

STATE OF *(insert Officer's state)*)
) SS
COUNTY OF *(insert Officer's county)*

**OFFICER'S CERTIFICATE
FOR *(insert name of company)***

(Insert Officer's name) of lawful age, being duly sworn, certifies under penalty of perjury as follows:

1. My name is *(insert Officer's name)*. I am employed by *(insert name of company)* as its *(insert Officer's title)* and am authorized to execute this Certificate on its behalf;
2. Company complies with each of the annual certification requirements identified in 47 CFR 54.416(a);
3. Company complies with all applicable Missouri Lifeline and Disabled Program procedures as identified in 4 CSR 240-31.120;
4. Company complies with all requirements associated with the National Lifeline Accountability Database (NLAD) as identified in 47 CFR 54.404;
5. Company's Lifeline service continues to meet the criteria set forth in 47 CFR 54.401;
6. Company's Missouri operations solely use the name of the Company, as recognized by the Commission for ETC designation, in all marketing and other USF-related materials, including filings with the Federal Universal Fund Administrator (FUSFA) and the Federal Communications Commission (FCC);
7. Company has complied with the notification requirements of 4 CSR 240-31.130(2)(J) and (K);
8. Company offers access to interexchange services, directory assistance services and operator services;
(If any of these services are not offered then modify and clarify this sentence accordingly.)
9. A copy of the Company's Form 481 annual report, as required by 47 CFR 54.422, is attached hereto as **Attachment A**;
10. Company does not provide Lifeline discounted wholesale services to resellers.
(If the company provides Lifeline service to resellers then modify and clarify this sentence accordingly. In addition identify the resellers.)

11. The electronic address of Company's website whereby the Company maintains information regarding its Lifeline service is as follows: *(insert web site address)*;
(If the company does not maintain such a website then state, "Information about the company's Lifeline service is not maintained on a website.")

12. A copy of the Company's Lifeline and/or Disabled Application forms are attached to this Certificate as **Attachment B**.

(Signature)

(Title)

Subscribed and sworn to me this _____ day of June, 2014.

Notary Public

My Commission expires:
