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866-ALL-WEST

January 14, 2026

Public Service Commission
Heber J. Wells Building
4th Floor
160 E 300 S
Salt Lake City, UT 84111

26-999-05
RE: Docket #25-999-04

2025 Annual Lifeline Recertification Form 555

To Whom It May Concern:

Attached is the completed Form 555 for All West Communications. This form needs to be filed under Docket # 25-999-04.

This report has been filed with USAC and the FCC.

If you have any questions regarding this information, please feel free to contact me.

Sincerely,

A handwritten signature in black ink that reads "Anna Middleton".

Anna Middleton
Billing Manager
All West Communications
435-783-4916
anna.middleton@allwest.com

Enclosure

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)

502288	143002572	
Study Area Code (SAC)		Service Provider Identification Number (SPIN)
(An Eligible Telecommunications Carrier (ETC) must provide a certification form for each SAC that provides Lifeline service).		
2025	UT	All West Communications, Inc.
Recertification Year	State	ETC Name
All West Communications, Inc.		
DBA, Marketing, or Other Branding Name (If same as ETC name, list "N/A" Do <u>not</u> leave blank)		Holding Company Name (If same as ETC name, list "N/A" Do <u>not</u> leave blank)

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
512290	All West Communications, Inc.
519008	All West Wyoming, Inc.

Initial Certification *All ETCs must complete this section.*

I certify that the company listed above:

- Has policies and procedures in place to ensure that its Lifeline subscribers are eligible to receive Lifeline services; and
- Is in compliance with all federal Lifeline certification procedures; and
- Is in compliance with the minimum service levels set forth in 47 C.F.R. § 54.408.

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

Initial JP

Annual Recertification Results

Report the results of recertification efforts for the current calendar year.

Do not leave blocks empty. If the National Verifier is responsible for conducting recertification, enter zero for blocks A - F. If the state Lifeline Administrator is responsible for conducting recertification, report the results for each block.

A. Subscribers eligible for recertification within current calendar year	
B. Subscribers de-enrolled prior to recertification attempts	
C. Total number of subscribers required to be recertified (A-B)	
D. Subscribers successfully recertified	
E. Subscribers de-enrolled for failed recertification	
F. Percentage de-enrolled for failed recertification (E/C)	

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying upon notice of eligibility from: state Lifeline administrator National Verifier

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

Initial JP

No Subscribers Certification *Complete this section if ETC claimed no Lifeline subscribers.*

I certify that my company did not claim federal low income support 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(s) listed on this form

Initial JP

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 Lifeline 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. 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 X

If yes, record the number of subscribers de-enrolled for non-usage by month in Block H below.

G	H
Month	Subscribers De-Enrolled for Non-Usage
January	
February	
March	
April	
May	
June	
July	
August	
September	
October	
November	
December	
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.

Signature Block

By signing below, I certify that the information provided is true and accurate. I am an officer of the company named above. I am authorized to make this certification for this SAC.

Signed,

Jenny Prescott

Signature of Officer

jenny.prescott@allwest.com

Email Address of Officer

Anna Middleton

Person Completing This Certification Form

Jenny Prescott - CFO

Printed Name and Title of Officer

01-12-2026

Date

4357834916

Contact Phone Number