



# STRATA

NETWORKS

March 11, 2013

Marlene H. Dortch, Secretary  
Office of the Secretary  
Federal Communications Commission  
445 12th Street, S.W.  
Washington, DC 20554

Karen Majcher,  
VP High Cost and Low Income Division  
Universal Service Administrative Company (USAC)  
200 L Street NW, Ste. 200  
Washington, DC 20036

Mr. Gary Widerburg  
Public Service Commission of Utah  
Herber M. Wells Bldg.  
160 East 300 South  
Salt Lake City, UT 84111

Re: FCC Docket 11-42  
UPSC Docket No. 13-999-04  
*Annual Lifeline Eligible Telecommunications Carrier Certification Form - FCC Form 555*

Dear Ms. Dortch:

Attached is a revised amended Form 555 for UBTA-UBET Communications, Inc. ("Company"), Study Area Code 502287 which contains the information that was recently received from the Utah Division of Public Utilities (DPU) and the Utah Department of Workforce Services for matching program-based eligibility for wireline Lifeline subscribers in the state of Utah.

The state was granted a waiver (FCC DA 13-180) on filing the data after the original due date.

If you should need additional information or have any questions please do not hesitate to contact me at 435-622-5007 or email at [btodd@stratanetworks.com](mailto:btodd@stratanetworks.com).

Sincerely,

Bruce H. Todd  
CEO

Enclosure

cc w/encl: Ray Hendershot

**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)**

UTAH

State

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

502287

Study Area Code(s) (SAC)

UBTA-UBET COMMUNICATIONS, INC.

ETC Name(s)

STRATA Networks

Holding Company Name(s)

DBA, Marketing or Other Branding Name(s)

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

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** \_\_\_\_\_

(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 notice from the Utah Lifeline administrator prior to enrolling a customer in the Lifeline program. Temporary Assistance to Needy Families (TANF); Work Toward Employment; Food Stamps; General Assistance; Home Energy Assistance Target Programs/Help Program; Medicaid; Refugee Assistance; Supplemental Security Income; Federal Public Housing Assistance, including Section 8 Housing; National School Lunch Free Lunch Program; Head Start Program (income qualifying standard only).

(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** UBA

(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 BJD

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
1,058	1,056

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
789	178	611	55	666	n/a

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
392	666	666	n/a



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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** BHT

**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

Bruce H. Todd

Printed Name of Officer

CEO/General Manager

March 12, 2013

Title of Officer

Karl Searle

Date

435-622-6472

Person Completing this Certification Form

Contact Phone Number