

Eric Fryson

From: Debi Nobles [dnobles@townes.net]
Sent: Thursday, January 24, 2013 11:22 AM
To: Filings@psc.state.fl.us
Subject: E-Filing: Northeast Florida Telephone Company FCC Form 555
Attachments: FCC Form 555- Northeast Florida Tele Co.PDF

This electronic filing is made by:

Deborah Nobles
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Docket No.: 130000-OT - Undocketed Filings

Submitted on behalf of: Northeast Florida Telephone Company

Total Pages: 5

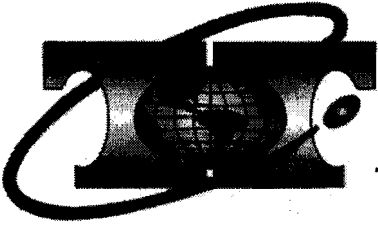
Document Description: FCC Form 555 – Annual Lifeline Eligible Telecommunications Carrier
Certification Form due 1/31/13 filed with the FCC, USAC and FPSC

DOCUMENT NUMBER-DATE

00421 JAN 24 2013

FPSC-COMMISSION CLERK

1/24/2013



TOWNES TELECOMMUNICATIONS SERVICES CORPORATION

January 24, 2013

Office of Commission Clerk
Florida Public Service Commission
2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850

Re: Northeast Florida Telephone Company
FCC Form 555 – Annual Lifeline Eligible Telecommunications Carrier Certification Form

Dear Commission Clerk:

Northeast Florida Telephone Company submits the attached Annual Lifeline Eligible Telecommunications Carrier Certification Form – FCC Form 555 in compliance with FCC Rule §54.416(b) that requires eligible telecommunications carriers (ETCs) to submit a copy of the results of their annual Lifeline re-certification efforts to the state commission for subscribers residing in the state where the state commission designated the company as an ETC. As per direction from Commission Staff, please place this in the undocketed file.

Please contact me at 904-688-0029 or by email at dnobles@townes.net should you have any questions.

Sincerely,

s/ Deborah Nobles

Vice President of Regulatory Affairs

Attachment – FCC Form 555 due 1/31/13

DOCUMENT NUMBER - DATE

00421 JAN 24 2013

505 Plaza Circle, Suite 200 . Orange Park, FL 32073 . (904) 688-0017 . (904) 688-0049 Fax

FPSC-COMMISSION CLERK

FCC Form 555
November 2012

Annual Lifeline Eligible Telecommunications Carrier Certification Form
All carriers must complete Sections 1, 2, and 3. Carriers must complete Section 4, if applicable.

Deadline: January 31st (Annually)

Florida

State
(An Eligible Telecommunications Carrier (ETC) must provide a certification form for each state in which it provides Lifeline service).

210335 Northeast Florida Telephone Company

Study Area Code(s) (SAC) ETC Name(s)

Townes Telecommunications, Inc. NEFCOM

Holding Company Name(s) DBA, Marketing or Other Branding Name(s)

| | |
|---|--------------|
| Affiliated ETCs (include names and SACs, attach additional sheets if necessary) | See Attached |
|---|--------------|

Section 1: All ETCs (Initial the certification that applies to your ETC. Depending on the state, both certifications may apply).

I certify that the company listed above has certification procedures in place to review income and program-based eligibility documentation prior to enrolling a customer 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. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial DA

[Empty box for SAC(s) list]

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

AND/OR

I certify that the company listed above confirms consumer eligibility by relying on _____ prior to enrolling a customer in the Lifeline program. *(Please list the program eligibility data sources, such as ETC access to a state database and/or notice of eligibility from the state Lifeline administrator and indicate for which qualifying programs (e.g., SNAP, SSI) these sources are used to verify consumer eligibility).* I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial _____

[Empty box for SAC(s) list]

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

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Section 2: All ETCs (Initial the certification that applies to your ETC, and if applicable, complete columns A through L the tables below. Attach additional sheets if necessary).

I certify that the company listed above has procedures in place to re-certify the continued eligibility of all of its Lifeline customers, and that, to the best of my knowledge, the company obtained signed certifications from all consumers attesting to their continuing eligibility for Lifeline, except those subscribers whose eligibility was verified by the company through the use of other sources of eligibility information as well as those subscribers who were re-certified by the state Lifeline administrator. Results are provided in the chart below. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above.

Initial DN

| A | B |
|--|---|
| Number of Subscribers Claimed on May FCC Form(s) 497 | Number of Lines Claimed on May FCC Form(s) 497 Provided to Wireline Resellers |
| 794 | 0 |

| C | D | E = C-D | F | G = (E+F) | H |
|---|---|--------------------------------------|---|---|--|
| 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 | Number of Subscribers De-Enrolled or Scheduled to be De-Enrolled as a Result of Non-Response or Ineligibility | Number of Subscribers Who De-Enrolled Prior to Recertification Attempt |
| 688 | 479 | 209 | 28 | 237 | 0 |

| I | J | K | L |
|--|---|--|--|
| Number of Subscribers Whose Eligibility was Reviewed By State Administrator or By ETC Access to Eligibility Data | Number of Subscribers Whose Eligibility Was Examined by State Administrator or By ETC Access to Eligibility Data and Found to be Ineligible | Number of Customers De-enrolled or Scheduled to be De-Enrolled as a Result of a Finding of Ineligibility | Number of Subscribers Who De-Enrolled Prior to Recertification Attempt |
| 0 | 0 | 0 | 0 |

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OR

I certify that my company did not claim federal Low Income support for any Lifeline customers prior to June ____ (insert current year). I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial _____

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

Section 3: All ETCs (Initial the certification 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(s) listed above. Initial DN

Section 4: Non-Usage Applicable to Certain Pre-Paid ETCs (the ETC does not assess or collect a monthly fee from its Lifeline subscribers)(Record the number of subscribers de-enrolled for non-usage by month in column N below).

| M | N |
|-----------|---------------------------------------|
| Month | Subscribers De-Enrolled for Non-Usage |
| January | 0 |
| February | 0 |
| March | 0 |
| April | 0 |
| May | 0 |
| June | 0 |
| July | 0 |
| August | 0 |
| September | 0 |
| October | 0 |
| November | 0 |
| December | 0 |

Signed,

Deborah Nobles
Signature of Officer
Vice President of Regulatory Affairs
Title of Officer
Deborah Nobles
Person Completing this Certification Form

Deborah Nobles
Printed Name of Officer
1/24/2013
Date
904-688-0029
Contact Phone Number

