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January 30, 2023

Georgia Public Service Commission
Executive Secretary
244 Washington Street S.W.
Atlanta, GA 30334-5701

**RE: Docket 36946 – Lifeline Certification on FCC Form 555 - Telrite Corporation d/b/a Life Wireless**

Dear Executive Secretary,

Pursuant to 47 C.F.R. § 54.416, enclosed please find for filing in the above-referenced docket a copy of Telrite Corporation's 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
Telrite Corporation d/b/a Life 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)***

| 229017 | 143028229 |
|---|---|
| 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 | Telrite Corporation |
|---|---|---|
| Recertification Year | State | ETC Name |

| Life Wireless | Telrite 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)* |

**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 | 133 |
| February | 91 |
| March | 126 |
| April | 133 |
| May | 140 |
| June | 124 |
| July | 292 |
| August | 413 |
| September | 342 |
| October | 399 |
| November | 970 |
| December | 977 |
| Total Subscribers | 4140 |

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** KJ

## 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. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| B. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| C. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

## 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. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

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

_____

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. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

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. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

**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** _____

**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** _____

**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** _____

**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** KJ

| 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** |
| 0 | 0 | 0.0% |

**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,

Kelly Jesel, Secretary
Signature of Officer

kelly.jesel@telrite.com
Email Address of Officer

Mark Lammert
Person Completing This Certification Form

Kelly Jesel, Secretary
Printed Name and Title of Officer

Jan 18, 2023
Date

407-794-3488
Contact Phone Number

## Affiliated ETCs

| SAC | Name |
|---|---|
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