# **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)

472231		143002521
Study Area Code (SAC)		Service Provider Identification Number (SPIN)
(An Eligible Telecommunicati	ons Carrier (ETC) must provide o	a certification form for each SAC through which it provides Lifeline service).
2016	Idaba	P. C. L.
Recertification Year	Idaho	Project Mutual Telephone Company
Recertification Year	State	ETC Name
PMT		N/A
DBA, Marketing, or Oth (If same as ETC name, list "N/A	er Branding Name 1" Do <u>not l</u> eave blank)	Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)
Does the reporting compa	S\$ 251 A	
determined in accordance with Se	ection 3(2) of the Communication	TC, using page 4 and additional sheets if necessary. Affiliation shall be ns Act. That Section defines "affiliate" as "a person that (directly or indirectly) ownership or control with, another person." 47 U.S.C. § 153(2). See also 47  Affiliated ETC's Name
minuted ETC 3 571C		Affiliated ETC 8 Name
formation, or other similar laws (or partnership agreeme	egal document. An officer ent), and would typically be	nt of a position listed in the article of incorporation, articles of is a person who occupies a position specified in the corporate by- e president, vice president for operations, vice president for finance, filer is a sole proprietorship, the owner must sign the certification.
Section 1: Initial Cert		eta this saction
certify that the company lis	ification All ETCs must comple	in this section

B) Confirm consumer eligibility by relying upon access to a state database and/or notice of eligibility from the state

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

Lifeline administrator prior to enrolling a consumer in the Lifeline program.

Initial M

above.

### Section 2: Annual Recertification

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

A	В	C	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
130	0	24	0	106

#### **Recertification Results:**

F	G	$\mathbf{H} = (\mathbf{F} \mathbf{-} \mathbf{G})$	I	$\mathbf{J} = (\mathbf{H} + \mathbf{I})$
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
30	25	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	
76	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 E.

#### 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

### AND/OR

B) I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on:

South Central Community Partnership

(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.

Initial	
111111111	

### 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
106	5	4.7%

## **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.

Is the ETC subject to the non-usage requirements? Yes \(\bigcap\) No
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If yes, record the number of subscribers de-enrolled for non-usage by month in Block  ${\it Q}$  below.

P	Q
Month	Subscribers De-Enrolled for Non-Usage
January	
February	
March	
April	
May	
June	
July	
August	
September	
October	
November	
December	
Total Subscribers	

### Signature Block

By signing	below,	I certify t	hat the	company	listed a	bove is	in con	mpliance	with	all fed	eral	Lifeline ce	rtifica	ıtion
procedures	. I am	an officer	of the	company	named	above.	I am	authorize	ed to	make	this	certificatio	n for	the
Study Area	Code (	SAC) liste	ed above	e.										

Study Area Code (SAC) listed above.	above. I am aumorized to make this certification for
Signed,	
Pul	Rick Harder - CFO/Treasurer
Signature of Officer rharder@pmt.coop	Printed Name and Title of Officer 01/31/2017
Email Address of Officer Rick Harder	Date 208.434.7124
Person Completing This Certification Form	Contact Phone Number