

January 29, 2015

BY HAND DELIVERY

Ms. Carlotta Stauffer, Commission Clerk Room 152, Gunter Building Florida Public Service Commission 2540 Shumard Oak Blvd. Tallahassee, Florida 32399-0850

Re:

T-Mobile FCC Form 555, Annual Lifeline Certification

Dear Ms. Stauffer:

Enclosed for filing on behalf of T-Mobile South, LLC is a courtesy copy of T-Mobile South, LLC's Annual Lifeline Eligible Telecommunications Certification Form, FCC Form 555, as filed with the Federal Communications Commission pursuant to 47 C.F.R. § 54.416.

Please acknowledge receipt of this document by stamping the extra copy of this letter "filed" and returning it to me. Thank you for your assistance with this filing.

Sincerely yours,

Floyd R. Self, B.C.S.

FRS/bhs Enclosure

cc:

Michelle Thomas, Esq.

Mr. Bob Casey

GONZALEZ SAGGIO & HARLAN LLP Attorneys at Law

www.gshllp.com

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)

219013	
Study Area Code (SAC) (An Eligible Telecommunications Carrier (ETC) must pro	vide a certification form for each SAC through which it provides Lifeline service).
Florida	T-Mobile South LLC
State	ETC Name
T-Mobile	T-Mobile USA, Inc.
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)
oes the reporting company have affiliated E	
rovide a list of all ETCs that are affiliated with the reporti etermined in accordance with Section 3(2) of the Communi	TCs? Yes No no no ETC, using page 4 and additional sheets if necessary. Affiliation shall be lications Act. That Section defines "affiliate" as "a person that (directly or indirectly annon ownership or control with, another person." 47 U.S.C. § 153(2). See also 47
rovide a list of all ETCs that are affiliated with the reporti etermined in accordance with Section 3(2) of the Communi wns or controls, is owned or controlled by, or is under com	ng ETC, using page 4 and additional sheets if necessary. Affiliation shall be ications Act. That Section defines "affiliate" as "a person that (directly or indirectly
rovide a list of all ETCs that are affiliated with the reporti- etermined in accordance with Section 3(2) of the Communi wns or controls, is owned or controlled by, or is under com F.R. § 76.1200.	ng ETC, using page 4 and additional sheets if necessary. Affiliation shall be ications Act. That Section defines "affiliate" as "a person that (directly or indirectly amon ownership or control with, another person." 47 U.S.C. § 153(2). See also 47

Section 1: 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	CMM
iniuai	0001.

Section 2: Annual Recertification

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

A	В	С	D	$\mathbf{E} = (\mathbf{A} - \mathbf{B} - \mathbf{C} - \mathbf{D})$
Number of subscribers claimed on February FCC Form 497 of current Form 555 calendar year (February data month)	Number of lines claimed on February FCC Form 497 of current Form 555 calendar year provided to wireline resellers	Number of subscribers claimed on the February FCC Form 497 that were initially enrolled in the current Form 555 calendar year (These subscribers did not have Lifeline service prior to January 1 of the current 555 calendar year.)	Number of subscribers de-enrolled <u>prior</u> to recertification attempt by either the ETC, a state administrator, access to an eligibility database, or by USAC	Number of subscribers ETC is responsible for recertifying for current Form 555 calendar year
3283	0	1059	125	2099

Recertification Results:

F	G	H = (F-G)	I	J = (H+I)
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 (This should be a subset of Block G.)	Number of subscribers de- enrolled or scheduled to be de-enrolled as a result of non-response or response of incligibility from ETC recertification attempt
2099	749	1350	0	1350

K	L
Number of subscribers whose cligibility was reviewed by state administrator, ETC access to eligibility database, or by USAC	Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of finding of ineligibility by state administrator, ETC access to eligibility database, or USAC
0	0

Note: If any subscriber was reviewed by an ETC accessing a state database or by a state administrator and subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in Blocks F through J as appropriate and not in Blocks K and L. As a result, all subscribers subject to recertification who were not de-enrolled prior to the recertification attempt must be accounted for in Block F or Block K.

The total of Block F and Block K should equal the number reported in Block

Certification:

Based on the data entered above, initial the certification(s) below that apply. Both Certification A and B may apply depending on the recertification procedures in place for the SAC reporting on this form. If Certification C applies, neither Certification A nor B may apply.

AND/OR

B.)	I certify that the comp	any listed above has pro	cedures in place to re	certify consumer eligibili	ty by relying on:
	(List database or name of	administrator here)*		 Results are provided 	in the chart above in
		I am an officer of the c	ompany named above	. I am authorized to make	e this certification for the SC for qualifying program
	SAC listed above.	notice of eligibility	from the FL OPC to	i income and me rur.	SC for qualifying program
	Initial	participation	OR		

Section 3: De-enroll Percentage

Using the data entered in Section 2, complete the chart below to find the percentage of subscribers de-enrolled for this ETC.

M = (F+K)	N = (J+L)	O = ((N + M) * 100)
Number of subscribers that the ETC attempted to recertify directly or through a state administrator, ETC access to a state database, or by USAC (This should equal the number reported in Block E)	Number of subscribers de- enrolled or scheduled to be de- enrolled as a result of non-response or ineligibility	Percentage of subscribers de-enrolled or scheduled to be de-enrolled as a result of ineligibility or non-response
2099	1350	64%

Section 4: Pre-Paid ETCs

All ETCs must complete the appropriate check-box; pre-paid ETCs must complete all of Section 4. Pre-paid ETCs generally do not assess or collect a monthly fee from their Lifeline subscribers. ETCs that only assess a fee but do not collect such fees are pre-paid ETCs and must complete the chart below.

Is the ETC Pre-Paid?	Yes	No V
ID THE LITE I WALL	100	T. C.

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	
February	
March	
April	
May	•
June	
July	
August	
September	
October	13(4) 14(4)(1)(1)(4)(4)
November	
December	
Total Subscribers	

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.	
Study Area Code (SAC) listed above.	

aned, Mur Mille	
Chirs.Miller1@T-Mobile.com	
Squail Address of Officer	
Rosenna Tse	_

Person Completing This Certification Form

Chris Miller	, Vice President, Ta
Printed Name an	d Title of Officer 5
Date 425-383-59	905

Affiliated ETCs

SAC	Name
219013 (Florida)	T-Mobile South LLC
269024 (Kentucky)	Powertel/Memphis, Inc. and T-Mobile Central LLC
369014 (Minnesota)	T-Mobile Central LLC
289029 (Mississippi)	Powertel/Memphis, Inc. and T-Mobile South LLC
499013 (New Mexico)	T-Mobile West LLC
179014 (Pennsylvania)	T-Mobile Northeast LLC, VoiceStream Pittsburgh LP and T-Mobile Central LLC
639003 (Puerto Rico)	T-Mobile Puerto Rico LLC
449066 (Texas)	T-Mobile West LLC
199016 (Virginia)	T-Mobile West LLC T-Mobile Northeast LLC
529013 (Washington)	T-Mobile West LLC
323013 (VVastinigtori)	1-Wobile West LLO