Expert Telecom Compliance, Inc.

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January 31, 2018

VIA ELECTRONIC DELIVERY

Florida Public Service Commission 2540 Shumard Oak Blvd. Tallahassee, Florida 32399-0850

Re: FCC Form 555 - i-wireless, LLC

Dear Sir/Madam:

Pursuant to 47 C.F.R. § 54.416, enclosed please find for filing a copy of i-wireless, LLC's Annual Lifeline Eligible Telecommunications Carrier Certification Form (FCC Form 555).

- Victoria Martin etc@telecomcounsel.com
 1725 Windward Concourse, Ste 150 Alpharetta, Georgia 30005
- 2) Undocketed
- 3) On behalf of i-wireless, LLC
- 4) 4 pages including cover letter
- 5) Pursuant to 47 C.F.R. 54.416, attached please find a copy of i-wireless, LLC's Form 555

If you have any questions regarding this filing, please contact me at 678-672-2831 or etc@telecomcounsel.com.

Respectfully submitted,

s/Victoria Martin

Victoria Martin, Regulatory Specialist Expert Telecom Compliance, Inc.

Attachment

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)

219018		143035427
Study Area Code (SAC An Eligible Telecommunica		Service Provider Identification Number (SPIN) a certification form for each SAC through which it provides Lifeline service).
2017	FL	I-Wireless LLC
Recertification Year	State	ETC Name
Access Wireless		W. I.V. G. W.
Access Wireless DBA, Marketing, or Of (If same as ETC name, list "N		Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)
DBA, Marketing, or Ot (If same as ETC name, list "N		
DBA, Marketing, or Ot (If same as ETC name, list "Nest the reporting comparide a list of all ETCs that armined in accordance with S	"A" Do not leave blank) The any have affiliated ETCs? The affiliated with the reporting ETC ection 3(2) of the Communication	(If same as ETC name, list "N/A" Do not leave blank)

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 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 O

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	52608
March	14361
April	12729
May	10706
June	9359
July	8230
August	6332
September	0
October	0
November	0
December	0
Total Subscribers	114325

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.

	JW	
Initial		

Minimum Service Level

I certify that the company listed above is in compliance with the minimum service levels set forth in the 47 CFR Section 54.408.

I am an officer of the company named above. I am authorized to make this certification for the SACs 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
A.	0	0	0	0	0	0	8129	13245	0	0	0	0	21374
B.	0	0	0	0	0	0	2343	1149	0	0	0	0	3492
C.	0	0	0	0	0	0	5786	12096	0	0	0	0	17882

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	3233	7918	0	0	0	0	11151

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

Florida Database

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	2553	4178	0	0	0	0	6731

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.

Kepoi	t the number	of Lifetine s	ubscribers de	e-emoned du	e to mengioi	nty or non-re	sponse to the	EIC Sound	each anempi				
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
G.	0	0	0	0	0	0	2023	3143	0	0	0	0	5166

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	530	1035	0	0	0	0	1565

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	0	0	0	0	0	0

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

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	JW	
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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

No Subscribers

I 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)	$\mathbf{N} = (\mathbf{D} + \mathbf{F} + \mathbf{I})$	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
5166	17882	28.89%

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,	
John Willis COO	
Signature of Officer	
john.willis@iwirelesshome.com	
Email Address of Officer	
Sam Bailey	
Person Completing This Certification Form	

John Willis COO
Printed Name and Title of Officer
Jan 31, 2018
Date
513-550-2755
Contact Phone Number

Affiliated ETCs

SAC	Name