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January 31, 2023

Georgia Public Service Commission
Mr. Reese McAlister, Exec. Secretary
244 Washington Street S.W.
Atlanta, GA 30334-5701

RE: Docket 36946 – Lifeline Certification on FCC Form 555 - Boomerang Wireless, LLC d/b/a enTouch Wireless

Dear Mr. McAlister,

Pursuant to 47 C.F.R. § 54.416, enclosed please find for filing in the above-referenced docket a copy of Boomerang Wireless, LLC dba enTouch Wireless' FCC Form 555.

If you have any questions regarding this filing, please contact me at (407) 260-1011 or regulatory@csilongwood.com.

Respectfully submitted,

/s/ Mark Lammert

Mark Lammert
Attorney-in-Fact
Boomerang Wireless, LLC d/b/a enTouch Wireless

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)

229027	143036595
Study Area Code (SAC)	Service Provider Identification Number (SPIN)

*(An Eligible Telecommunications Carrier (ETC) must provide a certification form for **each SAC** through which it provides Lifeline service).*

2022	GA	Boomerang Wireless LLC
Recertification Year	State	ETC Name
enTouch Wireless		HH Ventures LLC
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 ☐ No ☒

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.

Affiliated ETC's SAC	Affiliated ETC's Name

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 ◉ 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	414
February	564
March	231
April	559
May	530
June	201
July	441
August	501
September	1514
October	914
November	1182
December	1244
Total Subscribers	8295

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.

Initial DF _____

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.	402	124	83	9	7	9	22	424	702	2030	822	878	5512
B.	121	27	22	9	7	6	22	369	601	1289	684	767	3924
C.	281	97	61	0	0	3	0	55	101	741	138	111	1588

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.

	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.	281	97	61	0	0	3	0	55	101	741	138	111	1588

J. Name of third party administrator used to verify subscriber eligibility:

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.	54	18	10	0	0	0	0	5	10	88	11	1	197

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.	227	79	51	0	0	3	0	50	91	653	127	110	1391

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.

Initial DF

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 DF

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.

Initial DF

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 DF

M = (G+K)	N = (D+F+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**
197	1588	12.4%

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,

Domenic Fontana/SVP-Finance
Signature of Officer

domenic.fontana@viaoneservices
Email Address of Officer

Mark Lammert
Person Completing This Certification Form

Domenic Fontana/SVP-Finance
Printed Name and Title of Officer

Jan 31, 2023
Date

407-794-3488
Contact Phone Number

Affiliated ETCs

SAC	Name