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March 28, 2013

Luly Massaro, Clerk
Public Utilities Commission
89 Jefferson Boulevard
Warwick, RI 02888

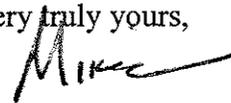
Re: Docket No. 4377 – YMax Communications Corp. – ETC Application

Dear Luly:

Enclosed for filing in this matter are an original and nine (9) copies of a Supplement to Petition on behalf of YMax Communications Corp.

If you have any questions, please feel free to call.

Very truly yours,



Michael R. McElroy

MRMc:tmg

cc: Cynthia Wilson-Frias, Esq.
Lance Steinhart, Esq.
Leo Wold, Esq.
Peter Russo

Steinhart/ETC/YMax/Massaro1

**BEFORE THE
STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
PUBLIC UTILITIES COMMISSION**

PETITION OF)
YMAX COMMUNICATIONS CORP.)
FOR DESIGNATION AS AN ELIGIBLE) **DOCKET NO. 4377**
TELECOMMUNICATIONS CARRIER)

SUPPLEMENT TO PETITION

YMax Communications Corp. (“YMax”, “Applicant” or the “Company”), pursuant to Section 214(e)(2) of the Communications Act of 1934, as amended (the “Act”)¹ and Sections 54.101 through 54.207 of the Rules of the Federal Communications Commission (“FCC”),² and the rules and regulations of the State of Rhode Island and Providence Plantations Public Utilities Commission (the “Commission”),³ hereby supplements its Petition for Designation as an Eligible Telecommunications Carrier (“ETC”) in Rhode Island.

I. Description of Lifeline Plan

YMax’s Lifeline service will be offered throughout the state of Rhode Island. The terms and conditions of YMax’s Lifeline plan are described below, in accordance with the Commission’s ETC Rule 4.5 and 47 C.F.R. § 54.202(a)(5). YMax’s Lifeline plan includes unlimited inbound calling, free local calling, and a \$3.00 credit towards the purchase of non-local calls. If the customer chooses, they can purchase additional credits for non-local and international calls at rates that will be posted on YMax’s website. Additionally, the customer will have advanced voice mail, access to 911 and 411, and unlimited customer service. This plan will

¹ 47 U.S.C. § 214(e)(2).

² 47 C.F.R. §§ 54.101-54.207.

³ See Rules and Regulations Governing the Certification and Verification Procedures for Telecommunications Carriers Eligible to Receive Payments from the Federal Universal Service Fund, effective August 30, 2012 (“Commission’s ETC Rules”).

be provided to the consumer at an ultimate net cost of \$0 per month after the Lifeline discount without incurring burdensome credit checks, startup costs, or long term contracts. YMax's offer is unique in a competitive landscape of "free cell phone" plans with limited number of minutes and expensive "recharge" costs or service from the local exchange carrier which is simply too expensive for most Lifeline-eligible consumers. By offering a net zero monthly cost and virtually unlimited minutes, YMax's Lifeline offer provides the consumers who need access to essential telecommunications services the most a real alternative and the ability to communicate freely. Instead of having to choose a plan that is a limited number of minutes or an expensive monthly plan, the public good is served by consumers having a choice that provides virtually unlimited minutes at no monthly cost.

II. Lifeline Certification Form

YMax has revised its proposed Lifeline certification form to match Rhode Island's Lifeline eligibility requirements. The revised form is attached hereto as Exhibit A.

III. CONCLUSION

WHEREFORE, YMax respectfully submits that there is no remaining impediment to its designation as an ETC and respectfully requests that the Commission designate YMax as an ETC for the Designated Service Area.

Respectfully submitted,

 #2627

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Attorneys for YMax Communications Corp.

Dated March 28, 13

EXHIBIT A

REVISED LIFELINE CERTIFICATION FORM

Application for YMAX Lifeline Service (Rhode Island)

(Discounted Telephone Service)

PLEASE READ CAREFULLY, USE PEN, PRINT, AND FILL OUT COMPLETELY

Billing Telephone Number (area code + number): _____

Billing Name On Account: _____
(first name) (last name) (middle initial)

Home Address: _____
(number) (street) (apartment number)

(city) (state) (zip)

Is this address temporary (circle YES or NO): **YES / NO**

Billing Address if different from Home Address: _____
(number) (street) (apartment number)

(city) (state) (zip)

PROGRAM PARTICIPATION AND CERTIFICATION

I certify under penalty of perjury that I or a member of my household meet the income-based or program-based eligibility criteria for receiving the Lifeline discount. I or a member of my household receive benefits from the following program (check only one program):

MEDICAID

SNAP (Supplemental Nutrition Assistance Program, formerly known as Food Stamps)

SUPPLEMENTAL SECURITY INCOME (SSI)

SECTION 8 FEDERAL PUBLIC HOUSING ASSISTANCE

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM

NATIONAL SCHOOL LUNCH PROGRAM

TEMPORARY ASSISTANCE FOR NEEDY FAMILIES

GENERAL PUBLIC ASSISTANCE (GPA)

RHODE ISLAND PHARMACEUTICAL ASSISTANCE TO THE ELDERLY (RIPAE)

BUREAU OF INDIAN AFFAIRS (BIA) GENERAL ASSISTANCE

RHODE ISLAND MEDICAL ASSISTANCE PROGRAM

HEAD START (TRIBAL LAND RESIDENTS ONLY)

RHODE ISLAND WORKS (formerly, Aid to Families with Dependent Children)

BUREAU OF INDIAN AFFAIRS (BIA) GENERAL ASSISTANCE

ELIGIBILITY BASED ON INCOME (SEE PAGE 3)

FOOD DISTRIBUTION PROGRAM (TRIBAL LAND RESIDENTS ONLY)

Along with this application, please attach or fax a photocopy (do not send an original) of one of the following:

- your current or prior year's statement of benefits from a qualifying state, federal or Tribal program or
- a notice letter of participation in a qualifying state, federal or Tribal program or
- a program participation document, for example, benefit card or
- an official document indicating your participation in a qualifying state, federal or Tribal program.

PLEASE READ AND CERTIFY THE PROGRAM RULES

The Lifeline discount program is a federal benefit and willfully making false statements to obtain this benefit can result in fines, imprisonment, de-enrollment or being barred from the program. YMAX is required by the Federal Communications Commission, or FCC, to verify your eligibility to participate in the Lifeline discount program.

Under penalty of perjury you must certify the following statements are true to the best of your knowledge. Please indicate your acknowledgement of each statement by a checkmark.

Only one Lifeline discount is allowed per household, consisting of either wireline or wireless service. A household is not permitted to receive Lifeline benefits from multiple providers. Violation of the one-per-household requirement constitutes a violation of Federal Communications Commission rules and will result in your de-enrollment from the program, and potentially, prosecution by the United States government.

A household is defined as any individual or group of individuals who live together at the same address and share income and expenses.

I certify my household will receive only one Lifeline service and, to the best of my knowledge, my household is not already receiving a Lifeline service.

Your name, telephone number, address and information contained in this application, as well as information associated with your Lifeline service may be provided to the Universal Service Administrative Company (USAC - administrator of the Lifeline discount program) and/or its agents for the purpose of verifying your household does not receive more than one Lifeline benefit. You will be denied Lifeline benefits if you fail to provide YMAX with consent to provide the specified information to USAC.

I acknowledge and consent that YMAX may provide my name, telephone number, address and information contained in this application, as well as information associated with your Lifeline service to the Universal Service Administrative Company (USAC) and/or its agents for the purpose of verifying that I or another member of my household does not receive more than one Lifeline benefit.

I agree to allow YMAX to exchange any necessary information with the appropriate federal or state agency, or fund administrator, to verify my eligibility to participate in the Lifeline discount program

Lifeline service is a non-transferable benefit. You may not transfer your Lifeline service to any individual, including another eligible low-income consumer.

I agree not to transfer my Lifeline discount benefit to another person.

I agree to notify YMAX within 30 calendar days if I move to another address and to provide the new address.

I agree to notify YMAX within 30 calendar days if, for any reason, I or my household:

- No longer receive benefits from the federal or state program that qualified me for the Lifeline discount program.
- Annual household income exceeds the Federal Poverty amount listed on page 3 that qualified me for the Lifeline discount program.
- Receives more than one Lifeline benefit or another member of my household is receiving a Lifeline service.

I acknowledge that I may be required to recertify my continued eligibility for Lifeline at any time and my failure to recertify will result in de-enrollment and termination of my Lifeline benefits.

I agree to participate in the certification of my continued eligibility in the Lifeline discount program.

The information contained in this application form is true and correct to the best of my knowledge.

I acknowledge that providing false or fraudulent information to receive Lifeline benefits is punishable by law.

REQUIRED INFORMATION

Please provide the last 4 digits of your Social Security Number: _____

Please provide your date of birth: _____ / _____ / _____
(day) (month) (year)

If you do not have a Social Security Number and live on Federally recognized Tribal lands please provide your Tribal identification number: _____

INCOME ELIGIBILITY GUIDELINES

The following chart can be used to determine eligibility for the Lifeline discount program based solely on income level. You may qualify for the Lifeline discount program if your household annual income is at or below 135% of the Federal Poverty Guidelines. A household is defined as any individual or group of individuals who live together at the same address and share income and expenses.

The chart below lists the annual income amount that cannot be exceeded in order to qualify based on household size. If the annual income amount for your household size is more than the amount shown on the chart below you do not qualify for the Lifeline discount based solely on income.

Household Size	135% of Federal Poverty Levels
1	\$15,512
2	\$20,939
3	\$26,366
4	\$31,793
Each additional person after 4	\$5,427

Please indicate the number of individuals in your household: _____

If your household qualifies based on the above income chart, please attach or fax a photocopy (do not send an original) of the following applicable documents. If you provide documentation that does not cover a full year (such as current pay stubs), you must submit three (3) consecutive months worth of the same type of document from the previous 12 months.

- your prior year's state, federal or Tribal tax return
- current income statement from an employer or paycheck stub
- a Social Security statement of benefits
- a Veterans Administration statement of benefits
- a retirement or pension statement of benefits
- an Unemployment or Workmen's Compensation statement of benefits
- federal or Tribal notice letter of participation in General Assistance
- a divorce decree
- a child support award
- other official document containing income information

PLEASE SIGN AND DATE THIS APPLICATION FORM AND PROVIDE PROGRAM BENEFICIARY NAME

Billing Name Signature: _____

Name of Household Member Receiving Benefits: _____ or SELF

Relationship to Household Member Receiving Benefits: _____ or SELF

PLEASE FAX OR MAIL SIGNED APPLICATION AND PROOF OF ELIGIBILITY TO:

Fax Number: (561) 722-0433

or Mail to:

YMAX Communications Corp Lifeline Service
PO BOX 6785
West Palm Beach, FL 33405