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UT-250011

Received
Records Management
Jan 31, 2025 January 31, 2025
Via Web Filing

https://efiling.utc.wa.gov/Form

WA UTC Electronic Filing
Washington Utilities & Transportation Comm.
Mr. Jeff Killip
https://efiling.utc.wa.gov/Form

RE: IM Telecom, LLC

WA Copy of FCC Form 555 - Annual Lifeline ETC Certification

Docket No. UT-250011

Dear Mr. Killip:

Enclosed please find the WA Copy of FCC Form 555 - Annual Lifeline ETC Certification, filed on behalf of IM Telecom, LLC. No check is enclosed as there are no remittance fees due.

This report has been web-filed at https://efiling.utc.wa.gov/Form

Questions regarding this filing should be directed to my attention at 407-740-8575. Thank you for your assistance in this matter.

Sincerely,

Inteserra Compliance

cc: April Gilstrap - IM Telecom, LLC

file: IM Telecom, LLC - Reporting - Washington

PF/bs

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)

529037		143036597	
Study Area Code (SAC)		Service Provider Identification Number (SPIN)	
n Eligible Telecommunications Carrier	(ETC) must provide a certifi	cation form for <b>each SAC</b> that provides Lifeline service).	
2024	WA	IM Telecom LLC	
Recertification Year	State	ETC Name	
Infiniti Mobile		KonaTel, Inc.	
DBA, Marketing, or Other Branding	Name	Holding Company Name	
	lank)	(If same as ETC name, list "N/A" Do not leave blank)	

## Does the reporting company have affiliated ETCs? Yes $\_$ No $\underline{X}$

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.

Affi	iated ETC's SAC	Affiliated ETC's Name

### Initial Certification All ETCs must complete this section.

I certify that the company listed above:

- Has policies and procedures in place to ensure that its Lifeline subscribers are eligible to receive Lifeline services; and
- · Is in compliance with all federal Lifeline certification procedures; and
- Is in compliance with the minimum service levels set forth in 47 C.F.R. § 54.408.

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

Initial JR
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#### **Annual Recertification Results**

Report the results of recertification efforts for the current calendar year.

Do not leave blocks empty. If the National Verifier is responsible for conducting recertification, enter zero for blocks A - F. If the state Lifeline Administrator is responsible for conducting recertification, report the results for each block.

A. Subscribers eligible for recertification within current calendar year	
B. Subscribers de-enrolled prior to recertification attempts	
C. Total number of subscribers required to be recertified (A-B)	
D. Subscribers successfully recertified	
E. Subscribers de-enrolled for failed recertification	
F. Percentage de-enrolled for failed recertification (E/C)	

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying upon notice of eligibility from: \_\_ state Lifeline administrator X National Verifier

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

No Subscribers Certification Complete this section if ETC claimed no Lifeline subscribers.

I certify that my company did not claim federal low income support 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(s) listed on this form

Initial		

### **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. 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 $\underline{X}$ No $\underline{\hspace{1cm}}$

If yes, record the number of subscribers de-enrolled for non-usage by month in Block H below.

G	Н
Month	Subscribers De-Enrolled for Non-Usage
January	0
February	0
March	0
April	0
Мау	0
June	0
July	225
August	926
September	3866
October	1106
November	867
December	0
Total Subscribers	6990

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.

### Signature Block

By signing below, I certify that the information provided above. I am authorized to make this certification for thi	d is true and accurate. I am an officer of the company named s SAC.
Signed,	
John Ripley	John Ripley - Authorized Representative
Signature of Officer	Printed Name and Title of Officer
jripley@infinitimobile.com	01-29-2025
Email Address of Officer	Date
Stacey Carmel	214-323-8003
Person Completing This Certification Form	Contact Phone Number