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January 22, 2014

Via Electronic Filing and U.S. Mail

Mr. Dave Danner
Executive Director/Secretary
Washington Utilities and Transportation Commission
1300 S. Evergreen Park Drive, S.W.
Olympia, WA 98504-7250

Re: Docket UT-121610; Boomerang Wireless, LLC d/b/a enTouch Wireless

Dear Mr. Danner:

Please find enclosed for filing on behalf of our client, Boomerang Wireless, LLC d/b/a enTouch Wireless an original and twelve (12) copies of the updated Lifeline Application form which has been revised.

Please contact me or my assistant, Sherry Boyd (601) 949-4737, sboyd@joneswalker.com, if you have any questions or comments regarding this filing.

Sincerely,

A handwritten signature in black ink that reads "J. Andrew Gipson".

J. Andrew Gipson

JAG/ssb
Enclosure
cc: Julia Redman-Carter

JONES WALKER LLP



STATE OF WASHINGTON

LIFELINE PROGRAM APPLICATION

Lifeline Self-Certification Form

To enroll in the Lifeline America program you need to complete this form. The information is used to certify with the Federal Communications Commission that you are participating in Lifeline with us.

Lifeline Service Disclosure

Lifeline is a government assistance program and willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment or being barred from the program. Only one Lifeline benefit is available 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. 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 Lifeline is a non-transferable benefit and you may not transfer this benefit to any other person, regardless if they qualify for Lifeline.

STEP 1—APPLICANT INFORMATION

USE BLACK OR BLUE INK ONLY

Full Name Phone:

Residential Address*:

Billing Address:

(*No PO Boxes. Residence of Tribal lands must provide descriptive address.)

City: State: ZIP:

Email: Birth Date:

Last 4 digits of SSN or Tribal ID* New/Conv? New Phone ESN:

*Check One:
 Permanent
 Temporary

(*Applicants living on Tribal lands who lack a Social Security Number may instead provide an official Tribal government identification card.)

STEP 2: CERTIFICATIONS: I participate in the following public assistance programs (check one):

DSHS Programs (bulleted list below):	Federal Programs:
• Supplemental Nutrition Assistance Program (SNAP)	National School Lunch Program (NSL) (Free Program Only)
• Medicaid	Low-income Heat & Energy Assistance (LIHEAP)
• Supplemental Security Income (SSI)	Tribally administered TANF
• Temporary Assistance for Needy Families (TANF)	Bureau of Indian Affairs General Assistance
	Federal Public Housing Assistance (Section 8)
DSHS Client ID (if qualifying through SNAP, TANF, SSI or Medicaid):	Food Distribution Program on Indian Reservations
	Tribally administered Head Start (meeting the income Qualifications / Tribal lands only.)

My household income is at or below 135% of 2013 federal poverty guidelines. I provided documentation confirming my household income level.

# Persons in Household	Income	# Persons in Household	Income
1	\$15,512	4	\$31,793
2	\$20,939	5	\$37,220
3	\$26,366	6	\$42,647

_____ (init) I am seeking Tribal lands Lifeline support and certify that I reside on Federally-recognized Tribal lands.

If you do not participate in one of these programs and someone in your household does:

Relationship to Participant: _____
 Documents Reviewed for Certification: _____
 Name of Person Participating _____

- I certify that the person demonstrating program participation is a member of my household.
- I certify that the person name on the participation documentation is not already receiving a Lifeline discount.



STATE OF WASHINGTON

STEP 3: CHOOSE YOUR PLAN: Choose one of the following plans. This plan will be reloaded to your phone monthly as long as you are eligible & certified.

FEATURE/ DESCRIPTION	125 FREE MONTHLY MINUTES	250 FREE MONTHLY MINUTES	TRIBAL: 1000 PLUS BUNDLE PLAN MONTHLY MINUTES
• Local Calls	Y	Y	Y
• National Long Distance	Y	Y	Y
• Voicemail	Y	Y	Y
• Nationwide Text	Y- 1 text =1 min.	Y- 1 text =1 min.	Y- 1 text =1 min.
• Free 411	Y	Y	Y
• Data Enabled (website and email)	Y	Y	Y
• Carry Over Minutes Month to Month	Y	N	N

STEP 4: SIGNATURE (Read, Initial & Sign):

_____(init) I acknowledge and consent to enTouch Wireless divulging my name, telephone number, address, date of birth, last four digits of SSN or Tribal ID, amount of support being sought, means of qualification for support, and dates of service initiation and termination to the Universal Service Administrative Company (the administrator of the program) and/or its agents for the purpose of verifying that the subscriber does not receive more than one Lifeline benefit. In the event that USAC identifies me as receiving more than one Lifeline subsidy per household, I acknowledge and understand that all carriers may be notified so that I may select one service and be de-enrolled from the other.

_____(init) I meet the income-based or program-based eligibility criteria for receiving Lifeline service and have provided documentation of eligibility if required to do so.

_____(init) I understand that Lifeline is a federal government benefit program and that willfully making false statements in order to obtain this benefit can be punished by fine or imprisonment or I may be barred from the program.

_____(init) My household will receive no more than one Lifeline-supported service. Lifeline service is available for only one subscription 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 is not permitted to receive Lifeline benefits from multiple providers. I understand that violation of the one-per-household requirement constitutes a violation of the FCC's rules and will result in my de-enrollment from the program, and could result in criminal prosecution by the United States government.

_____(init) I understand that I must notify enTouch Wireless and provide my new address within 30 days of moving.

_____(init) If I do not have a permanent address and have supplied instead a temporary address above, I understand that enTouch Wireless will attempt to verify every 90 days that I continue to rely on that address, and that I must notify enTouch Wireless within 30 days of my new address after moving. If I do not respond to enTouch Wireless' address verification attempts within 30 days, I understand that I may be de-enrolled from enTouch Wireless' Lifeline service.

_____(init) I understand that I must notify enTouch Wireless within 30 days if (1) I cease to participate in a federal or state qualifying program or my annual household income exceeds 135 percent of the federal poverty guidelines; (2) I receive more than one Lifeline-supported service; or (3) Another member of my household is receiving a Lifeline benefit or (4) I for any other reason no longer satisfy the criteria for receiving Lifeline support. I understand that I will be subject to penalties if I fail to follow this notification requirement, including being de-enrolled from the Lifeline program.

_____(init) I understand and acknowledge that Lifeline service is a non-transferable benefit and that I may not transfer my service to any other individual, including another low-income consumer.

_____(init) I acknowledge that I will be required to re-certify my eligibility for Lifeline benefits annually, and I may be required to re-certify my continued eligibility for Lifeline at any time, and that failure to do so will result in the termination of my Lifeline benefits.

_____(init) I hereby authorize the Company to send text messages to my Company provided wireless number about my Lifeline benefit. Text messages sent by the Company will not decrement my available wireless minutes or texts. Standard voice, data and text rates will apply to all messages to and from anyone other than the Company.

_____(init) I authorize DSHS to disclose or give eligibility for Lifeline assistance until such time as I notify enTouch Wireless that I no longer meet the criteria for receiving Lifeline or until for any reason I am de-enrolled and my enTouch Wireless Lifeline Credit benefits are terminated. I authorize enTouch Wireless to access any records required to verify my statements herein and to confirm my eligibility for Lifeline assistance.

_____(init) **I attest under penalty of perjury that the information herein is true and correct to the best of my knowledge.**

Applicants Signature _____ Date: _____

Agents Signature _____ Date: _____

Questions? Call 866-488-8719 for Customer Service.

After contacting Customer Service, you may address your unsettled complaints to:

Washington State Office of the Attorney General
 800 5th Ave. Suite 2000 • Seattle, WA • 98104-3188
Toll Free: 1.800.551.4636 (in Washington only)
Phone: 206.464.6684 • Washington State Relay Service for the Hearing Impaired: 1.800.833.6388
www.atg.wa.gov