

**INLAND TELEPHONE COMPANY**  
Corporate Offices

103 S. 2nd St.  
P.O. Box 171  
Roslyn, WA 98941

**INLAND  
TELEPHONE**

Telephone: (509) 649-2211  
Fax: (509) 649-3300

GNR-T-13-01

January 31, 2013

Idaho Public Utilities Commission  
Commission Secretary  
472 W. Washington  
P.O. Box 83720  
Boise, ID 83720-0074

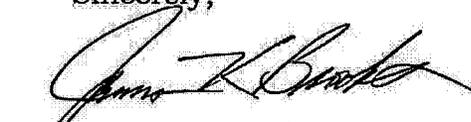
Re: Pursuant to IPUC Order No. GNR-T-13-01  
2013 Federal Lifeline Certification and Reporting  
Pursuant to 47 C.F.R. § 54.416(b)

Dear Commission Secretary:

Pursuant to 47 C.F.R. § 54.416(b), accompanying this letter for filing with the Idaho Public Utilities Commission ("Commission") is a copy of the completed FCC Form 555 ("Annual Lifeline Eligible Telecommunications Carrier Certification Form"), for the reporting year ended December 31, 2012, that has been submitted by Inland Telephone Company ("Company") (SAC 472423) to the Universal Service Administrative Company (USAC) with respect to the Company's Lifeline service subscribers residing in the State of Idaho.

Please let us know if the Commission has any questions regarding the information presented on the accompanying form.

Sincerely,

  
James K. Brooks  
Treasurer/Controller

Accompanying document

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 31<sup>st</sup> (Annually)**

**Idaho**

State

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

472423

Study Area Code(s) (SAC)

**Inland Telephone Company**

ETC Name(s)

**Western Elite Incorporated Services**

**Inland Networks**

Holding Company Name(s)

DBA, Marketing or Other Branding Name(s)

Affiliated ETCs (include names and SACs, attach additional sheets if necessary)

Additional Sheet 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 *CP*

**472423**

*(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 CAPA of Idaho 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 *CP*

Notice of eligibility is received via email from the Community Action Partnership Association (CAPA) of Idaho

*(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).*

FCC Form 555  
November 2012

**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 *JF*

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
12	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

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
5	0	0	7

FCC Form 555  
November 2012

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).

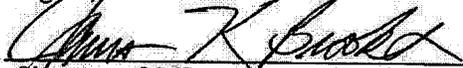
**Section 3: All ETCs (Initial the certification below).**

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 JB

**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	
February	
March	
April	
May	
June	
July	
August	
September	
October	
November	
December	

Signed



Signature of Officer

Treasurer/Controller

Title of Officer

James K. Brooks

Person Completing this Certification Form

James K. Brooks

Printed Name of Officer

January 31, 2013

Date

(509) 649-2211

Contact Phone Number



**ETC Identification**

SAC	ETC Name
472423	Inland Telephone Company
522423	Inland Telephone Company
479007	Washington RSA No. 8 Limited Partnership
529003	Washington RSA No. 8 Limited Partnership
529004	Eastern Sub-RSA Limited Partnership

**Holding Company Name(s)**

SAC	Holding Company Name
472423	Western Elite Incorporated Services
522423	Western Elite Incorporated Services
479007	Inland Cellular Telephone Company
529003	Inland Cellular Telephone Company
529004	Inland Cellular Telephone Company

**DBA, Marketing or Other Branding Name(s)**

SAC	Name
472423	Inland Networks
522423	Inland Networks
479007	Inland Cellular
529003	Inland Cellular
529004	Inland Cellular