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Via E-Filing

February 1, 2021

Mark Johnson Executive Director and Secretary Washington Utilities and Transportation Commission 1300 S. Evergreen Park Dr. SW Olympia, WA 98504-7250

Re: <u>Docket UT-210001</u>

FCC Form 555, Annual Lifeline Eligible Telecommunications Carrier Certification Form for New Cingular Wireless PCS, LLC ("AT&T Mobility")

Dear Filing Center:

On behalf of New Cingular Wireless PCS, LLC ("AT&T Mobility"), attached please find a copy of FCC Form 555.¹ AT&T is providing you with a copy of this FCC filing in accordance with 47 C.F.R. § 54.422(c). Receipt of this information requires NO action on your part. It is strictly informational.

Please contact me with any questions or concerns you may have at (512) 330-1698.

Sincerely,

Sharm Mullin Sharon Mullin

Director - Regulatory

Attachment

AT&T Mobility filed its FCC Form 555 online with the Universal Service Administrative Company (USAC). Once a carrier enters its six-digit code (SAC) into USAC's online FCC Form 555, the online tool automatically populates a name associated with that SAC. In some cases, this automatically-generated name differs from (e.g., is an abbreviated version of) the legal entity name for AT&T Mobility's eligible telecommunications carrier affiliate.

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)

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Study Area Code (SAC (An Eligible Telecommunicati	·	Service Provider Identification Number (SPIN) e a certification form for each SAC through which it provides Lifeline service).
2020	WA	Cingular Wireless
Recertification Year	State	ETC Name
N/A		AT&T Mobility LLC
DRA Marketing or Ot	her Branding Name	Holding Company Name
DBA, Marketing, or Ot (If same as ETC name, list "No		Holding Company Name (If same as ETC name, list "N/A" Do not leave blank) Yes No
(If same as ETC name, list "Notes the reporting comparation of a list of all ETCs that are stermined in accordance with S	(A" Do <u>not</u> leave blank) Any have affiliated ETCs? The affiliated with the reporting ET ection 3(2) of the Communication	(If same as ETC name, list "N/A" Do not leave blank) Yes No C C, using page 4 and additional sheets if necessary. Affiliation shall be
(If same as ETC name, list "Notes the reporting comparovide a list of all ETCs that are stermined in accordance with Sources or controls, is owned or controls, is owned or controls.	(A" Do <u>not</u> leave blank) Any have affiliated ETCs? The affiliated with the reporting ET ection 3(2) of the Communication	(If same as ETC name, list "N/A" Do not leave blank) Yes No O 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)

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 🔘

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	0
February	0
March	0
April	0
May	0
June	0
July	0
August	0
September	0
October	0
November	0
December	0
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.

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.

Initial	ALG	
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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.	3	0	0	0	0	0	0	0	0	0	0	0	3
B.	0	0	0	0	0	0	0	0	0	0	0	0	0
C.	3	0	0	0	0	0	0	0	0	0	0	0	3

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
G.	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.	3	0	0	0	0	0	0	0	0	0	0	0	3

J.	Name of third p	arty administrator	used to	verify	subscriber	eligibility:
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USAC

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 party 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

Kepoi	port 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.	3	0	0	0	0	0	0	0	0	0	0	0	3

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.

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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				
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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 ALG

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

Signed,
Anisa Latif Green, Director
Signature of Officer
al7161@att.com
Email Address of Officer
Anisa Latif Green
Person Completing This Certification Form

Anisa Latif Green, Director

Printed Name and Title of Officer

Feb 01, 2021

Date
202-457-3068

Contact Phone Number

Affiliated ETCs

SAC		Name			
	209012	Cingular Wireless			
	259908	Cingular Wireless			
	269905	Cingular Wireless			
	279010	Cingular Wireless			
	289912	Cingular Wireless			
	319026	Cingular Wireless			
	389015	ATandT Mobility LLC			
	399015	Cingular Wireless			
	409004	ATandT Mobility LLC			
	449022	Cingular Wireless			
	479006	Cingular Wireless			
	639005	Cingular Wireless			
	215191	BellSouth Telecommunications LLC			
	225192	BellSouth Telecommunications LLC			
	235193	BellSouth Telecommunications LLC			
	245194	BellSouth Telecommunications LLC			
	255181	BellSouth Telecommunications LLC			
	265182	BellSouth Telecommunications LLC			
	275183	BellSouth Telecommunications LLC			
	285184	BellSouth Telecommunications LLC			
	295185	BellSouth Telecommunications LLC			
	305150	The Ohio Bell Telephone Company			
	315090	Michigan Bell Telephone Company			
	325080	Indiana Bell Telephone Company Incorporated			
	335220	Wisconsin Bell Inc.			
	345070	Illinois Bell Telephone Company LLC			
	405211	Southwestern Bell Telephone Company			
415214 555173 545170 549004 539010		Southwestern Bell Telephone Company			
		Nevada Bell Telephone Company			
		Pacific Bell Telephone Company			
		ATandT Corp.			
		ATandT Mobility LLC			
	445216	Southwestern Bell Telephone Company			
	649006	Cingular Wireless			
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