Expert Telecom Compliance, Inc.

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January 31, 2017

VIA ELECTRONIC DELIVERY

Florida Public Service Commission 2540 Shumard Oak Blvd. Tallahassee, FL 32399-0850

Re: FCC Form 555 - i-wireless, LLC

Dear Sir/Madam:

Pursuant to 47 C.F.R. § 54.416, enclosed please find for filing a copy of i-wireless, LLC's Annual Lifeline Eligible Telecommunications Carrier Certification Form (FCC Form 555).

- Heather Kirby etc@telecomcounsel.com
 Windward Concourse, Ste 150 Alpharetta, Georgia 30005
- 2) Undocketed
- 3) On behalf of i-wireless, LLC
- 4) 4 pages including cover letter
- 5) Pursuant to 47 C.F.R. 54.416, attached please find a copy of i-wireless, LLC's Form 555

If you have any questions regarding this filing, please contact me at 770-232-7805 or etc@telecomcounsel.com.

Respectfully submitted,

s/

Heather Kirby, Regulatory Specialist Expert Telecom Compliance, Inc.

Attachment

1

219018

Study Area Code (SAC)

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)

143035427

Service Provider Identification Number (SPIN)

2016	FL	I-Wireless LLC	
Recertification Year	State	ETC Name	
Access Wireless		N/A	
DBA, Marketing, or Ot (If same as ETC name, list "No	her Branding Name A" Do <u>not</u> leave blank)	Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)	
Does the reporting comp	any have affiliated ETCs?	Yes No O	
determined in accordance with S	Section $3(2)$ of the Communication	C, using page 4 and additional sheets if necessary. Affiliation shall be s Act. That Section defines "affiliate" as "a person that (directly or indirectly) wnership or control with, another person." 47 U.S.C. § 153(2). See also 47	
Affiliated ETC's SAC		Affiliated ETC's Name	
laws (or partnership agreen comptroller, treasurer, or a	nent), and would typically be	is a person who occupies a position specified in the corporate by president, vice president for operations, vice president for finance iler is a sole proprietorship, the owner must sign the certification. e this section	
I certify that the company li	sted above has certification p	rocedures in place to:	
that, to the best of my	knowledge, the company v	nentation prior to enrolling a consumer in the Lifeline program, and was presented with documentation of each consumer's household or her enrollment in Lifeline; and/or	
	gibility by relying upon accerior to enrolling a consumer in	ess to a state database and/or notice of eligibility from the state in the Lifeline program.	
I am an officer of the comabove.	pany named above. I am aut	chorized to make this certification for the Study Area Code listed	
Initial PM			

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
138148	0	31774	64628	41746

Recertification Results:

F	G	$\mathbf{H} = (\mathbf{F} \cdot \mathbf{G})$	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
13518	7618	5900	13	5913

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
28228	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 PM

AND/OR

	111 127 011		
B)	I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on:		
	Florida Database	(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 PM		

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.

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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
41746	5913	14.16%

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 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	8400
February	9174
March	8812
April	7931
May	9531
June	9258
July	9911
August	10623
September	11771
October	10962
November	11259
December	480
Total Subscribers	108112

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.

	CEO
Signed,	
Certified Online	
Signature of Officer	Printed Name and Title of Officer
paul.mcaleese@iwirelesshome.com	01/30/2017
Email Address of Officer	Date
Sam Bailey	513-550-2755
Person Completing This Certification Form	Contact Phone Number