

Filing Receipt

Filing Date - 2024-01-16 02:28:35 PM

Control Number - 41110

Item Number - 1086



January 16, 2024

Filing Clerk
Public Utility Commission of Texas
1701 N. Congress Ave.
Austin, TX 78701

RE: Control Number 41110, Annual Lifeline Eligible Telecommunications Carrier Certification Form for Web Fire Communications, Inc. (499 Filer ID No. 823980)

Dear Filing Clerk,

On behalf of Web Fire Communications, Inc. (Web Fire), and pursuant to 47 C.F.R. §54.416, enclosed for electronic filing is Web Fire's Annual Lifeline Eligible Telecommunications Carrier Certification Form (FCC Form 555) that was filed via the USAC E-File Portal. As required, this filing is also being sent the FCC.

Please contact me at 830.895.7221 or courtney.spears@vantagepnt.com with any questions or concerns.

Sincerely,

Courtney Spears

Authorized Representative for

Campy Spears

Web Fire Communications, Inc.

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)

449076		143036404
Study Area Code (SAC)		Service Provider Identification Number (SPIN)
(An Eligible Telecommunications Carrier (ETC) mus	st provide a certifie	cation form for each SAC that provides Lifeline service).
2023	TX	Web Fire Communications Inc
Recertification Year	State	ETC Name
DBA, Marketing, or Other Branding Name		Holding Company Name
(If same as ETC name, list "N/A" Do <u>not</u> leave blenk)		(# same as ETC name, list "N/A" Do <u>not</u> leave blank)
Does the reporting company have affiliate	d ETCs? Yes	s No <u>X</u>
Provide a list of all ETCs that are affiliated with the reporting ETC	C, 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" a	as *a person that (din	ectly 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. §	3 7 6.12 00.
Affiliated ETC's SAC		Affiliated ETC's Name

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.

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	0
B. Subscribers de-enrolled prior to recertification attempts	0
C. Total number of subscribers required to be recertified (A-B)	0
D. Subscribers successfully recertified	0
E. Subscribers de-enrolled for failed recertification	0
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: X 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	RT
mina	1 . 1

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	RT	

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 \underline{X}

If yes, record the number of subscribers de-enrolled for non-usage by month in Block H below.

G	Н
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 above. I am authorized to make this certification for this	d is true and accurate. I am an officer of the company name is SAC.
Signed,	
Ripley Tate	Ripley Tate - President
Signature of Officer	Printed Name and Title of Officer
rt@wf.net	01-10-2024
Email Address of Officer	Date
Courtney Spears	8308957221
Person Completing This Certification Form	Contact Phone Number