



Bruce S. Asay, PC Greg B. Asay

RECEIVE

January 30, 2023

Utah Public Service Commission Heber M. Wells Building 160 East 300 South Salt Lake City, UT 84111

Re:

Union Telephone Company-Form 555 Compliance Filing

Docket No. 23-999-04

To Whom it May Concern:

Pursuant to FCC requirements, (47 C.F.R. § 54.416), attached are the Compliance filings for the FCC Form 555 for Union Telephone Company. The filings include the following: Study Area Codes (SAC) 519905 and 512297. Please acknowledge receipt of filing by reply.

If there are any questions, please contact me at (307) 632-2888.

Sincerely

Bruce S. Asay

Attorney for Union Telephone Company

ENC.

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)

512297		14300 2585					
Study Area Code (SAC	*	Service Provider Identification Number (SPIN) a certification form for each SAC through which it provides Lifeline service).					
2022	WY 1 1	Union Telephone Company					
Recertification Year	State	ETC Name					
Union Wireless		Union Holding Corp.					
DBA, Marketing, or Ot (If same as ETC name, list "N.		Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)					
oes the reporting compa	any have affiliated ETCs?	Yes O No O					
ovide a list of all ETCs that are termined in accordance with So was or controls, is owned or con	e affiliated with the reporting ETo ection 3(2) of the Communication	Yes No O C, using page 4 and additional sheets if necessary. Affiliation shall be as Act. That Section defines "affiliate" as "a person that (directly or indirectly ownership or control with, another person." 47 U.S.C. § 153(2). See also 47					
rovide a list of all ETCs that are termined in accordance with S	e affiliated with the reporting ETo ection 3(2) of the Communication	C, using page 4 and additional sheets if necessary. Affiliation shall be is Act. That Section defines "affiliate" as "a person that (directly or indirectly)					

ETCs Subject to the Non-Usage Requirements

All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifetine subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month in Section 4. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-enrolled by month.

Is the ETC subject to the non-usage requirements?

Yes ()

No O

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

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.

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

Annual Recertification

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

Report the number of Lifeline subscribers due for recertification by month (January-December)

- A. Subscribers eligible for recertification by anniversary month
- B. Subscribers de-enrolled prior to recertification attempts
- C. Total number of subscribers ETC is responsible for recertifying (A-B)

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
Α.	0	0	0	0	0	0	0	1	0	0	0	1	2
B.	0	0	0	0	0	0	0	0	0	0	0	0	0
C,	0	0	0	0	0	0	0	1	0	0	0	1	2

Recertification Methods

State of federal database

D. Subscribers recertified through ETC access to state or federal database by anniversary month

Report the number of eligible subscribers verified through access to a state or federal database.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
D.	0	0	0	0	0	0	0	0	0	0	0	0	0

E. Name of the data source(s) used to verify consumer eligibility:

ETC Direct Contact

F. Subscribers contacted by ETC directly to recertify (You may also use this section to report subscriber initiated recertifications).

Report the number of Lifeline subscribers the ETC contacted directly to obtain recertification of eligibility

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
F.	0	0	0	0	0	0	0	0	0	0	0	0	0

G. Subscribers who failed to recertify through ETC direct outreach attempt

Report the number of Lifeline subscribers de-enrolled due to ineligibility or non-response to the ETC's outreach attempt.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
G.	0	0	0	0	0	0	0	0	0	0	0	0	0

H. Subscribers who recertified through ETC direct outreach attempt

Report the number of Lifeline subscribers that successfully recertified through ETC's outreach attempt.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
H.	0	0	0	0	0	0	0	0	0	0	0	0	0

Third Party

I. Subscribers whose eligibility was reviewed by state administrator, third party administrator, or USAC

Report the number of Lifeline subscribers contacted by a state administrator, third party administrator, or USAC for the purpose of recertification.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
I.	0	0	0	0	0	0	0	4	0	0	0	See I	2

J. Name of third party administrator used to verify subscriber eligibility:

USAC

K. Subscribers de-enrolled as a result of a third party recertification attempt

Report the number of subscribers as a result of ineligibility or non-response to outreach from a state administrator, third party administrator, or USAC.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
K.	0	0	0	0	0	0	0	0	0	0	0	0	0

L. Subscribers who recertified through a state administrator, third party administrator, or USAC's recertification effort

Report the number of subscribers that recertified through a request from a state administrator, third party administrator, or USAC

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
L.	0	0	0	0	0	0	0	1	0	0	0	1	2

Certification:

Recertification Method: Database

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on a database. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Initial

Recertification Method: ETC

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. I am an officer of the company named above. I am authorized to make this

certification for the SAC(s) listed above.		
Initial		
Recertification Method: Third Party I certify that the company listed above hadministrator. I am an officer of the comlisted above. Initial	nas procedures in place to recertify consumpany named above. I am authorized to m	mer eligibility by relying on an nake this certification for the SAC(s)
No Subscribers I certify that my company did not claim data year. I am an officer of the company above. Initial	federal low income support for any Lifel y named above. I am authorized to make	ine subscribers for the current Form 555 this certification for the SAC listed
M = (G+K)	N = (D+F+I)	O = M/N*100
Total number of subscribers de-enrolled as a result of recertification	Total number of subscribers ETC is responsible for recertifying	Percent of subscribers due for recertification who were de-enrolled
0	2	0.0%

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,

Signature of Officer

Curry During

Email Address of Officer

DeEtte Wall

Person Completing This Certification Form

Printed Name and Title of Officer

3077824160

Contact Phone Number

Affiliated ETCs

SAC	Name
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5199 05	143000734
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2022 WY 10	Union Telephone Company
Recertification Year State	ETC Name
Union Wireless	Union Holding Corp.
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)

Does the reporting company have affiliated ETCs?

Yes	(5)	7
1 60	16 3 1	J.

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
7,	

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Is the ETC subject to the non-usage requirements?

Yes No 101

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

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I am an officer of the company named above. I am authorized to make this certification for the Study Area Code listed above.

Initial 4

Annual Recertification

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

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- C. Total number of subscribers ETC is responsible for recertifying (A-B)

or summinume	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
A.	0	0	0	0	0	0	0	0	0	0	0	0	0
В.	0	0	0	0	0	0	0	0	0	0	0	0	0
C.	0	0	0	0	0	0	0	0	0	0	0	0	0

Recertification Methods

State of federal database

D. Subscribers recertified through ETC access to state or federal database by anniversary month

Report the number of eligible subscribers verified through access to a state or federal database.

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D.	0	0	0	0	0	0	0	0	0	0	0	0	0_

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F.	0	0	0	0	0	0	0	0	0	0	0	0	0

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Report the number of Lifeline subscribers de-enrolled due to ineligibility or non-response to the ETC's outreach attempt.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
G.	0	0	0	0	0	0	0	0	0	0	0	0	0

H. Subscribers who recertified through ETC direct outreach attempt

Report the number	of Lifeline su	beeribore that	cucceccfully	receptified th	rough ETC's	outreach attennot
Kenoit the minner	or varietime su	HSG/HDC/IS LIBRI	SHECESSIUNV	1000MILLION IN		OUR ORGH GILLOTTER.

1	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
Н.	0	0	0	0	0	0.	0	0	0	0	0	0	0

Third Party

I. Subscribers whose eligibility was reviewed by state administrator, third party administrator, or USAC

Report the number of Lifeline subscribers contacted by a state administrator, third party administrator, or USAC for the purpose of recertification.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
J.	0	0	0	0	0	0	0	0	0	0	0	0	0

- J. Name of third party administrator used to verify subscriber eligibility:
- K. Subscribers de-enrolled as a result of a third party recertification attempt

Report the number of subscribers as a result of ineligibility or non-response to outreach from a state administrator, third party administrator, or USAC.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
K.	0	0	0	0	0	0	0	0	0	0	0	0	0

L. Subscribers who recertified through a state administrator, third party administrator, or USAC's recertification effort

Report the number of subscribers that recertified through a request from a state administrator, third party administrator, or USAC

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
L.	0	0	0	0	0	0	0	0	0	0	0	0	0

Certification:

Recertification Method: Database

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on a database. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Initial	
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Recertification Method: ETC

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5 176 12	8 3 %	ı R		

Recertification Method: Third Party

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on an administrator. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Initial	<u> </u>
	4

No Subscribers

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

Initial

M = (G+K)	$N \simeq (D+F+I)$	O = M/N*190
Total number of subscribers de-enrolled as a result of recertification	Total number of subscribers ETC is responsible for recertifying	Percent of subscribers due for recertification who were de-enrolled
O	0	0.0%

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,

Signature of Officer

Email Address of Officer

Selette Dwall Person Completing This Certification Form

Affiliated ETCs

SAC	Name
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