ETC Name					
DBA, Marketing or Ot (If same as ETC name, list "N		Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)					
Does the reporting compa	any have affiliated ETCs?	Yes No No					
determined in accordance with sec	tion 3(2) of the Communications Act. T	g page 4 and additional sheets if necessary. Affiliation shall be That Section defines "affiliate" as "a person that (directly or indirectly) in or control with, another person." 47 U.S.C § 153(2). See also 47					
Affiliated ETC's SAC		Affiliated ETC's Name					

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Is the ETC subject to the non-usage requirements? Yes \square No \boxtimes

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Total Subscribers	

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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

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E. Name of the data source(s) used to verify consumer eligibility:

ETC Direct Contact

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G.	0	0	0	0	0	0	0	0	0	0	0	0	0

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I.	0	0	0	0	0	0	0	0	0	0	0	0	0

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K.	0	0	0	0	0	0	0	0	0	0	0	0	0

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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

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No Subscribers

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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

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 the company named above. I am authorized to make this certification for the Study Area Code (SAC) listed above.

Signed,

Mike Kennedy, President/CEO

Printed Name and Title of Officer

mkennedy@intermaxteam.com

Email Address of Officer

Shannon Atha

Person Completing this Certification Form

Date

Contact Phone Number

Affiliated ETCs

SAC	Name
SAC n/a	