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		143000667
Study Area Code (SAC (An Eligible Telecommunicati		Service Provider Identification Number (SPIN) certification form for each SAC through which it provides Lifeline service).
2019	WA	Yakima MSA Limited Partnership
Recertification Year	State	ETC Name
U.S. Cellular		United States Cellular Corporation
DBA, Marketing, or Ot		Holding Company Name
(If same as ETC name, list "N		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 comparing ovide a list of all ETCs that are termined in accordance with S	A" Do <u>not</u> leave blank) In have affiliated ETCs? The affiliated with the reporting ETC, ection 3(2) of the Communications.	(If same as ETC name, list "N/A" Do not leave blank) Yes No using page 4 and additional sheets if necessary. Affiliation shall be
Oes the reporting compa ovide a list of all ETCs that ar termined in accordance with S ons or controls, is owned or con	A" Do <u>not</u> leave blank) In have affiliated ETCs? The affiliated with the reporting ETC, ection 3(2) of the Communications.	(If same as ETC name, list "N/A" Do not leave blank) Yes No using page 4 and additional sheets if necessary. Affiliation shall be 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 O

No 🖸

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.

	MK	
Initial		

Minimum Service Level

I certify that the company listed above is in compliance with the minimum service levels set forth in the 47 CFR Section 54.408.

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

Initial	MK	

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.	113	114	127	121	80	64	53	76	97	118	114	68	1145
В.	0	0	0	0	0	0	0	0	0	0	0	0	0
C.	113	114	127	121	80	64	53	76	97	118	114	68	1145

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.

Repo	eport the number of Lifetime subscribers de-enrolled due to mengionity of 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
H.	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.	113	114	127	121	80	64	53	76	97	118	114	68	1145

J.	Name of third p	party 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.	75	80	92	84	59	41	38	52	70	75	66	39	771

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

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
L.	38	34	35	37	21	23	15	24	27	43	48	29	374

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.

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)	$\mathbf{N} = (\mathbf{D} + \mathbf{F} + \mathbf{I})$	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	
771	1145	67.33%	

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,

Mark Krohse Asst. Secretary
Signature of Officer
mark.krohse@uscellular.com
Email Address of Officer
Stephanie Cassioppi

Person Completing This Certification Form

Mark Krohse Asst. Secretary
Printed Name and Title of Officer

Jan 27, 2020

Date

773-399-7940

Contact Phone Number

Affiliated ETCs

SAC		Name
2110	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
	109002	Yakima MSA Limited Partnership
	100002	Takima mork Emilioa Farancionip