

December 15, 2011

Ms. Dana Parish  
Missouri Public Service Commission  
200 Madison Street  
PO Box 360  
Jefferson City, MO 65102-0360

Re: Case/Tracking No. RA-2012-0076

Dear Ms. Parish:

On December 15, 2011, you requested that Cintex Wireless, LLC ("Cintex") provide some additional information and clarification regarding the Application of Cintex Wireless, LLC for Designation as an Eligible Telecommunications Carrier in the State of Missouri for the Limited Purpose of Offering Lifeline and Link Up Service to Qualifying Households. The purpose of this letter is to provide the requested information.

First, Cintex agrees and commits to paying applicable 911 and E911 fees on all of its Missouri subscribers. Second, Cintex agrees and commits to informing the Missouri Public Service Commission in the event that there is a change to the regulatory contact person at Cintex. Third, Cintex wishes to confirm that the Tier 1 Lifeline support that Cintex will seek from the Universal Service Administrative Company is \$5.30, which is the subscriber line charge currently charged by AT&T Missouri. Finally, attached hereto is the Lifeline application that Cintex will use in Missouri.

In the event that you have any questions, please do not hesitate to contact Robert Felgar, General Counsel, Cintex, at (301) 363-4306, or the undersigned at (816) 460-2441.

Sincerely,



Susan B. Cunningham  
Counsel

Attachment



## MISSOURI Application for Low Income Discounts

You may qualify for a discount on your monthly telephone bill if you or a dependent residing in your household receives low income benefits under certain programs. The discount varies between \$3.50 & \$13.50 depending on your local voice provider and the type of program. The programs that qualify for low income benefits are listed below.

If you or a dependent residing in your household receives benefits from one or more of the programs listed below, please check all that apply, complete the remainder of this form, and return it to Cintex Wireless, LLC in the enclosed envelope with documentation verifying participation in at least one program. Documentation may include a benefit card or a letter to you or a dependent residing in your household from the federal, state, or local agency that administers the qualifying program.

### LOW INCOME PROGRAMS

- ☐ MO HealthNet (f/k/a Medicaid)
- ☐ Food Stamps
- ☐ Supplemental Security Income
- ☐ Low-Income Home Energy Assistance Program (LIHEAP)
- ☐ Federal Public Housing Assistance or Section 8
- ☐ National School Free Lunch Program
- ☐ Temporary Assistance for Needy Families

I certify under penalty or perjury that I or a dependent residing in my household currently receives benefits from at least one of the programs listed above. I agree to notify my local voice provider immediately if I or a dependent residing in my household ceases to participate in these programs. I direct and authorize any agency administering these qualifying programs to confirm and provide verifying documents to the Missouri Public Service Commission, or any delegate thereof, of current participation in a program. I confirm local voice service discounts under the low income programs are limited to one per household.

<b>Name of Beneficiary (please print)</b>	<b>Signature of Beneficiary or Guardian/Date</b>
<b>Name listed on Local Voice Service Account (please print)</b>	<b>Signature of Local Voice Subscriber</b>
<b>Address</b>	<b>Telephone Number</b>
<b>City, State, Zip</b>	

I \_\_\_\_\_ hereby attest that the supporting program documentation was presented and verified.  
Company Representative (please print)

<b>Signature</b>	<b>Title</b>	<b>Date</b>
------------------	--------------	-------------