



July 9, 2025

Secretary  
Pennsylvania Public Utility Commission  
P.O. Box 3265  
Harrisburg, PA 17105-3265.

**RE: Docket No. M-2025-3052786 - Compliance Filing - Copy of Form 497 -2Q25  
Boomerang Wireless, LLC d/b/a enTouch Wireless- Docket No. P-2014-2421056**

Dear Secretary:

Pursuant to Order approving Boomerang Wireless, LLC d/b/a enTouch Wireless as an Eligible Telecommunications Provider dated September 1, 2016, in Docket No. P-2014-2421056 the Pennsylvania Utility Commission ("Commission") designated Boomerang Wireless, LLC d/b/a enTouch Wireless as an Eligible Telecommunications Carrier ("ETC") for the limited purpose of providing Lifeline services in the state of Pennsylvania. The granting order issued in the docket requires Boomerang Wireless, LLC d/b/a enTouch Wireless to submit a copy of Form 497 filed with USAC.

Boomerang Wireless, LLC d/b/a enTouch Wireless respectfully submits the required data for the **second quarter of 2025 due by July 15, 2025**, for Docket No. **M-2025-3052786**.

Respectfully submitted,

/s/ Mark Lammert

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Mark Lammert CPA  
Attorney-in-Fact  
Boomerang Wireless, LLC d/b/a enTouch Wireless

LIFELINE CLAIMS WORKSHEET

USAC Service Provider Identification Number 143036595

Study Area Code 179031

Organization Information		Filing Information	
Company Legal Name:	<b>Boomerang Wireless LLC</b>	Submission Date	Data Month
Contact Name:	Caitlyn Lumpkin	05/05/2025	April 2025
Mailing Address:	415 McFarlan Rd STE 108 Kennett Square, PA 19348	Type of Filing (check one)	Original <input checked="" type="checkbox"/> Revision <input type="checkbox"/>
Telephone Number:	6783896024	State Reporting	PENNSYLVANIA
Fax Number:			
E-mail Address:	cmmurp@cgminc.com		

**Lifeline**

**Non-Tribal - Receiving federal Lifeline Support**

	# Lifeline Subscribers	Lifeline Support/ Subscriber Support	Total Lifeline
Voice	<u>144</u>	x \$ <u>5.25</u>	= \$ <u>756</u>
Broadband	<u>0</u>	x \$ <u>0</u>	= \$ <u>0</u>
Bundled	<u>529</u>	x \$ <u>9.25</u>	= \$ <u>4893</u>
<b>Total Federal Non - Tribal Lifeline Support Claimed</b>			<b>\$ <u>5649</u></b>

**Tribal - Receiving federal Lifeline Support**

	# Lifeline Subscribers	Lifeline Support/ Subscriber Support	Total Lifeline
Voice	<u>0</u>	x \$ <u>0</u>	= \$ <u>0</u>
Broadband	<u>0</u>	x \$ <u>0</u>	= \$ <u>0</u>
Bundled	<u>0</u>	x \$ <u>0</u>	= \$ <u>0</u>
<small>(not to exceed \$34.25 for any subscriber)</small>			
<b>Total Federal Tribal Lifeline Support Claimed</b>			<b>\$ <u>0</u></b>

**Total Federal Lifeline Support Claimed** \$ 5649

**Tribal Link Up** (Available only to ETCs receiving High Cost support)

Number of Connections Waived	<u>0</u>	
Charges Waived per Connection	\$ <u>0</u>	<small>(for multiple rates, use an average amount, may not exceed \$100)</small>
Total Connection Charges Waived	\$ <u>0</u>	
<b>Total Tribal Link Up Support Claimed</b>		<b>\$ <u>0</u></b>

**Total Lifeline** \$ 5649    **Total Tribal Link Up** \$ 0    **Total Dollars** \$ 5649

LIFELINE CLAIMS WORKSHEET

**CERTIFICATIONS AND SIGNATURES**

I certify that my company is in compliance with all of the Lifeline program rules, and, to the extent required, have obtained valid certifications for each subscriber for whom my company seeks reimbursement.

I certify that my company will pass through the full amount of all Non-Tribal and Tribal federal Lifeline support for which it seeks reimbursement, as well as all applicable intrastate Lifeline support, to all qualifying low-income subscribers by an equivalent reduction in the subscriber's monthly bill for supported service, or by offering a pre-paid wireless plan that complies with the appropriate minimum service standards contained in 47 CFR Â§54.408.

Based on the information known to me or provided to me by employees responsible for the preparation of the data being submitted, I certify under penalty of perjury that the data has been examined and reviewed and is true, accurate, and complete.

I acknowledge the Fund Administrator's authority to request additional supporting information as may be necessary.

Persons willfully making false statements on this form can be punished by fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Â§1001.

05/05/2025

JD Hilzendager

DATE

OFFICER SIGNATURE

Chief Operating Officer

JD Hilzendager

OFFICER TITLE

OFFICER NAME

NOTICE: To implement section 254 of the Communications Act of 1934, as amended, the Federal Communications Commission has adopted changes to the federal low-income programs.

The following worksheet provides the means by which eligible telecommunications carriers will be reimbursed by the Universal Service Administrative Company (USAC) for their participation in these programs. Failing to collect the information, or collecting it less frequently, would prevent the Commission from implementing sections 214 and 254 of the Act, would thwart Congress' goals of providing affordable service and access to advanced services throughout the nation, and would result in eligible telecommunications carriers not receiving universal service support reimbursements in a timely fashion.

We have estimated that each response to this collection of information will take, on average, two and one half hours for each respondent. Our estimate includes the time to read this data request, review existing records, gather and maintain required data, and complete and review the response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, AMD-PERM, Washington, D.C. 20554, Paperwork Reduction Project (3060-0819). We will also accept your comments on the burden estimate via the Internet if you send them to PRA@fcc.gov. Please DO NOT SEND the data requested to this e-mail address.

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The FCC is authorized under the Communications Act of 1934, as amended, to collect the information we request in this form. If we believe there may be a violation or a potential violation of a FCC statute, regulation, rule or order, your worksheet may be referred to the Federal, state or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation or order. In certain cases, the information in your worksheets may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government is a party of a proceeding before the body or has an interest in the proceeding.

If you do not provide the information we request on the form, the FCC may delay processing of your worksheet or may return your worksheet without action.

The foregoing Notice is required by the Privacy Act of 1974, Pub. L. No. 93-579, December 31, 1974, 5 U.S.C. Section 552, and the Paperwork Reduction Act of 1995, Pub. L. No. 104-13, 44 U.S.C. Section 3501, et seq.

LIFELINE CLAIMS WORKSHEET

USAC Service Provider Identification Number 143036595

Study Area Code 179031

Organization Information		Filing Information	
Company Legal Name:	Boomerang Wireless LLC	Submission Date	Data Month
Contact Name:	Caitlyn Lumpkin	06/05/2025	May 2025
Mailing Address:	415 McFarlan Rd	Type of Filing (check one)	Original <input checked="" type="checkbox"/> Revision <input type="checkbox"/>
	STE 108		
	Kennett Square, PA 19348	State Reporting	PENNSYLVANIA
Telephone Number:	6783896024		
Fax Number:			
E-mail Address:	cmmurp@cgminc.com		

**Lifeline**

**Non-Tribal - Receiving federal Lifeline Support**

	# Lifeline Subscribers	Lifeline Support/ Subscriber Support	Total Lifeline
Voice	<u>135</u>	x \$ <u>5.25</u>	= \$ <u>709</u>
Broadband	<u>0</u>	x \$ <u>0</u>	= \$ <u>0</u>
Bundled	<u>475</u>	x \$ <u>9.25</u>	= \$ <u>4394</u>
<b>Total Federal Non - Tribal Lifeline Support Claimed</b>			<b>\$ <u>5103</u></b>

**Tribal - Receiving federal Lifeline Support**

	# Lifeline Subscribers	Lifeline Support/ Subscriber Support	Total Lifeline
Voice	<u>0</u>	x \$ <u>0</u>	= \$ <u>0</u>
Broadband	<u>0</u>	x \$ <u>0</u>	= \$ <u>0</u>
Bundled	<u>0</u>	x \$ <u>0</u>	= \$ <u>0</u>
			(not to exceed \$34.25 for any subscriber)
<b>Total Federal Tribal Lifeline Support Claimed</b>			<b>\$ <u>0</u></b>

**Total Federal Lifeline Support Claimed** \$ 5103

**Tribal Link Up** (Available only to ETCs receiving High Cost support)

Number of Connections Waived	<u>0</u>	
Charges Waived per Connection	\$ <u>0</u>	(for multiple rates, use an average amount, may not exceed \$100)
Total Connection Charges Waived	\$ <u>0</u>	
<b>Total Tribal Link Up Support Claimed</b>		<b>\$ <u>0</u></b>

**Total Lifeline** \$ 5103    **Total Tribal Link Up** \$ 0    **Total Dollars** \$ 5103

LIFELINE CLAIMS WORKSHEET

CERTIFICATIONS AND SIGNATURES

I certify that my company is in compliance with all of the Lifeline program rules, and, to the extent required, have obtained valid certifications for each subscriber for whom my company seeks reimbursement.

I certify that my company will pass through the full amount of all Non-Tribal and Tribal federal Lifeline support for which it seeks reimbursement, as well as all applicable intrastate Lifeline support, to all qualifying low-income subscribers by an equivalent reduction in the subscriber's monthly bill for supported service, or by offering a pre-paid wireless plan that complies with the appropriate minimum service standards contained in 47 CFR Â§54.408.

Based on the information known to me or provided to me by employees responsible for the preparation of the data being submitted, I certify under penalty of perjury that the data has been examined and reviewed and is true, accurate, and complete.

I acknowledge the Fund Administrator's authority to request additional supporting information as may be necessary.

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06/05/2025

JD Hilzendager

DATE

OFFICER SIGNATURE

Chief Operating Officer

JD Hilzendager

OFFICER TITLE

OFFICER NAME

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USAC Service Provider Identification Number 143036595

Study Area Code 179031

Organization Information		Filing Information	
Company Legal Name:	<b>Boomerang Wireless LLC</b>	Submission Date	Data Month
Contact Name:	Caitlyn Lumpkin	07/07/2025	June 2025
Mailing Address:	415 McFarlan Rd	Type of Filing (check one)	Original <input checked="" type="checkbox"/> Revision <input type="checkbox"/>
	STE 108		
	Kennett Square, PA 19348	State Reporting	PENNSYLVANIA
Telephone Number:	6783896024		
Fax Number:			
E-mail Address:	cmmurp@cgminc.com		

**Lifeline**

**Non-Tribal - Receiving federal Lifeline Support**

	# Lifeline Subscribers	Lifeline Support/ Subscriber Support	Total Lifeline
Voice	<u>117</u>	x \$ <u>5.25</u>	= \$ <u>614</u>
Broadband	<u>0</u>	x \$ <u>0</u>	= \$ <u>0</u>
Bundled	<u>443</u>	x \$ <u>9.25</u>	= \$ <u>4098</u>
<b>Total Federal Non - Tribal Lifeline Support Claimed</b>			<b>\$ <u>4712</u></b>

**Tribal - Receiving federal Lifeline Support**

	# Lifeline Subscribers	Lifeline Support/ Subscriber Support	Total Lifeline
Voice	<u>0</u>	x \$ <u>0</u>	= \$ <u>0</u>
Broadband	<u>0</u>	x \$ <u>0</u>	= \$ <u>0</u>
Bundled	<u>0</u>	x \$ <u>0</u>	= \$ <u>0</u>
			(not to exceed \$34.25 for any subscriber)
<b>Total Federal Tribal Lifeline Support Claimed</b>			<b>\$ <u>0</u></b>

**Total Federal Lifeline Support Claimed** \$ 4712

**Tribal Link Up** (Available only to ETCs receiving High Cost support)

Number of Connections Waived	<u>0</u>	
Charges Waived per Connection	\$ <u>0</u>	(for multiple rates, use an average amount, may not exceed \$100)
Total Connection Charges Waived	\$ <u>0</u>	
<b>Total Tribal Link Up Support Claimed</b>		<b>\$ <u>0</u></b>

**Total Lifeline** \$ 4712    **Total Tribal Link Up** \$ 0    **Total Dollars** \$ 4712

LIFELINE CLAIMS WORKSHEET

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07/07/2025

JD Hilzendager

DATE

OFFICER SIGNATURE

Chief Operating Officer

JD Hilzendager

OFFICER TITLE

OFFICER NAME

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