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WA UTC Electronic Filing Washington Utilities and Transportation Commission http://www.utc.wa.gov/docs

/Pages/ElectronicFiling.aspx,

RE: Budget PrePay, Inc. d/b/a Budget Mobile

WA Copy of FCC Form 555 - Annual Lifeline ETC Certification

Docket No. UT-150061

Dear Sir or Madam:

Enclosed please find the 2015 Lifeline ETCs' annual filings to the Federal Communications Commission pursuant to 47 C.F.R. § 54.416 (b), the WA Copy of FCC Form 555 - Annual Lifeline ETC Certification, filed on behalf of Budget PrePay, Inc. d/b/a Budget Mobile. No check is enclosed as there are no remittance fees due.

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

Sincerely,

Craig Neeld

Compliance Reporting Specialist

cc: Lakisha Taylor - Budget PrePay, Inc. d/b/a Budget Mobile

file: Budget PrePay, Inc. d/b/a Budget Mobile - Reporting - Washington

CN/jg

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 31<sup>st</sup> (Annually)

529016			
Study Area Code (SAC) (An Eligible Telecommunications Carrier (ETC) must provide a c	certification form for each SAC through which it provides Lifeline service),		
WA	Budget PrePay Inc.		
State	ETC Name		
Budget Mobile	Budget PrePay, Inc		
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)		
Does the reporting company have affiliated ETCs?	Yes O No O		
determined in accordance with Section 3(2) of the Communications	, using page 4 and additional sheets if necessary. Affiliation shall be Act. That Section defines "affiliate" as "a person that (directly or indirectly) wnership or control with, another person." 47 U.S.C. § 153(2). See also 47		
Affiliated ETC's SAC	Affiliated ETC's Name		
formation, or other similar legal document. An officer is laws (or partnership agreement), and would typically be promptroller, treasurer, or a comparable position. If the file	of a position listed in the article of incorporation, articles of s a person who occupies a position specified in the corporate bypresident, vice president for operations, vice president for finance, or is a sole proprietorship, the owner must sign the certification.		
I certify that the company listed above has certification pro	•		
A) Review income and program-based eligibility document that, to the best of my knowledge, the company wa income and/or program-based eligibility prior to his or	ntation prior to enrolling a consumer in the Lifeline program, and is presented with documentation of each consumer's household her enrollment in Lifeline; and/or		
B) Confirm consumer eligibility by relying upon access Lifeline administrator prior to enrolling a consumer in	s to a state database and/or notice of eligibility from the state the Lifeline program.		
above.	orized to make this certification for the Study Area Code listed		
Initial DD			

# 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	E = (A - B - C - 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 Lifetine 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	
15370	0	2417	5222	7731

#### Recertification Results:

F	G	H = (F-G)	I	J = (H+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 incligibility from ETC recertification attempt
6636	3541	3095	0	3095

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
1095	0

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 DD

#### AND/OR

B.) I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on:

Washington DSHS Database

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 DD

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. Initial

#### 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 incligibility	Percentage of subscribers de-enrolled or scheduled to be de-enrolled as a result of ineligibility or non-response
7731	3095	40.04%

#### 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 👩

No O

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	351
February	607
March	852
April	577
May	397
June	920
July	865
August	1006
September	2183
October	2533
November	1310
December	5727
Total Subscribers	17328

## 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.

Signature of Officer

davidd@budgetprepay.com

Email Address of Officer

Robin Enkey

Person Completing This Certification Form

David Donahue

Printed Name and Title of Office

01/30/2015

Date

318-671-5784

Contact Phone Number