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UT-240003

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VIA WUTC WEB PORTAL

Ms. Kathy Hunter
Acting Executive Director / Secretary
Washington Utilities and Transportation Commission
P.O. Box 47250
Olympia, WA 98504-7250


**Re: 2024 FCC Form 555 Annual Lifeline ETC Report and Certification
WUTC Docket No. UT-240003**

Dear Ms. Hunter:

Submitted herewith for filing in the above-captioned docket is a copy of United States Cellular Corporation's 2024 Lifeline ETC annual filing to the Federal Communications Commission pursuant to 47 C.F.R. § 54.416 (b). A hard copy of this filing will not be provided, unless requested.

If you have any questions, please feel free to contact the undersigned.

Respectfully submitted,



David A. LaFuria
Steven M. Chernoff

Counsel for United States Cellular Corporation

Enclosure

cc: Mr. Tim Zawislak

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)

529001 _____ Study Area Code (SAC)	143000667 _____ Service Provider Identification Number (SPIN)	
<i>(An Eligible Telecommunications Carrier (ETC) must provide a certification form for each SAC that provides Lifeline service).</i>		
2023 _____ Recertification Year	WA _____ State	Yakima MSA Limited Partnership _____ ETC Name
U.S. Cellular _____ DBA, Marketing, or Other Branding Name <small>(If same as ETC name, list "N/A" Do <u>not</u> leave blank)</small>	Telephone and Data Systems, Inc. _____ Holding Company Name <small>(If same as ETC name, list "N/A" Do <u>not</u> leave blank)</small>	

Does the reporting company 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
109002	Yakima MSA Limited Partnership
129002	Yakima MSA Limited Partnership
199004	Yakima MSA Limited Partnership
209005	Yakima MSA Limited Partnership
239006	Yakima MSA Limited Partnership
299010	Yakima MSA Limited Partnership
339007	Yakima MSA Limited Partnership
349007	Yakima MSA Limited Partnership
359016	Yakima MSA Limited Partnership
379019	Yakima MSA Limited Partnership
419012	Yakima MSA Limited Partnership
429007	Yakima MSA Limited Partnership
439004	Yakima MSA Limited Partnership
539002	Yakima MSA Limited Partnership

Initial Certification *All ETCs must complete this section.*

I certify that the company listed above:

- Has policies and procedures in place to ensure that its Lifeline subscribers are eligible to receive Lifeline services; and
- Is in compliance with all federal Lifeline certification procedures; and
- Is in compliance with the minimum service levels set forth in 47 C.F.R. § 54.408.

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

Initial RMT

Annual Recertification Results

Report the results of recertification efforts for the current calendar year.

Do not leave blocks empty. If the National Verifier is responsible for conducting recertification, enter zero for blocks A - F. If the state Lifeline Administrator is responsible for conducting recertification, report the results for each block.

A. Subscribers eligible for recertification within current calendar year	
B. Subscribers de-enrolled prior to recertification attempts	
C. Total number of subscribers required to be recertified (A-B)	
D. Subscribers successfully recertified	
E. Subscribers de-enrolled for failed recertification	
F. Percentage de-enrolled for failed recertification (E/C)	

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying upon notice of eligibility from: state Lifeline administrator National Verifier

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

Initial RMT

No Subscribers Certification *Complete this section if ETC claimed no Lifeline subscribers.*

I certify that my company did not claim federal low income support 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(s) listed on this form

Initial _____

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. 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 H below.

G	H
Month	Subscribers De-Enrolled for Non-Usage
January	
February	
March	
April	
May	
June	
July	
August	
September	
October	
November	
December	
Total Subscribers	0

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.

Signature Block

By signing below, I certify that the information provided is true and accurate. I am an officer of the company named above. I am authorized to make this certification for this SAC.

Signed,

Rebecca Thompson

Signature of Officer

rebecca.thompson@uscellular.com

Email Address of Officer

Stephanie Cassioppi

Person Completing This Certification Form

Rebecca Thompson - VP Government Affairs

Printed Name and Title of Officer

01-30-2024

Date

7733997940

Contact Phone Number