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December 7, 2012

Via FedEx and Facsimile 614-466-0313

Public Utilities Commission of Ohio
Docketing Division
180 East Broad Street
Columbus, Ohio 43215-3793

Re: Boomerang Wireless, LLC; Case NO. 12-2428-TP-UNC

To Whom It May Concern:

Enclosed herewith for filing is the Second Supplement to Application of Boomerang Wireless, LLC seeking designation as a wireless ETC provider in the State of Ohio. Please acknowledge receipt of this facsimile filing via sboyd@joneswalker.com.

The original and four (4) copies are being delivered via FedEx for delivery on the next business day, Monday, December 10, 2012.

Please contact me should you need additional information regarding this filing.

Sincerely,

J. Andrew Gipson

JAG/ssb

Enclosures

cc: Jim Balvanz
Ambrosia Logsdon (via email)

This is to certify that the images appearing are an accurate and complete reproduction of a case file document delivered in the regular course of business.
Technician AW Date Processed 12/10/12

JONES, WALKER, WAECHTER, POITEVENT, CARRERE & DENE GRE L.L.P.

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**BEFORE
THE PUBLIC UTILITIES COMMISSION OF OHIO**

In the Matter of the Application of Boomerang)	Case No. 12-2428-TP-UNC
Wireless, LLC for Designation as a Low-)	
Income Competitive Eligible)	
Telecommunications Carrier)	

SECOND SUPPLEMENT TO APPLICATION

On September 5, 2012, Boomerang Wireless, LLC ("Boomerang") filed an application for designation as a Low Income Competitive Eligible Telecommunications Carrier. This application was designated as Case No. 12-2428-TP-UNC.

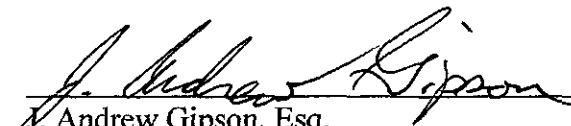
On November 21, 2012, Boomerang filed a Supplement to Application to provide details that were not in the original application. Boomerang now wishes to revise Item 11 of this Supplement as follows:

11. Calls to Customer Service.

There is no charge for calls to Customer Service and units are not deducted from the Lifeline Customers' plan if the customer dials 611 from their Lifeline cell phone to reach Customer Service. Also, if the customer uses the toll free number to reach customer service, the minutes are not deducted.

The company also submits herein a replacement Exhibit "E."

Respectfully submitted,



J. Andrew Gipson, Esq.
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Attorney for Boomerang Wireless, LLC



STATE OF OHIO

Thanks for choosing Boomerang Wireless!

To submit your Lifeline Application:

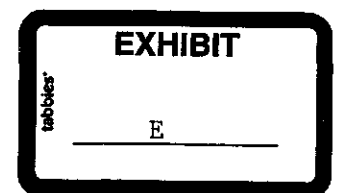
- 1) Complete **LIFELINE PROGRAM APPLICATION**.
Lifeline is a government benefit. Complete the form with truthfulness & accuracy.
- 2) Complete **HOUSEHOLD FORM** if you live at a multi-household address.
Your **household** is everyone who lives together at your address as one economic unit (including children and people who are not related to you).
- 3) Copy your **Eligibility & Identification** documents.
Remember to send copies of these documents (not originals).
They will NOT be returned. See FAQ for more info on eligibility documents.
- 4) Mail application & COPIES of eligibility documents to:
Boomerang Wireless
ATTN: Lifeline Processing
955 Kacena Road; Suite A
Hiawatha, IA 52233
- 5) Your application will be reviewed for completeness & eligibility.
- 6) Upon successful review, you will receive a free phone and Lifeline benefit in the mail within 10 business days.
- 7) Boomerang Wireless will contact you if we cannot process your application.

Questions?

support@boomerang-wireless.com

866.488.8719

We look forward to being your wireless phone service provider!





STATE OF OHIO

LIFELINE PROGRAM APPLICATION

Lifeline Self-Certification Form

To enroll in the Lifeline America program you need to complete this form.

The information is only used to certify with the Federal Communications Commission that you are participating in Lifeline with us.

Lifeline Service Disclosure

Lifeline is a government assistance program and willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment or being barred from the program. Only one lifeline benefit is available per household. A household is defined, for purposes of the Lifeline program, as any individual or group of individuals who live together at the same address and share income and expenses. Violation of the one per household limitation constitutes a violation of the Federal Communications Commission's rules and will result in your de-enrollment from the program, and lifeline is a non-transferable benefit and you may not transfer this benefit to any other person, regardless if they qualify for Lifeline. The Lifeline service must be used regularly. In the event of non-usage in a 60 day period, your Lifeline service will be discontinued. Keep your service active by using your phone regularly for inbound & outbound phone calls.

STEP 1—APPLICANT INFORMATION**USE BLACK OR BLUE INK ONLY**

Full Name	<input type="text"/>	Phone:	<input type="text"/>
Residential Address*:	<input type="text"/>	*Check One: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary	
Billing Address:	<input type="text"/>		
(*No PO Boxes.)			
City:	<input type="text"/>	State:	<input type="text"/>
		ZIP:	<input type="text"/>
Email:	<input type="text"/>	Birth Date:	<input type="text"/>
Last 4 digits of SSN:	<input type="text"/>	New/Conversion:	<input type="text"/>
		New Phone:	<input type="text"/>
		ESN:	<input type="text"/>

STEP 2: CERTIFICATIONS: I participate in the following public assistance programs (check one):

<input type="checkbox"/>	Supplemental Nutrition Assistance Program (SNAP)	<input type="checkbox"/>	National School Lunch Program (NSL)
<input type="checkbox"/>	Supplemental Security Income (SSI)	<input type="checkbox"/>	Medicaid
<input type="checkbox"/>	Low-Income Home Energy Assistance program (LIHEAP)	<input type="checkbox"/>	Ohio Medical Assistance
<input type="checkbox"/>	Section 8 Federal Public Housing Assistance	<input type="checkbox"/>	Ohio Disability Assistance
<input type="checkbox"/>	Temporary Assistance for Needy Families (TANF)	<input type="checkbox"/>	Ohio Social Security Disability Income (SSDI)
<input type="checkbox"/>	Ohio Energy Credit Program (OECF)	<input type="checkbox"/>	Ohio General Assistance
<input type="checkbox"/>		<input type="checkbox"/>	Ohio Works First

My household income is at or below 150% of federal guidelines. I provided documentation confirming my household income level.			
# Persons in Household	Income	# Persons in Household	Income
1	\$16,755	4	\$34,575
2	\$22,695	5	\$40,515
3	\$28,635	6	\$46,455

If you do not participate in one of these programs and someone in your household does:

Relationship to Participant: _____
Documents Reviewed for Certification: _____
Name of Person Participating: _____

- ☐ I certify that the person demonstrating program participation is a member of my household.
- ☐ I certify that the person name on the participation documentation is not already receiving a Lifeline discount.



STATE OF OHIO

STEP 3: CHOOSE YOUR PLAN: Choose one of the following plans. This plan will be reloaded to your phone monthly as long as you are eligible & certified.

FEATURE/ DESCRIPTION	125 FREE MONTHLY MINUTES	250 FREE MONTHLY MINUTES
• Local Calls	Y	Y
• National Long Distance	Y	Y
• Voicemail	Y	Y
• Nationwide Text	Y- 1 text=1 minute	Y- 1 text=1 minute
• Free 411	Y	Y
• Carry Over Minutes Month to Month	Y	N

STEP 4: SIGNATURE (Read, Initial & Sign):

____ (init) I acknowledge and consent to Boomerang Wireless divulging my name, telephone number and address to the Universal Service Administrative Company (the administrator of the program) and/or its agents for the purpose of verifying that the subscriber does not receive more than one Lifeline benefit. In the event that USAC identifies me as receiving more than one Lifeline subsidy per household, I acknowledge and understand that all carriers may be notified so that I may select one service and be de-enrolled from the other.

____ (init) I meet the income-based or program-based eligibility criteria for receiving Lifeline service and have provided documentation of eligibility if required to do so.

____ (init) I understand that Lifeline is a federal government benefit program and that willfully making false statements in order to obtain this benefit can be punished by fine or imprisonment or I may be barred from the program.

____ (init) My household will receive no more than one Lifeline-supported service. Lifeline service is available for only one subscription per household. A household is defined, for purposes of the Lifeline program, as any individual or group of individuals who live together at the same address and share income and expenses. A household is not permitted to receive Lifeline benefits from multiple providers. I understand that violation of the one-per-household requirement constitutes a violation of the FCC's rules and will result in my de-enrollment from the program, and could result in criminal prosecution by the United States government.

____ (init) I understand that I must notify Boomerang Wireless and provide my new address within 30 days of moving.

____ (init) If I do not have a permanent address and have supplied instead a temporary address above, I understand that Boomerang Wireless will attempt to verify every 90 days that I continue to rely on that address, and that I must notify Boomerang Wireless within 30 days of my new address after moving. If I do not respond to Boomerang Wireless' address verification attempts within 30 days, I understand that I may be de-enrolled from Boomerang Wireless' Lifeline service.

____ (init) I understand that I must notify Boomerang Wireless within 30 days if (1) I cease to participate in a federal or state qualifying program or my annual household income exceeds 150 percent of the federal poverty guidelines; (2) I receive more than one Lifeline-supported service; or (3) Another member of my household is receiving a Lifeline benefit or (4) I for any other reason no longer satisfy the criteria for receiving Lifeline support. I understand that I will be subject to penalties if I fail to follow this notification requirement, including being de-enrolled from the Lifeline program.

____ (init) I understand and acknowledge that Lifeline service is a non-transferable benefit and that I may not transfer my service to any other individual, including another low-income consumer.

____ (init) I acknowledge that I will be required to re-certify my eligibility for Lifeline benefits annually, and I may be required to re-certify my continued eligibility for Lifeline at any time, and that failure to do so will result in the termination of my Lifeline benefits.

____ (init) I hereby authorize the Company to send text messages to my Company provided wireless number about my Lifeline benefit. Text messages sent by the Company will not decrement my available wireless minutes or texts. Standard voice, data and text rates will apply to all messages to and from anyone other than the Company.

____ (init) I attest under penalty of perjury that the information herein is true and correct to the best of my knowledge.

Applicants Signature, _____ Date: _____

Agents Signature, _____ Date: _____

Office Use Only.

PLACE PHONE ID
STICKER HERE.

Questions? Call 866-488-8719 for Customer Service.



STATE OF OHIO
LIFELINE HOUSEHOLD FORM

Full Name:

Address:

City: ST: ZIP:

Lifeline is a government program that provides a monthly discount on home or mobile telephone services. Only ONE Lifeline discount is allowed per household. Members of a household are not permitted to receive Lifeline service from multiple telephone companies.

Your **household** is everyone who lives together at your address as one economic unit (including children and people who are not related to you).

The **adults** you live with are part of your **economic unit** if they contribute to and share in the income and expenses of the household. An **adult** is any person 18 years of age or older, or an emancipated minor (a person under age 18 who is legally considered to be an adult). Household **expenses** include food, health care expenses (such as medical bills) and the cost of renting or paying a mortgage on your place of residence (a house or apartment, for example) and utilities (including water, heat and electricity). **Income** includes salary, public assistance benefits, social security payments, pensions, unemployment compensation, veteran's benefits, inheritances, alimony, child support payments, worker's compensation benefits, gifts, and lottery winnings.

Spouses and domestic partners are considered to be part of the same household. Children under the age of 18 living with their parents or guardians are considered to be part of the same household as their parents or guardians. If an adult has no income, or minimal income, and lives with someone who provides financial support to that adult, both people are considered part of the same household.

You have been asked to complete this Worksheet because someone else currently receives a Lifeline-supported service at your address. This other person may or may not be a part of your household. Answer the questions below to determine whether there is more than one household residing at your address.

1. Does your spouse or domestic partner (that is, someone you are married to or in a relationship with) already receive a Lifeline-discounted phone? (check no if you do not have a spouse or partner) ☐ YES ☐ NO
 - If you checked YES, you may not sign up for Lifeline because someone in your household already receives Lifeline. Only ONE Lifeline discount is allowed per household.
 - If you checked NO, please answer question #2.
2. Other than a spouse or partner, do other adults (people over the age of 18 or emancipated minors) live with you at your address?

A. A parent <input type="checkbox"/> YES <input type="checkbox"/> NO	D. An adult roommate <input type="checkbox"/> YES <input type="checkbox"/> NO
B. An adult son or daughter <input type="checkbox"/> YES <input type="checkbox"/> NO	E. Other <input type="text"/> <input type="checkbox"/> YES <input type="checkbox"/> NO
C. Another adult relative (such as a sibling, aunt, cousin, grandparent, grandchild, etc.) <input type="checkbox"/> YES <input type="checkbox"/> NO	

 - If you checked NO for each statement above, you do not need to answer the remaining questions. Please initial line B, below, and sign and date the worksheet.
 - If you checked YES, please answer question #3.
3. Do you share living expenses (bills, food, etc.) and share income (either your income, the other person's income or both incomes together) with at least one of the adults listed above in question #2? ☐ YES ☐ NO
 - If you checked NO, then your address includes **more than one household**. Please initial lines A and B below, and sign and date the worksheet.
 - If you checked YES, then your address includes only **one household**. You may not sign up for Lifeline because someone in your household already receives Lifeline.



STATE OF OHIO
LIFELINE HOUSEHOLD FORM

CERTIFICATION

Please initial the certifications below and sign and date this worksheet. Submit this worksheet to

_____ [insert company or agency name] along with your Lifeline application.

- A. _____ I certify that I live at an address occupied by multiple households.
- B. _____ I understand that violation of the one-per-household requirement is against the Federal Communication Commission's rules and may result in me losing my Lifeline benefits, and potentially, prosecution by the United States government.

Signature _____
Date _____