Expert Telecom Compliance
1725 Windward Concourse
Suite 150
Alpharetta, Georgia 30005

Telephone: (770) 232-9200
Facsimile: (770) 232-9208

February 15, 2024

VIA ELECTRONIC DELIVERY

Executive Secretary
Georgia Public Service Commission
244 Washington Street, SW
Atlanta, Georgia 30334

Re: Docket No. 36946, Eligible Telecommunications Carrier Repository Docket
FCC Form 555 for Air Voice Wireless, LLC d/b/a AirTalk Wireless

Dear Sir/Madam:

Pursuant to 47 C.F.R. § 54.416, attached please find for filing in the above-referenced docket Air Voice Wireless, LLC d/b/a AirTalk Wireless's Annual Lifeline Eligible Telecommunications Carrier Certification Form (FCC Form 555).

The FCC Form 555 has been filed with the Federal Communications Commission ("FCC") pursuant to 47 C.F.R. § 54.416. As required by Chapter 515-12-1-.35(1) of Georgia Public Service Commission ("Commission") rules, this FCC compliance filing is also being filed with the Commission.

If you have any questions regarding this filing, please contact me at 770-232-9200 or etc@telecomcounsel.com.

Respectfully submitted,

s/Rachael Sears

Rachael Sears, Regulatory Specialist
Expert Telecom Compliance

Enclosure
cc:

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)

229044	143037108
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	Airvoice Wireless LLC
Recertification Year	State	ETC Name

AirTalk Wireless	VTel Holding, 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 X 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
409028	Cintex Wireless, LLC.
189016	Cintex Wireless, LLC.
589003	Cintex Wireless, LLC.
209018	Cintex Wireless, LLC.
109012	Cintex Wireless, LLC.
279045	Cintex Wireless, LLC.; New Phone Wireless LLC

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 SK

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 SK

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 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	513
February	932
March	622
April	765
May	846
June	823
July	1000
August	0
September	549
October	1084
November	1727
December	1130
Total Subscribers	9991

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,

Sarah Kim	Sarah Kim - Compliance Manager
Signature of Officer	Printed Name and Title of Officer
skim@hthcomm.com	01-29-2024
Email Address of Officer	Date
Sarah Kim	7135341950
Person Completing This Certification Form	Contact Phone Number