



Skyline Telecom, Inc.

PO Box 609
Mount Vernon, OR 97865-0609
1-888-383-4132

Received
Records Management

01/22/21 16:16

State Of WASH.
UTIL. AND TRANSP.
COMMISSION

January 22, 2021

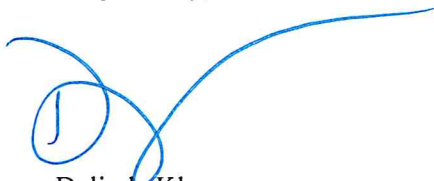
Washington Utilities and Transportation Commission

RE: Copies of FCC Form 555 information submitted by Lifeline ETCs to the Federal Communications Commission, pursuant to 46 C.F.R. Section 54.416 (b).

Attached is a copy of FCC Form 555 information submitted by Lifeline ETCs to the Federal Communications Commission, pursuant to 47 C.F.R. Section 54.416(b) by Skyline Telecom, Inc. based on 2020 Company results.

A PDF version of the filing is the only format available this year.

Respectfully,



Delinda Kluser
Vice President/Manager
Skyline Telecom, Inc.

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)

<u>520581</u> Study Area Code (SAC) <i>(An Eligible Telecommunications Carrier (ETC) must provide a certification form for each SAC through which it provides Lifeline service).</i>	<u>143031039</u> Service Provider Identification Number (SPIN)						
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><u>2020</u></td> <td style="width: 33%;"><u>WA</u></td> <td style="width: 33%;"><u>SKYLINE TELECOM INC</u></td> </tr> <tr> <td>Recertification Year</td> <td>State</td> <td>ETC Name</td> </tr> </table>	<u>2020</u>	<u>WA</u>	<u>SKYLINE TELECOM INC</u>	Recertification Year	State	ETC Name	
<u>2020</u>	<u>WA</u>	<u>SKYLINE TELECOM INC</u>					
Recertification Year	State	ETC Name					
<u>N/A</u> DBA, Marketing, or Other Branding Name <i>(If same as ETC name, list "N/A" Do <u>not</u> leave blank)</i>	<u></u> Holding Company Name <i>(If same as ETC name, list "N/A" Do not leave blank)</i>						

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

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.	0	2	0	0	0	0	0	0	0	0	0	0	2
B.	0	0	0	0	0	0	0	0	0	0	0	0	0
C.	0	2	0	0	0	0	0	0	0	0	0	0	2

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

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 DAK

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	2	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,

DELINDA KLUSER VP/MANAGE

Signature of Officer

deedeek@otcconnections.net

Email Address of Officer

Laura Gill

Person Completing This Certification Form

DELINDA KLUSER VP/MANAC

Printed Name and Title of Officer

Jan 22, 2021

Date

541-932-4411

Contact Phone Number