

January 26, 2024

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** that provides Lifeline service).*

2023	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 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.

Affiliated 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 DF

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.

Initial DF

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 DF

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 X **No** __

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

G	H
Month	Subscribers De-Enrolled for Non-Usage
January	1267
February	1315
March	1124
April	962
May	926
June	946
July	1020
August	1050
September	1113
October	1032
November	1004
December	1339
Total Subscribers	13098

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 is true and accurate. I am an officer of the company named above. I am authorized to make this certification for this SAC.

Signed,

Domenic Fontana	Domenic Fontana - SVP Finance
Signature of Officer	Printed Name and Title of Officer
Domenic.Fontana@viaoneservices.com	01-24-2024
Email Address of Officer	Date
Mark Lammert	407-794-3492
Person Completing This Certification Form	Contact Phone Number