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January 31, 2024

Docket No. ~~M-2024-0005229~~ M-2024-3045228-AEL-2/1/24

ELECTRONIC FILING

Ms. Rosemary Chiavetta, Secretary
Pennsylvania Public Utility Commission
Commonwealth Keystone Building
PO Box 3265
Harrisburg, PA 17105-3265

RE: Annual Filing of FCC Form 555 for Pennsylvania

Dear Secretary Chiavetta:

Federal regulations require eligible telecommunications carriers to provide the results of their re-certification efforts to state commissions for subscribers residing in those states where the state designated the eligible telecommunications carrier. 47 CFR 54.416(b). Verizon North LLC. ("Verizon") has traditionally met this requirement by filing a copy of its FCC Form 555, or "Annual Lifeline Eligible Telecommunications Carrier Certification Form," with the agency.

However, Verizon now participates in the National Verifier system, managed by Universal Service Administrative Company ("USAC") for determining eligibility for Lifeline. Therefore, as you can see in the attached filing, our Form 555 has no data and does not provide any meaningful information to your agency.

For that reason, with your consent, we plan to discontinue this filing in future years, beginning with the 2024 re-certification. Please let us know if this is acceptable.

Enclosed for filing are Verizon North LLC's Lifeline and Lifeline 135 recertification filing.

Should you have any questions regarding this filing, please do not hesitate to contact me at 888-605-0469 or via email at missie.burris@verizon.com.

Respectfully submitted,

Melissa A. Burris

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)

170169 _____ Study Area Code (SAC)	143034501 _____ Service Provider Identification Number (SPIN)	
<i>(An Eligible Telecommunications Carrier (ETC) must provide a certification form for each SAC that provides Lifeline service).</i>		
2023 _____ Recertification Year	PA _____ State	Verizon North LLC _____ ETC Name
		Verizon Communications Inc. _____
DBA, Marketing, or Other Branding Name <i>(If same as ETC name, list "N/A" Do <u>not</u> leave blank)</i>		Holding Company Name <i>(If same as ETC name, list "N/A" Do <u>not</u> leave blank)</i>

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
575020	Verizon Washington, DC Inc.
565010	Verizon Delaware LLC
165120	Verizon New Jersey Inc
155130	Verizon New York Inc.
170201	Verizon North LLC
170170	Verizon North LLC
175000	Verizon Pennsylvania LLC.
585114	Verizon Massachusetts
115112	Verizon Massachusetts
185030	Verizon Maryland LLC
190479	Verizon South Inc
195040	Verizon Virginia LLC
190233	Verizon South Inc
359070	Iowa 7 partnership
359071	Iowa 8 Monona Limited Partnership
389006	North Central RSA 2 of North Dakota
389009	North Dakota 4 Badlands
389007	North Dakota 1 - Northwest Dakota LP
389008	North Dakota RSA 3
389010	Verizon Wireless
299011	TracFone Wireless, Inc.

219003	TracFone Wireless, Inc.
199010	TracFone Wireless, Inc.
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149006	TracFone Wireless, Inc.
339023	Alltel Communications
369032	TracFone Wireless, Inc.
549028	TracFone Wireless, Inc.
479021	TracFone Wireless, Inc.
439067	TracFone Wireless, Inc.
469033	TracFone Wireless, 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 RP

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 RP

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

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

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,

Radhika Poduri

Signature of Officer

radhika.poduri@verizon.com

Email Address of Officer

Evonia Bennett

Person Completing This Certification Form

Radhika Poduri - Vice President Taxes

Printed Name and Title of Officer

01-30-2024

Date

9085591077

Contact Phone Number

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)

170170 _____ Study Area Code (SAC)	143034501 _____ Service Provider Identification Number (SPIN)
<i>(An Eligible Telecommunications Carrier (ETC) must provide a certification form for each SAC that provides Lifeline service).</i>	
2023 _____ Recertification Year	PA _____ State
Verizon North LLC _____ ETC Name	
Verizon Communications Inc. _____ Holding Company Name	
DBA, Marketing, or Other Branding Name <i>(If same as ETC name, list "N/A" Do <u>not</u> leave blank)</i>	Holding Company Name <i>(If same as ETC name, list "N/A" Do <u>not</u> leave blank)</i>

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
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155130	Verizon New York Inc.
170201	Verizon North LLC
170169	Verizon North LLC
175000	Verizon Pennsylvania LLC.
585114	Verizon Massachusetts
115112	Verizon Massachusetts
185030	Verizon Maryland LLC
190479	Verizon South Inc
195040	Verizon Virginia LLC
190233	Verizon South Inc
359070	Iowa 7 partnership
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389009	North Dakota 4 Badlands
389007	North Dakota 1 - Northwest Dakota LP
389008	North Dakota RSA 3
389010	Verizon Wireless
299011	TracFone Wireless, Inc.

219003	TracFone Wireless, Inc.
199010	TracFone Wireless, Inc.
119002	TracFone Wireless, Inc.
229010	TracFone Wireless, Inc.
159016	TracFone Wireless, Inc.
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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 RP

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.

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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 RP

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

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

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Signed,

Radhika Poduri

Signature of Officer

radhika.poduri@verizon.com

Email Address of Officer

Evonia Bennett

Person Completing This Certification Form

Radhika Poduri - Vice President Taxes

Printed Name and Title of Officer

01-30-2024

Date

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Initial RP

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

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Signature Block

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Signed,

Radhika Poduri

Signature of Officer

radhika.poduri@verizon.com

Email Address of Officer

Evonia Bennett

Person Completing This Certification Form

Radhika Poduri - Vice President Taxes

Printed Name and Title of Officer

01-30-2024

Date

9085591077

Contact Phone Number