

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 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. *A wireless ETC should make either of the following statements:*

The Company does not assess or collect a monthly fee from Lifeline consumers. The Company complies with the service activation and service de-enrollment requirements identified in 47 CFR 54.407(c) and 47 CFR 54.405(e)(3).

The Company assesses a monthly fee from Lifeline consumers.

7. 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);

8. Company has complied with the notification requirements of 4 CSR 240-31.130(2)(J) and (K);

9. 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.)*

10. A copy of the Company's Form 481 annual report, as required by 47 CFR 54.422, is attached hereto as **Attachment A**;

11. 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.)*

12. 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.")*

13. A copy of the Company's Lifeline Application form is attached to this Certificate as **Attachment B**.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Title)

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

\_\_\_\_\_  
Notary Public

My Commission expires:  
\_\_\_\_\_