# **Expert Telecom Compliance**

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February 1, 2021

## VIA ELECTRONIC DELIVERY

Florida Public Service Commission 2540 Shumard Oak Blvd. Tallahassee, Florida 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).

- Victoria Martin etc@telecomcounsel.com
  1725 Windward Concourse, Ste 150 Alpharetta, Georgia 30005
- 2) Undocketed
- 3) On behalf of i-wireless, LLC
- 4) 7 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 678-672-2831 or etc@telecomcounsel.com.

Respectfully submitted,

s/Victoria Martin

Victoria Martin, Regulatory Specialist Expert Telecom Compliance

Attachment

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)

Study Area Cada (SAC		Samias Dravidar Idantification Number (SDIN)
Study Area Code (SAC An Eligible Telecommunicat		Service Provider Identification Number (SPIN) certification form for <b>each SAC</b> through which it provides Lifeline service).
2020	FL	I-Wireless LLC
Recertification Year	State	ETC Name
Access Wireless		
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)
	any have affiliated ETCs?	Yes 🖸 No 🖸

Provide a list of all ETCs that are affiliated with the reporting ETC, using page 4 and 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 (directly 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 SAC	Affiliated ETC's Name

## 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.

No O

#### Is the ETC subject to the non-usage requirements? Yes 🖸

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

Р	Q
Month	Subscribers De-Enrolled for Non-Usage
January	340
February	327
March	280
April	0
May	0
June	0
July	0
August	0
September	0
October	0
November	0
December	0
Total Subscribers	947

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.

	SC	
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
А.	1366	1359	985	963	43	0	0	0	0	0	0	0	4716
В.	48	29	19	17	0	0	0	0	0	0	0	0	113
C.	1318	1330	966	946	43	0	0	0	0	0	0	0	4603

#### **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.	909	911	690	674	30	0	0	0	0	0	0	0	3214

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

#### Florida Database

#### **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.	409	419	276	272	13	0	0	0	0	0	0	0	1389

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.	188	197	148	193	13	0	0	0	0	0	0	0	739

#### H. Subscribers who recertified through ETC direct outreach attempt

Report the number of Lifeline subscribers that suc	cessfully recertified th	rough ETC's outreach atter	nnt
Report the number of Enemie subscribers that suc	cessiuny recentitied in	nough LTC sourcach anei	npt.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
H.	221	222	128	79	0	0	0	0	0	0	0	0	650

#### **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

	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.

Initial \_\_\_\_\_

## **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 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 \_\_\_\_\_

## **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.

Initial \_\_\_\_\_

## **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 \_\_\_\_\_

M = (G+K)	$\mathbf{N} = (\mathbf{D} + \mathbf{F} + \mathbf{I})$	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		
739	4603	16.05%		

#### 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,

Sean Cullen, CFO Signature of Officer sean.cullen@iwirelesshome.com Email Address of Officer Sam Bailey Person Completing This Certification Form

#### Sean Cullen, CFO

Printed Name and Title of Officer Jan 30, 2021 Date

#### 513-550-2755

Contact Phone Number

# **Affiliated ETCs**

SAC	Name