

EXHIBIT 3

Sample Lifeline Certification Form

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IM TELECOM LLC dba INFINITI MOBILE
Washington Wireless Lifeline Service Application and Certification

Mail or fax completed form signed along with proof of benefits to:
1705 S. Baltimore Ave, Tulsa, Oklahoma 74119
Customer Service: 918.960.0023

A complete and signed Lifeline Service Application and Certification ("Certification") is required to enroll you in IM Telecom LLC dba Ininiti Mobile ("the Company's") Lifeline service program in your state. This Certification is only for the purpose of verifying your eligibility for Lifeline service and will not be used for any other purpose. Service requests will not be processed until this Form has been received and verified by Company.

One Lifeline service per household disclosures: Lifeline is a government assistance program and willfully making false statements to obtain a Lifeline benefit can result in fines, imprisonment, de-enrollment or being barred from the program. Lifeline benefits are limited to a single line of service per household. A household is defined, for purposes of the Lifeline program, as any individual or group of individuals who live together at the same address and share income and expenses. A household may not receive multiple Lifeline discounts. You may apply your Lifeline discount to either one landline or one wireless number, but you cannot have the discount on both and you cannot receive Lifeline benefits from multiple providers. Note that not all Lifeline services are currently marketed under the name Lifeline. Lifeline is a non-transferable benefit and you may not transfer your benefit to any other person, including another eligible low-income consumer. Violation of the one-per-household limitation constitutes a violation of the Federal Communications Commission's rules and will result in your de-enrollment from the program, and potentially prosecution by the United States Government.

By checking this box, I hereby certify under penalty of perjury that I have read and understood the disclosures listed above and that, to the best of my knowledge, my household is not already receiving a Lifeline service benefit from any other Lifeline carrier.

Customer eligibility certification: I hereby certify that I participate in at least one of the following programs (check one):

- 1. Supplemental Nutrition Assistance Program (SNAP)
2. Section 8 Federal Public Housing Assistance (FPHA)
3. Medicaid
4. Supplemental Security Income (SSI)
5. Veterans Pension Benefit
6. Vocational Rehabilitation (including Hearing Impaired)
7. Senior Citizen Low Income Discount Plan offered by the local gas or power company
8. Income at or below 135% of Federal Poverty Guidelines

Tribal eligibility:

I hereby certify that I reside on Federally-recognized Tribal lands.

Customer Application Information:

First Name: Middle Initial: Last Name:

Date of Birth: Month: Day: Year:

Social Security Number (or Tribal ID): Driver License/State ID:

If Qualifying for Lifeline by Income, number of Individuals in Household:

Home Telephone Number:

Residential Address (P.O. Box NOT sufficient)

Address Apt # City

State: WASHINGTON Zip Code:

Address is (choose one): Permanent Temporary

Billing Address (if different from Residential Address) (P.O. Box is sufficient)

Address Apt # City

State: WASHINGTON Zip Code:

Multiple households sharing and address:

- I hereby certify under penalty of perjury that I reside at an address occupied by multiple households, including adults who do not contribute income to my household and/or share in my household's expenses, and I will complete a separate additional form.

Activation and usage requirement disclosures: This service is a prepaid service and you must personally activate it by calling 918.960.0023. To keep your account active, you must use your Lifeline service at least once during any sixty (60) day period by completing an outbound call, purchasing additional minutes from Company, answering an in-bound call from someone other than Company, or by responding to a direct contact from Company confirming that you want to continue receiving Lifeline service from Company. If your service goes unused for sixty (60) days, you will no longer be eligible for Lifeline benefits and your service will be suspended (allowing only 911 calls and calls to the Company's customer care center) subject to a thirty (30) day cure period during which you may use the service (as described above) or contact the Company to confirm that you want to continue receiving Lifeline service from Company.

- I hereby certify under penalty of perjury that I have read and understood the disclosures listed above regarding activation and usage requirements.

Consumer Complaints: Complaints concerning Lifeline service can be directed to the Washington Utilities and Transportation Commission's Consumer Protection Department 1-888-333-WUTC (9882) or consumer@utc.wa.gov.

- I hereby certify under penalty of perjury that I have read and understood the information regarding consumer complaints as outlined above.

Authorizations:

- I hereby authorize the Company to access any records required to verify my statements on this form and to confirm my eligibility for the Lifeline program. I also authorize the Company to release any records required for the administration of the Lifeline program (e.g., name, telephone number and address), including to the Universal Service Administrative Company, to be used in a Lifeline database and to ensure the proper administration of the Lifeline Program. Failure to consent will result in denial of service.

Additional certifications: I hereby certify, under penalty of perjury, that (check each box):

- I meet the income-based or program-based eligibility criteria for receiving Lifeline service and have provided documentation of eligibility if required. My household income is at or below the amount listed below for my state. \$_____.
- I will notify the Company within thirty (30) days if for any reason I no longer satisfy the criteria for receiving Lifeline including, as relevant, if I no longer meet the income-based or program-based eligibility criteria, I begin receiving more than one Lifeline benefit, or another member of my household is receiving a Lifeline benefit. I understand that I may be subject to penalties if I fail to follow this requirement.
- I am not listed as a dependent on another person's tax return (unless over the age of 60).
- The address listed below is my primary residence, not a second home or business.
- If I move to a new address, I will provide that new address to the Company within thirty (30) days.
- If I provided a temporary residential address to the Company, I will verify my temporary residential address every ninety (90) days.
- I acknowledge that providing false or fraudulent information to receive Lifeline benefits is punishable by law.
- I acknowledge that I may be required to re-certify my continued eligibility for Lifeline at any time, and my failure to re-certify as to my continued eligibility within thirty (30) days will result in de-enrollment and the termination of my Lifeline benefits.
- The information contained in this certification form is true and correct to the best of my knowledge.
- IM Telecom LLC dba Ininiti Mobile can port my number anytime without notice from one MVNE to another MVNE, Ininiti Mobile will text message you if this is to happen. You will continue to receive the same rate plan and your line is valid twelve (12) months from sign-up.

Applicant's Signature: _____ **Date:** _____

For Agent Use Only (check the appropriate boxes for the proof of eligibility viewed; do not copy or retain documentation):

Documents Acceptable Proof for Income-Eligibility (check 1):

- The prior year's state, federal, or Tribal tax return,
- Current income statement from an employer or paycheck stub,
- A Social Security statement of benefits,
- A Veterans Administration statement of benefits,
- A retirement/pension statement of benefits,
- An Unemployment/Workmen's Compensation statement of benefits,
- Federal or Tribal notice letter of participation in General Assistance, or
- A divorce decree, child support award, or other official document containing income information for at least three months time.

WA Income Guidelines

- \$ 15,890
- \$ 21,506
- \$ 27,122
- \$ 32,738
- \$ 38,354
- \$ 43,970
- \$ 48,586
- \$ 55,502

\$5,516 each additional

REP/AGENT
SIGNATURE

**Documents Acceptable Proof for Program-Eligibility
(choose 1 from each list A and B below):**

List A - Choose 1

- 1. Supplemental Nutrition Assistance Program (SNAP)
- 2. Section 8 Federal Public Housing Assistance (FPHA)
- 3. Medicaid
- 4. Supplemental Security Income (SSI)
- 5. Veterans Pension Benefit
- 6. Vocational Rehabilitation (including Hearing impaired)
- 7. Senior Citizen Low Income Discount Plan offered by the local gas or power company

List B - Choose 1:

- Program participation card/document (Last 4 Digits _____)
- Prior year's statement of benefits (Last 4 Digits _____)
- Notice letter of participation (Last 4 Digits _____)
- Other official document evidencing participation
Type _____ Last 4 Digits _____

APPLICANT ACCOUNT NUMBER _____

Expiration Date of Proof Documents: _____

The Eligible Telecommunications Carrier is IM Telecom LLC dba Infiniti Mobile – 1705 S. Baltimore Ave, Tulsa, OK 74119 - 918.960.0023

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