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January 27, 2016

VIA WUTC WEB PORTAL

Mr. Steven V. King **Executive Director and Secretary** Washington Utilities and Transportation Commission P.O. Box 47250 Olympia, WA 98504-7250

Re: 2016 FCC Form 555 Annual Lifeline ETC Report and Certification WUTC Docket No. UT-160028

Dear Mr. King:

Submitted herewith for filing in Docket No. UT-160028 is a copy of United States Cellular Corporation's 2016 Lifeline ETC annual filing to the Federal Communications Commission pursuant to 47 C.F.R. § 54.416 (b). A hard copy of this filing will not be provided, unless requested.

If you have any questions, please feel free to contact the undersigned.

Respectfully submitted,

Brooks E. Harlow

Brooks E. Harlow David A. LaFuria

Counsel for United States Cellular Corporation.

cc: Mr. Roger Hahn

Enclosures

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		
Study Area Code (SAC) (An Eligible Telecommunications Carrier (ETC) must provide	de a certification form for each SAC through which it provides Lifeline service).	
WA	Yakima MSA Limited Partnership	
State	ETC Name	
U.S. Cellular	United States Cellular Corporation	
DBA, Marketing or Other Branding Name (If same as ETC name, list "N/A" Do not leave blank)	Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)	
termined in accordance with Section 3(2) of the Communica	Cs? Yes No No No No No No No No No N	
F.R. § 76.1200.	ion o mersing or control man, another person. The cioner's 120(2), see also man	
ffiliated ETC's SAC	Affiliated ETC's Name	

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 bylaws (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.

Section 1: 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	MK

Section 2: Annual Recertification

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

A	В	С	D	$\mathbf{E} = (\mathbf{A} - \mathbf{B} - \mathbf{C} - \mathbf{D})$
Number of subscribers claimed on February FCC Form 497 of current Form 555 calendar year (February data month)	Number of lines claimed on February FCC Form 497 of current Form 555 calendar year provided to wireline resellers	Number of subscribers claimed on the February FCC Form 497 that were initially enrolled in the current Form 555 calendar year (These subscribers did not have Lifeline service prior to January 1 of the current 555 calendar year.)	Number of subscribers de-enrolled <u>prior</u> to recertification attempt by either the ETC, a state administrator, access to an eligibility database, or by USAC	Number of subscribers ETC is responsible for recertifying for current Form 555 calendar year
2447	0	178	309	1960

Recertification Results:

F	G	$\mathbf{H} = (\mathbf{F} \cdot \mathbf{G})$	I	$\mathbf{J} = (\mathbf{H} + \mathbf{I})$
Number of subscribers ETC contacted directly to recertify eligibility through attestation	Number of subscribers responding to ETC contact	Number of non- responding subscribers	Number of subscribers responding that they are no longer eligible (This should be a subset of Block G.)	Number of subscribers de- enrolled or scheduled to be de-enrolled as a result of non-response or response of ineligibility from ETC recertification attempt
283	283	0	0	0

K	L
Number of subscribers whose eligibility was reviewed by state administrator, ETC access to eligibility database, or by USAC	Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of finding of ineligibility by state administrator, ETC access to eligibility database, or USAC
1680	974

Note: If any subscriber was reviewed by an ETC accessing a state database or by a state administrator and subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in Blocks F through J as appropriate and not in Blocks K and L. As a result, all subscribers subject to recertification who were not de-enrolled prior to the recertification attempt must be accounted for in Block F or Block K.

The total of Block F and Block K should equal the number reported in Block E.

Certification:

Based on the data entered above, initial the certification(s) below that apply. Both Certification A and B may apply depending on the recertification procedures in place for the SAC reporting on this form. If Certification C applies, neither Certification A nor B may apply.

A.) 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. Results are provided in the chart above in Blocks F through J. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial MK

AND/OR

B.)	I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on:			
	USAC . Results are provided in the chart above in			
	Blocks K through L. I am an officer of the company named above. I am authorized to make this certification for the			
	SAC listed above.			
	Initial MK			

OR

C.) I certify that my company did not claim federal low income support for any Lifeline subscribers for the February Form 497 data month for the current Form 555 calendar year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

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Ini	tial		
	иш		

Section 3: De-enroll Percentage

Using the data entered in Section 2, complete the chart below to find the percentage of subscribers de-enrolled for this ETC.

$\mathbf{M} = (\mathbf{F} + \mathbf{K})$	N = (J+L)	$O = ((N \div M) * 100)$
Number of subscribers that the ETC attempted to recertify directly or through a state administrator, ETC access to a state database, or by USAC (This should equal the number reported in Block E)	Number of subscribers de- enrolled or scheduled to be de- enrolled as a result of non-response or ineligibility	Percentage of subscribers de-enrolled or scheduled to be de-enrolled as a result of ineligibility or non-response
1963	974	49.62%

Section 4: Pre-Paid ETCs

All ETCs must complete the appropriate check-box; pre-paid ETCs must complete all of Section 4. Pre-paid ETCs generally do not assess or collect a monthly fee from their Lifeline subscribers. ETCs that only assess a fee but do not collect such fees are pre-paid ETCs and must complete the chart below.

Is the ETC Pre-Paid?

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

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,

Certified Online
Signature of Officer

mark.krohse@uscellular.com

Email Address of Officer

Stephanie Cassioppi

Person Completing This Certification Form

Mark A. Krohse, Assistant Secretary

Printed Name and Title of Officer
01/27/2016

Date
630-201-3501

Contact Phone Number

Affiliated ETCs

SAC	Name
349007	Yakima MSA Limited Partnership
439004	Yakima MSA Limited Partnership
379019	Yakima MSA Limited Partnership
419012	Yakima MSA Limited Partnership
129002	Yakima MSA Limited Partnership
199004	Yakima MSA Limited Partnership
359016	Yakima MSA Limited Partnership
159014	St. lawrence Seaway RSA Cellular Partnership
429007	Yakima MSA Limited Partnership
159015	New York RSA 2 Cellular
299010	Yakima MSA Limited Partnership
339007	Yakima MSA Limited Partnership
539002	Yakima MSA Limited Partnership
239006	Yakima MSA Limited Partnership
209005	Yakima MSA Limited Partnership
109002	Yakima MSA Limited Partnership