

**BEFORE THE
MISSOURI PUBLIC SERVICE COMMISSION**

APPLICATION OF DPI TELECONNECT, LLC)
TO AMEND ITS DESIGNATION AS AN)
ELIGIBLE TELECOMMUNICATIONS CARRIER) Docket No. CO-2010-0054
PURSUANT TO THE TELECOMMUNICATIONS)
ACT OF 1996)

**SUPPLEMENT TO DPI TELECONNECT, LLC APPLICATION TO AMEND ITS
DESIGNATION AS AN ELIGIBLE TELECOMMUNICATIONS CARRIER**

Comes now dPi Teleconnect, LLC (“dPi” or the “Applicant”) and supplements its Application to Amend its Designation as an Eligible Telecommunications Carrier (“ETC”) in Missouri, pursuant to Section 214(e)(2) of the Telecommunications Act of 1996, (“1996 Act”), stating the following:

1. In response to a request by Commission Staff for a copy of dPi’s application for customer service, please see attached Exhibit A.
2. Staff requests that dPi provide the language to be used concerning the use and disposal of confidential customer information. In compliance with 47 C.F.R. 54.405 and .410, and 4 CSR 240-31.050, dPi provides the following language:

dPiTeleconnect has implemented a procedure to require proposed Lifeline subscribers provide documented proof of eligibility and dispose of the submitted documentation.

With respect to subscriber eligibility, at the time of service request, the subscriber must complete a self-certification form, (a) attesting under penalty of perjury that the subscriber is a current beneficiary of at least one of the lifeline-qualifying government programs, (b) identifying the specific program, (c) agreeing to inform dPiTeleconnect when/if they cease to participate in the qualifying program, (d) attesting that they have never received a previous

Linkup subsidy at their current address, and (e) stating that they are not currently receiving any other concurrent lifeline subsidy.

Eligibility Verification: at the time the prospective lifeline subscriber completes and presents the self-certification form to the dPiTeleconnect sales agent, the sales agent checks the form for correctness and completeness (incomplete forms will result in no service being provisioned), ensures that the form is signed and dated, and examines proof of eligibility for the qualifying program. The agent must document on the self-certification form the subscriber's name and date, and which qualifying document was examined. No copy is to be made of the document(s) that the agent examines in person. If the qualifying proof document is received by mail or fax, the same notation must be made on the self-certification document, and then the agent must destroy the qualifying proof document via the shredding machine located at each document receipt office.

Wherefore, dPiTeleconnect has provided the information requested by Staff.

Respectfully submitted,

/s/ Mark P. Johnson

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CERTIFICATE OF SERVICE

I hereby certify that a true and final copy of the foregoing was served electronically this 15th day of December, 2010, on the following:

Jennifer Hernandez
Office of the General Counsel
200 Madison Street.
Missouri Public Service Commission
P.O. Box 360
Jefferson City, MO 65102-0360

Office of Public Counsel
200 Madison Street
Room 650
P.O. Box 2230
Jefferson City, MO 65102-2230

/s/Mark P. Johnson
Mark P. Johnson

Missouri Lifeline/Link-Up-America Application

EXHIBIT A

When completed, mail or fax form to:
dPi Teleconnect, LLC d/b/a dPi Mobile
1330 Capital Parkway, Carrollton, TX 75006
Fax 1-800-610-9557
Call today for more information: 1-888-893-5677

This signed authorization is required in order to enroll you in the Lifeline/Link-Up-America program in your state. This authorization is only for the purpose of verifying your participation in these programs and will not be used for any other purpose. Service requests will not be processed until this form has been received and verified by Company.

Please read and certify the following statement by checking the below box:

"No member of my family has previously received a federal linkup subsidy at my current address"

1. Sign me up for Lifeline

State service is provided in: _____

2. I hereby certify that I participate in at least one of the following programs and am providing proof of eligibility documentation. Documentation may include a benefit card or a letter to you or a family member of your household from the federal, state, or local agency that administers the qualifying program: **DO NOT MAIL ORIGINALS**

LOW INCOME PROGRAMS

- Food Stamps
- Low-Income Home Energy Assistance Program (LIHEAP)
- MO HealthNet (f/k/a Medicaid)
- Supplemental Security Income ("SSI")
- Temporary Assistance for Needy Families ("TANF")
- National School Lunch's Free Lunch Program ("NSL")
- Section 8 Federal Public Housing Assistance ("FPHA")

DISABLED PROGRAMS

- Veteran Administration Disability Benefits
- State Blind pension
- Federal Social Security Disability
- Federal Supplemental Security Income
- State Aid to Blind Persons
- State Supplemental Disability Assistance payments Administered by the Family Support Division

I certify, under penalty of perjury, that I am a current recipient of the above program(s) and will notify my local telephone company when I am no longer participating in any of the above-designated program(s). I give permission to the duly authorized official(s) administering the above programs to provide to the local telephone company my participation status in any of the above program(s). I give this permission on the condition that the information in this form and any information about my participation in the above programs provided by officials be maintained by the company as confidential customer account information.

3. I also certify that:

- My telephone service is listed in my name.
- I am not listed as a dependent on another person's tax return (unless over the age of 60).
- The address listed is my primary residence, not a second home or business.

Applicant's Name: _____ Last four Digits of Social Security Number: _____

Applicant's Home Address _____

City: _____ State: _____ Zip code: _____

Applicant's Home Telephone Number: _____ Or Applicant can be reached at: _____

Applicant's Signature: _____ Date: _____

This portion to be filled in by the agent

I, _____ hereby attest that the supporting program documentation was presented and verified.
Agent's Name (please print)

Agent's Signature _____ Title _____ Date _____