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UTAH PUBLIC SERVICE COMMISSION

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February 2, 2015

Mr. Gary Widerburg  
Commission Administrator  
Utah Public Service Commission  
160 East 300 South, 4th Floor  
Salt Lake City, Utah 84114

*via courier*

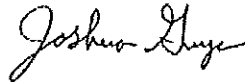
Re: Blue Jay Wireless, LLC Service Copy of FCC Form 555 Filing  
for Study Area Code 509011 (Utah); Docket No. 15-9904

Dear Mr. Widerburg:

Blue Jay Wireless, LLC ("Blue Jay") has been designated by the Utah Public Service Commission as an Eligible Telecommunications Carrier for provision of wireless Lifeline services.<sup>1</sup> Enclosed, pursuant to 47 C.F.R. § 54.416, is a service copy of Blue Jay's FCC Form 555 Annual Report submission to the Federal Communications Commission with respect to Lifeline services in Utah.

Kindly date stamp the duplicate copy of the filing and return it in the enclosed envelope. Please contact the undersigned at (202) 342-8566 if you have any questions.

Respectfully submitted,



Josh Guyan  
Counsel to Blue Jay Wireless, LLC

Enclosure

<sup>1</sup> *In the Matter of the Petition of Blue Jay Wireless, LLC for Designation as an Eligible Telecommunications Carrier for the Purpose of Offering Lifeline Service on a Wireless Basis*, Docket No. 12-2559-01, Order Approving Settlement Stipulation (issued May 20, 2013).

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

|  |   |
|--|---|
| <u>509011</u><br>Study Area Code (SAC)<br><i>(An Eligible Telecommunications Carrier (ETC) must provide a certification form for each SAC through which it provides Lifeline service).</i> |   |
| <u>UT</u><br>State   | <u>Blue Jay Wireless, LLC</u><br>ETC Name   |
| <u>N/A</u><br>DBA, Marketing or Other Branding Name<br><i>(If same as ETC name, list "N/A" Do not leave blank)</i>   | <u>N/A</u><br>Holding Company Name<br><i>(If same as ETC name, list "N/A" Do not leave blank)</i> |

Does the reporting company have affiliated ETCs?      Yes       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 |
|----------------------|-----------------------|
|                      |                       |

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.

**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 JW \*

**Section 2: Annual Recertification**

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

| A  | B   | C  | D  | E = (A - B - C - D)  |
|--|---|--|--|--|
| Number of subscribers claimed on February FCC Form 497 of current Form 555 calendar year<br><i>(February data month)</i> | 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<br><i>(These subscribers did not have Lifeline service prior to January 1 of the current 555 calendar year.)</i> | Number of subscribers de-enrolled prior 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 |
| 0  | 0   | 0  | 0  | 0  |

**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<br><i>(This should be a subset of Block G.)</i> | Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of non-response or response of ineligibility from ETC recertification attempt |
| 0   | 0   | 0                                    | 0   | 0  |

| K   | L  |
|---|--|
| Number of subscribers whose eligibility 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 E.

**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.

A.) I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. Results are provided in the chart above in Blocks F through J. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial \_\_\_\_\_

AND/OR

B.) I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on: (List database or name of administrator here) Results are provided in the chart above in Blocks K through L. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial \_\_\_\_\_

OR

C.) I certify that my company did not claim federal low income support for any Lifeline subscribers for the February Form 497 data month for the current Form 555 calendar year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial DL \*

**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.

| $M = (F+K)$  | $N = (J+L)$   | $O = ((N \div M) * 100)$  |
|--|---|---|
| Number of subscribers that the ETC attempted to recertify directly or through a state administrator, ETC access to a state database, or by USAC<br><i>(This should equal the number reported in Block E)</i> | 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 |
|  |   |   |

**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

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           | 0                                     |
| February          | 0                                     |
| March             | 0                                     |
| April             | 0                                     |
| May               | 0                                     |
| June              | 0                                     |
| July              | 0                                     |
| August            | 0                                     |
| September         | 0                                     |
| October           | 0                                     |
| November          | 0                                     |
| December          | 0                                     |
| Total Subscribers | 0                                     |

**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. I am authorized to make this certification for the Study Area Code (SAC) listed above.

Signed David Wareikis \*  
 Signature of Officer  
 Email Address of Officer DWareikis@bluejaywireless.com  
 Person Completing This Certification Form Lauren Maxley

David Wareikis, CEO  
 Printed Name and Title of Officer  
1-30-15  
 Date  
202-391-0954  
 Contact Phone Number





Blue Jay Wireless, LLC  
4240 International Parkway, Suite 140  
Carrollton, TX 75007  
Tel (972) 788-8860

January 29, 2015

Via ECFS

Ms. Marlene H. Dortch, Secretary  
Federal Communications Commission  
445 12th Street, S.W.  
Washington, D.C. 20554

Re: Submission of FCC Form 555 Annual Lifeline Eligible Telecommunications Carrier Certification Forms for Blue Jay Wireless, LLC

Dear Ms. Dortch:

Pursuant to 47 C.F.R. § 54.416, enclosed please find completed copies of FCC Form 555s for all relevant states and Study Area Codes for Blue Jay Wireless, LLC ("Blue Jay" or the "Company").

The Company is currently in the process of completing revisions for Form 497 for several months, including February, 2014. Therefore, the value of "Block A" of Section 2 (Number of subscribers claimed on February FCC Form 497 of current Form 555 calendar year) does not equal the sum of Blocks B through E, as the Form suggests it should. Blue Jay plans to file an amended Form 555 once revised Form 497s for the February 2014 data month have been submitted to USAC.

Please do not hesitate to contact me should you have further questions or require additional information.

Regards,

David Wareikis  
Chief Executive Officer  
Blue Jay Wireless, LLC  
972.788.8861 (office)  
[david@bluejaywireless.com](mailto:david@bluejaywireless.com)  
[www.bluejaywireless.com](http://www.bluejaywireless.com)