State: PW Sac: 999999 OMB Control #: 3060-0986 (High Cost) & 3060-0819 (Low Income), December 2020

498 ID: 999999999 Program Year: 2025

# Filing Type and Contact Info

### Filing Type

| This information has been preselected based on High Cost and Lifeline program support paid out in the previous calendar year. |
|---|
| you think the filing type is incorrect, please contact USAC.  |

| <u></u> | High Cost (Section 54.313 |
|---------|---------------------------|
|         | Lifeline (Section 54.422) |

### **Contact Information**

Include contact information for the person best able to answer questions about this form.

# Contact Name (030) SmokeTest Phone # (035) Ext. (optional) (345)234-6245 (xxx) xxx-xxxx Contact Email Address (039) hjgkjh@lk.oih

State: PW Sac: 999999 OMB Control #: 3060-0986 (High Cost) & 3060-0819 (Low Income), December 2020

498 ID: 999999999 Program Year: 2025

# Service Outage Reporting (Voice) (200)

### **Reportable Outages**

| For the prior calendar yea | ar, were there any reportable voice service outages? (210) |
|----------------------------|--|
| Yes                        | No   |
| Upload Service Outage Data | (220)  |
| Service Outage Data Temp   | late csv   |
| CSV only                   |  |

**State: PW Sac: 999999** 

OMB Control #: 3060-0986 (High Cost) & 3060-0819 (Low Income), December 2020

498 ID: 999999999 Program Year: 2025

# Number of Complaints per 1,000 Customers (400)

### **Report Voice Complaints**

| se, or otherwise utilize. (40) |                         | ted an ETC for any facilities you own, oper |
|--------------------------------|-------------------------|---|
|                                |                         |   |
| Enter complaints per 1         | 000 customers for fixed |   |
| voice (410)                    |                         |   |
|                                |                         |   |
| Enter complaints per 1         | 000 customers for mobil | e   |
| voice (420)                    |                         |   |
|                                |                         |   |
|                                |                         |   |

How you would like to report voice complaints (zero or greater) for voice telephony service in the prior

 State: PW
 OMB Control #: 3060-0986 (High Cost) &

 Sac: 999999
 3060-0819 (Low Income), December 2020

 498 ID: 999999999
 Program Year: 2025

# Compliance with Service Quality Standards and Consumer Protection Rules (500)

| Certify |  |
|---------|--|
|         | Compliance with Minimum Service Standards (515)                    |
|         | Does the carrier comply with applicable minimum service standards? |
|         | Yes No   |

State: PW Sac: 999999 OMB Control #: 3060-0986 (High Cost) & 3060-0819 (Low Income), December 2020

498 ID: 999999999 Program Year: 2025

# Functionality in Emergency Situations (600)

### Certify

| Functionality in Emergency Situations Certification (600)            |
|--|
| Is the carrier able to function in emergency situations?             |
| Yes No   |
|  |
| Descriptive Document for Functionality in Emergency Situations (610) |
| PDF SAEED.pdf (687 KB)   |
| PDF only   |

**State: PW** Sac: 999999

**Test Carrier Name 1161** 

OMB Control #: 3060-0986 (High Cost) & 3060-0819 (Low Income), December 2020

Program Year: 2025

498 ID: 999999999

# **Operating Companies (800)**

| <b>Carrier Names</b> | Carrier | Names |
|----------------------|---------|-------|
|----------------------|---------|-------|

| керо     | rting Carrier (810)  |
|----------|--|
| fdhs     | dfhwsd   |
| Holding  | g Company (811) i  |
| Name Not | t Available  |
| lidate t | he information listed above (811) by selecting one of the following:   |
|          | Holding Company/Affiliate name listed above is correct. (811A)         |
|          | Holding Company/Affiliate name listed above is NOT correct. (811B)     |
|          | ne correct Holding Company/Affiliate name (811C):                      |
|          | This study area does not have a Holding Company/Affiliate name. (811D) |
| ating C  | Company  |
| Opera    | ating Company (812)  |
| xdfb     | sdfhsd   |
| Upload   | Operating Company Data (813A, 813B, 813C) (Optional)                   |
|          | ng Company Data Template csy   |

Test Carrier Name 1161 FCC Form 481

 State: PW
 OMB Control #: 3060-0986 (High Cost) &

 Sac: 999999
 3060-0819 (Low Income), December 2020

498 ID: 999999999 Program Year: 2025

**Test Carrier Name 1161** 

FCC Form 481

Program Year: 2025

State: PW Sac: 999999

OMB Control #: 3060-0986 (High Cost) & 3060-0819 (Low Income), December 2020

498 ID: 999999999

| Tribal Lands Reporting (900)  |
|---|
| Tribal Land Services  |
| Does the filing entity offer Tribal land services? (900)                                    |
| Yes No  |
| Tribal Land(s) on which ETC Serves (910)  |
|   |
| Tribal Government Engagement Obligation   |
| (920)   |
| PDF only  |
| Confirm Statuses  |
| Select Yes, No, or NA for each of the below to confirm the status described on the attached |
| demonstrates coordination with the Tribal government pursuant to Section 54.313(a)(5) in    |
|   |

# d PDF (920) ncludes: Needs assessment and deployment planning with a focus on Tribal community anchor institutions (921) Yes No NA Feasibility and sustainability planning (922) No Yes Marketing services in a culturally sensitive manner (923) NA Yes No Compliance with Rights of way processes (924)

NA

No

FCC Form 481

**State: PW Sac: 999999** 

**Test Carrier Name 1161** 

OMB Control #: 3060-0986 (High Cost) & 3060-0819 (Low Income), December 2020

Program Year: 2025

498 ID: 999999999

| Compliance with Land Use permitting requirements (925)           |   |      |  |  |
|--|---|------|--|--|
| Yes  | No  | ○ NA |  |  |
| Compliance with Facilitie  | Compliance with Facilities Siting rules (926) |      |  |  |
| Yes  | No  | ○ NA |  |  |
| Compliance with Environmental Review processes (927)             |   |      |  |  |
| Yes  | No  | ○ NA |  |  |
| Compliance with Cultural Preservation review processes (928)     |   |      |  |  |
| Yes  | No  | O NA |  |  |
| Compliance with Tribal Business and Licensing requirements (929) |   |      |  |  |
| Yes  | No  | ○ NA |  |  |

State: PW Sac: 999999

**Test Carrier Name 1161** 

OMB Control #: 3060-0986 (High Cost) & 3060-0819 (Low Income), December 2020

498 ID: 999999999 Program Year: 2025

# Voice and Broadband Service Rate Comparability (1000)

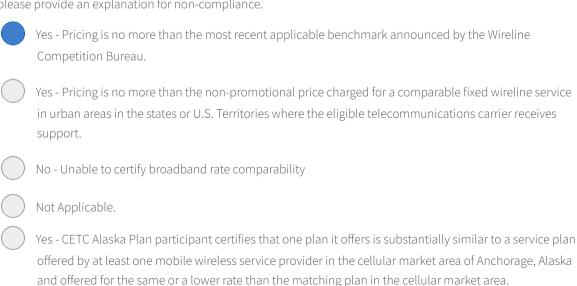
### **Certify Voice**

| Voice Services Rate Comparability Certification (1000)  |
|---|
| Is the carrier's pricing of fixed voice services no more than two standard deviations above the applicable  |
| national average urban rate for voice service? If you answer No to line 1000, please provide an explanation |
| for non-compliance.   |
| Yes No Not Applicable   |
| Attach Detailed Description for Voice Services Rate Comparability Compliance (1010)                         |
| PDF, XLS, XLSX only   |

### **Certify Broadband**

### **Broadband Comparability Certification (1020)**

Does the carrier's broadband services pricing meet one of the following criteria? If you answer No to line 1020, please provide an explanation for non-compliance.



Test Carrier Name 1161 FCC Form 481

 State: PW
 OMB Control #: 3060-0986 (High Cost) &

 Sac: 999999
 3060-0819 (Low Income), December 2020

498 ID: 999999999 Program Year: 2025

Attach Detailed Description for Broadband Rate Comparability Compliance (1030)



PDF, XLS, XLSX only

State: PW Sac: 999999 OMB Control #: 3060-0986 (High Cost) & 3060-0819 (Low Income), December 2020

Program Year: 2025

498 ID: 999999999

# Terrestrial Backhaul Reporting (1100)

| Certify |   |                       |                |  |  |
|---------|---|-----------------------|----------------|--|--|
|         | Terrestrial Backhaul Cert   | fication (1100)       |                |  |  |
|         | Do terrestrial backhaul opti  | ons exist?            |                |  |  |
|         | Yes   | No                    |                |  |  |
|         | Select the appropriate response to confirm the reporting carrier offers broadband service of at leas<br>Mbps downstream and 256 kbps upstream within the supported area pursuant to Section 54.313(g)<br>(1130) |                       |                |  |  |
|         | Yes   | No                    | Not Applicable |  |  |
|         | Alaska Plan Satellite Backhaul Certification (1140)   |                       |                |  |  |
|         | Is the carrier providing service consistent with its approved performance plan in the portion(s) of its study   |                       |                |  |  |
|         | area that relies exclusively c  | n satellite backhaul? |                |  |  |
|         | Yes   | No                    | Not Applicable |  |  |

State: PW Sac: 999999 OMB Control #: 3060-0986 (High Cost) & 3060-0819 (Low Income), December 2020

Program Year: 2025

498 ID: 999999999

# Lifeline Terms and Conditions (1200)

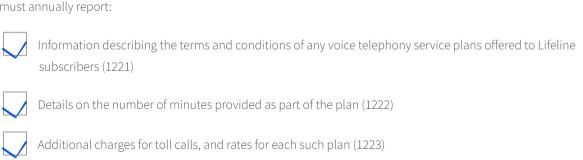
### **Upload Document or Link Website**

|       |         |                  |               | 72.77               | 7//37 6/( 1/6       |                 |                  |
|-------|---------|------------------|---------------|---------------------|---------------------|-----------------|------------------|
| 1 1   | ملمملم  | . daaanintii a d | 001100000+(0) | ANID/OD sofosos     | nce a specific link | +               | المعلم ماميييمان |
| 1 I I | א מאמור | i aescrintive a  | OCHMANTISH    | ANII I/L IR PATAPAT | ica a snacific link | to vour compani | / S MANSITA      |
|       |         |                  |               |                     |                     |                 |                  |

|    | Terms & Conditions of Voice Telephony Lifeline Plans (1210) |  |  |
|----|---|--|--|
|    | SAEED.pdf (687 KB)  |  |  |
|    | PDF only  |  |  |
| ΑN | AND/OR  |  |  |
|    | Link to Public Website(1220)                                |  |  |
|    |   |  |  |

### **Confirm Information**

Check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the required information pursuant to Section 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:



**State: PW Sac: 999999** 

OMB Control #: 3060-0986 (High Cost) & 3060-0819 (Low Income), December 2020

498 ID: 999999999 Program Year: 2025

# Price Cap Data (2005)

### Certify

Select the appropriate responses below to note compliance as a recipient of frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR 54.313(c), (d),(e). The information reported on this form and in the documents attached below is accurate.

| Price Cap Carrier Receiving Frozen Support Certification (2015)   |
|---|
| Does the carrier certify compliance with the requirements in 47 CFR Section 54.312(a)?                                    |
| Yes No NA   |
|   |
| Price Cap Carrier Connect America ICC Support (2016)  |
| Does the carrier certify compliance with the requirements in 47 CFR Section 54.313(d)?                                    |
| Yes No NA   |
|   |
| Enter total amount of Phase II support, if any, that the price cap carrier used for capital expenditures in 2023. (2017C) |
| \$x.xx  |
| \$x.xx  |
|   |
| Price Cap Community Anchor Institutions (2018A)   |
| Indicate if the carrier newly deployed broadband service to community anchor institution(s) in the previous               |
| calendar year.  |
| Yes - Attach New Community Anchors  |
| No - No New Community Anchors   |
| Not Applicable - No Attachment Required   |

Test Carrier Name 1161 FCC Form 481

 State: PW
 OMB Control #: 3060-0986 (High Cost) &

 Sac: 999999
 3060-0819 (Low Income), December 2020

498 ID: 999999999 Program Year: 2025

### Please Provide Attachment (2018B)

Attach a document to this line to provide the number, names and addresses of community anchor institutions to which the recipient newly began providing access to broadband service in the preceding calendar year.

Community Anchor Template Ls

XLSM only

State: PW

**Test Carrier Name 1161** 

Sac: 999999 498 ID: 999999999 OMB Control #: 3060-0986 (High Cost) & 3060-0819 (Low Income), December 2020

Program Year: 2025

# Rate of Return Data (3005)

### Certify

Select from the drop down menus or check the boxes below to note compliance with 54.313(f)(1). Privately held carriers must ensure compliance with the financial reporting requirements set forth in 47 CFR 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

| certify that the information reported on this form and in the documents attached below is accurate.   |
|---|
| Does this filing retain a Cost Consultant and/or Firm, or other Third Party to prepare financial and operations data disclosures submitted to the National Exchange Carrier Association (NECA), USAC, or the Administrator? (3007)  Yes  No |
| Name of Consultant (3007A)  Name of Consultant Firm/Third Party (3007B)   |
| +Another Consultant   |
|   |
| Certification of Public Interest Obligations (3010A)  |
| Does the carrier certify compliance with the requirements in 47 CFR Sections 54.313(f)(1)(i)?   |
| Yes - Attach Explanation No - Attach Explanation  |
| Not Applicable - No Attachment Required   |
| Please Provide Attachment (3010B)   |
| PDF, XLS, XLSX, DOC, DOCX only  |
| Rate-of-Return Community Anchor Institutions (3012A)  |
| Indicate if the carrier newly deployed broadband service to community anchor institution(s) in the previous   |
| calendar year.  |

Test Carrier Name 1161

FCC Form 481

State: PW

OMB Control #: 3060-0986 (High Cost) &

**Sac: 999999**3060-0819 (Low Income), December 2020 **498 ID: 999999999 Program Year: 2025** 

| Yes - Attach New Community Anchors No - No New Community Anchors Not Applicable - No Attachment Required   |
|--|
| Please Provide Attachment (3012B)  |
| Using link, download template and list the number, name and address for each community anchor institution. A   |
| $required \ by \ 47 \ CFR \ Section \ 54.313(f)(1)(ii), \ attach \ the \ document \ which \ contains \ the \ community \ anchor \ institution \ and \ anchor \ institution \ anchor \ anchor$ |
| details.   |
| Community Anchor Template XLS  |
| XLSM only  |
| As defined in 47 CFR Section 54.313(f)(2), is your company a Privately Held ROR Carrier? (3013)  |
| Yes No   |
| Does your company file the RUS annual report? (3014)  Yes  No  |
| Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to Section 54.313(f)(2) compliance requires:   |
| Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers) (3015)   |
| Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows (3016)  |
| Annual Report (3017)   |
| PDF, XLS, XLSX, DOC, DOCX only   |
| Is your company audited? (3018)  |
| Yes No   |

Test Carrier Name 1161 FCC Form 481

State: PW Sac: 999999 OMB Control #: 3060-0986 (High Cost) & 3060-0819 (Low Income), December 2020

498 ID: 999999999 Program Year: 2025

| If the respo     | nse is yes on line 3018, please check the boxes below to confirm your submission on line 3026   |
|------------------|---|
| pursuant to      | § 54.313(f)(2), contains:   |
|                  | Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers (3019)  |
|                  | Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows (3020)   |
|                  | Management letter and/or audit opinion issued by the independent certified public accountant that performed the company's financial audit (3021)  |
|                  | Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers (3022) |
|                  | Underlying information subjected to a review by an independent certified public accountant (3023)   |
|                  | Underlying information subjected to an officer certification (3024)   |
|                  | Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows (3025)   |
| Workshee         | et Listing (3026)   |
| PDF, XLS, >      | KLSX, DOC, DOCX only  |
| Financial Data : | Summary   |
| Enter the spe    | cified financial data below which is located on your RUS Report (attached on Line 3017) or your   |
| reviewed/aud     | dited financial statements (attached on Line 3026).   |
| Revenue (        | (3027)  |
|                  |   |
| Operating        | Expenses (3028)   |
|                  |   |

Test Carrier Name 1161 FCC Form 481

State: PW Sac: 999999

498 ID: 999999999

OMB Control #: 3060-0986 (High Cost) & 3060-0819 (Low Income), December 2020

Program Year: 2025

| Net Income (3029)                        |
|--|
|  |
| Telephone Plant In Service (TPIS) (3030) |
|  |
| Total Assets (3031)                      |
|  |
| Total Debt (3032)                        |
|  |
| Total Equity (3033)                      |
|  |
| Dividends (3034)                         |
|  |

**State: PW Sac: 999999** 

498 ID: 999999999

**Test Carrier Name 1161** 

OMB Control #: 3060-0986 (High Cost) & 3060-0819 (Low Income), December 2020

Program Year: 2025

Rural Broadband Experiment Data (4005)

### Certify

| •  |
|--|
| Public Interest Obligations (4001)   |
| Per FCC 14-98 (paragraphs 26-29 and 78), recipient certifies that it is offering broadband meeting the requisite |
| public interest obligations consistent with the category for which they were selected, including broadband speed |
| latency, usage capacity, and rates that are reasonably comparable to rates for comparable offerings in urban     |
| areas.   |
| Yes No   |
|  |
| RBE Community Anchor Institutions (4003A)  |
| Indicate if the carrier newly deployed broadband service to community anchor institution(s) in the previous      |
| calendar year.   |
| Yes - Attach New Community Anchors   |
| No - No New Community Anchors  |
|  |
|  |

### Please Provide Attachment (4003B)

Using link, download template and list the number, name and address for each community anchor institution. As required by FCC 14-98 (paragraph 79), attach the document which contains the community anchor institution details.

Community Anchor Template KLS

XLSM only

State: PW Sac: 999999 OMB Control #: 3060-0986 (High Cost) & 3060-0819 (Low Income), December 2020

498 ID: 999999999

**Test Carrier Name 1161** 

Program Year: 2025

## Alaska Plan Participants (5005)

### **Certify Terrestrial Backhaul**

Newly Available Terrestrial or other Satellite Backhaul (RoR Carriers) (5011)

Indicate whether any terrestrial backhaul or other satellite backhaul became commercially available in the previous calendar year in areas previously served exclusively by performance-limiting satellite backhaul.

Yes No

Newly Available Terrestrial or other Satellite Backhaul (CETC Carriers) (5012)

If the filing carrier identified in its approved performance plans that it relies exclusively on satellite backhaul for a certain portion of the population in its service area, indicate whether any terrestrial backhaul or other satellite backhaul became commercially available in the previous calendar year in areas that were previously served exclusively by satellite backhaul.

Yes No

Upload Backhaul Technology Data (5013A - 5013C)

Backhaul Data Template csv

CSV only

State: PW Sac: 999999 OMB Control #: 3060-0986 (High Cost) & 3060-0819 (Low Income), December 2020

Program Year: 2025

498 ID: 999999999

# Phase II Auction Reporting (6005)

### Certify

| er the total amount of Phase II Auction Support, if any, the carrier used for capital expenditures. (6010)           |
|--|
|  |
| \$x.xx   |
| New York Funds Certification (6011)  |
| Certify regarding whether the recipient has available funds for all project costs that will exceed the amount of     |
| support that will be received for the next calendar year. This certification must be provided starting the first Ju  |
| after receiving support until the recipient's penultimate year of support.   |
| Yes No   |
| Community Anchor Institutions (6012a)  |
| ndicate if the carrier newly deployed broadband service to community anchor institution(s) in the previous           |
| calendar year.   |
| Yes - Attach New Community Anchor No - No New Community Anchor   |
| Using the template, upload a document with a number, name and address for each community anchor institution. (6012b) |
| Community Anchor Template xis  |
| XLSM only  |
| FCC Form 470 Postings (6013)   |

For the filing due July 1 following full implementation of this requirement answer this certification request.

 Test Carrier Name 1161
 FCC Form 481

 State: PW
 OMB Control #: 3060-0986 (High Cost) &

 Sac: 999999
 3060-0819 (Low Income), December 2020

 498 ID: 999999999
 Program Year: 2025

| Yes No Not Applicable  |
|--|
| Post-Final Deployment Milestone Performance Certification (6014)   |
| Starting the first July 1 after meeting the final service milestone, certify that the Phase II-funded network that the |
| Phase II auction recipient operated in the prior year meets the relevant performance requirements in Section           |
| 54.309.  |
| Yes No Not Applicable  |

**State: PW Sac: 999999** 

**Test Carrier Name 1161** 

OMB Control #: 3060-0986 (High Cost) & 3060-0819 (Low Income), December 2020

Program Year: 2025

498 ID: 999999999

## **Phase-Down Support Reporting (7005)**

### Certify

Price Cap Carrier and Fixed Competitive Eligible Telecommunications Carrier Transitional Support Requirement Certification. (7010)

This certification request applies to any price cap carrier or fixed competitive eligible telecommunications carrier that elects to continue receiving support pursuant to Section 54.312(d) or Section 54.307(e)(2)(iii) starting July 1, 2020, and annually thereafter on July 1 for each subsequent year they receive such support. These carriers must use this support throughout specific high-cost and extremely high-cost census blocks where they continue to have the federal high-cost ETC obligation to provide voice service pursuant to Section 54.201(d) at rates that are reasonably comparable to comparable offerings in urban areas. Per Section 54.313(m), does the carrier certify that they used all such support received in the previous year to provide voice service in compliance with the above obligation?

| Yes | No |
|-----|----|
|-----|----|

State: PW Sac: 999999

**Test Carrier Name 1161** 

OMB Control #: 3060-0986 (High Cost) & 3060-0819 (Low Income), December 2020

Program Year: 2025

498 ID: 999999999

# Puerto Rico Fixed and Mobile Funds Certification (8005)

### Cert

| tify Fixed  |
|---|
| Capital Expenditures (8010)   |
| Enter the total amount of Uniendo a Puerto Rico Stage 2 fixed support, if any, the carrier used for capital           |
| expenditures.   |
|   |
| \$x.xx  |
| Available Funds Certification (8011)  |
| Certify (either yes or no) regarding whether the recipient has available funds for all project costs that will exceed |
| the amount of support that will be received for the next calendar year. This certification must be provided starting  |
| the first July 1 after receiving support until the recipient's penultimate year of support.                           |
| Yes No  |
| Community Anchor Institutions (8012A)   |
| Indicate if the carrier newly deployed broadband service to community anchor institution(s) in the previous           |
| calendar year.  |
| Yes - Attach New Community Anchors No - No New Community Anchors  |
| Please Provide Attachment (8012B)   |
| Using link download template and list the number name and address for each community anchor institution. As           |

required by 47 CFR Section 54.313(e)(2)(i)(A), attach the document which contains the community anchor institution details.

Community Anchor Template XLS

**Test Carrier Name 1161** 

FCC Form 481

Program Year: 2025

State: PW Sac: 999999 OMB Control #: 3060-0986 (High Cost) & 3060-0819 (Low Income), December 2020

498 ID: 999999999

ALJIVI UTILY

| FCC | Form  | 470 | Postings  | (8013) |  |
|-----|-------|-----|-----------|--------|--|
| rcc | LOLLI | 410 | rustiligs | (0013) |  |

| For the filing due July 1 following full implementation of this requirement answer yes, no, or not applicable to thi | İS |
|--|----|
| certification request.   |    |
|  |    |

Yes No Not Applicable

### Post-Final Deployment Milestone Performance Certification (8014)

Starting the first July 1 after meeting the final service milestone, certify (yes or no) that the Uniendo a Puerto Rico Stage 2-funded network that the Stage 2 recipient operated in the prior year meets the relevant performance requirements in Section 54.309.

Yes No Not Applicable

### Support Reimbursement Certification (8020)

54.313(n): Recipients of Uniendo a Puerto Rico Fund Stage 2 fixed support shall certify that such support was not used for costs that are (or will be) reimbursed by other sources of support, including of federal or local government aid or insurance reimbursements; and that support was not used for other purposes, such as the retirement of company debt unrelated to eligible expenditures, or other expenses not directly related to network restoration, hardening, and expansion consistent with the framework of the Uniendo a Puerto Rico Fund.

Yes No

### Disaster Preparedness and Response Documentation (8030)

54.313(n): Recipients of fixed support from Stage 2 of the Uniendo a Puerto Rico Fund shall certify that they have conducted an annual review of the documentation required by section 54.1515(a)-(c) to determine the need for and to implement changes or revisions to disaster preparation and recovery documentation.

Yes No

**Test Carrier Name 1161** 

Test Carrier Name 1101

**State: PW Sac: 999999** 

498 ID: 999999999

FCC Form 481

OMB Control #: 3060-0986 (High Cost) & 3060-0819 (Low Income), December 2020

Program Year: 2025

### **Certify Mobile**

### Support Reimbursement (8040)

54.313(n): Recipients of Uniendo a Puerto Rico Fund Stage 2 mobile support shall certify that such support was not used for costs that are (or will be) reimbursed by other sources of support, including of federal or local government aid or insurance reimbursements; and that support was not used for other purposes, such as the retirement of company debt unrelated to eligible expenditures, or other expenses not directly related to network restoration, hardening, and expansion consistent with the framework of the Uniendo a Puerto Rico Fund.



### Disaster Preparedness and Response Documentation (8050)

54.313(n): Recipients of mobile support from Stage 2 of the Uniendo a Puerto Rico Fund shall certify that they have conducted an annual review of the documentation required by section 54.1515(a)-(c) to determine the need for and to implement changes or revisions to disaster preparation and recovery documentation.



### Mobile Disbursements Certification (8060)

54.313(o): Recipients of Uniendo a Puerto Rico Fund Stage 2 mobile support shall certify that they are in compliance with all requirements for receipt of such support to continue receiving Stage 2 mobile disbursements.



**Test Carrier Name 1161** 

**State: PW Sac: 999999** 

498 ID: 999999999

OMB Control #: 3060-0986 (High Cost) &

3060-0819 (Low Income), December 2020

Program Year: 2025

FCC Form 481

### Transitional Support (8070)

Recipients of transitional support under Section 54.1516 shall certify that such support was not used for costs that are or will be reimbursed by other sources of support, or expenses not directly related to network restoration, hardening, and expansion consistent with the framework of the Uniendo a Puerto Rico Fund. Transitional support recipients shall certify that they have conducted an annual review to determine that their disaster preparation and recovery documentation is up to date, as required by Section 54.1515(a) through (c) or Section 54.1524. Answer yes or no if carrier is compliant with 54.313(q).

Yes No

### Spending Plans for Recipients of Legacy Frozen Phase-Down Support (8080)

For annual reports due in 2024, 2025, and 2026, recipients of frozen high-cost support under Section 54.1504(b) shall certify that such support received after June 1, 2023 was used for resiliency and redundancy measures and to maintain their voice and broadband network footprint.

Yes No

**State: PW Sac: 999999** 

OMB Control #: 3060-0986 (High Cost) & 3060-0819 (Low Income), December 2020

498 ID: 999999999 Program Year: 2025

# Connect USVI Fixed and Mobile Funds Certification (9005)

### **Certify Fixed**

| Capital Expenditures (9010)   |
|---|
| Enter the total amount of Connect USVI Fund Stage 2 fixed support, if any, the carrier used for capital expenditures.   |
| \$x.xx  |
| Available Funds Certification (9011)  |
| Certify (either yes or no) regarding whether the recipient has available funds for all project costs that will exceed the amount of support that will be received for the next calendar year. This certification must be provided starting the first July 1 after receiving support until the recipient's penultimate year of support.  Yes  No |
| Community Anchor Institutions (9012A)   |
| Indicate if the carrier newly deployed broadband service to community anchor institution(s) in the previous calendar year.  |
| Yes - Attach New Community Anchors No - No New Community Anchors  |
| Please Provide Attachment (9012B)   |
| Using link, download template and list the number, name and address for each community anchor institution. As   |

required by 47 CFR Section 54.313(e)(2)(i)(A), attach the document which contains the community anchor

Community Anchor Template LLS

XLSM only

institution details.

**Test Carrier Name 1161** 

FCC Form 481

**State: PW Sac: 999999** 

498 ID: 999999999

OMB Control #: 3060-0986 (High Cost) &

3060-0819 (Low Income), December 2020

Program Year: 2025

### FCC Form 470 Postings (9013)

For the filing due July 1 following full implementation of this requirement answer yes, no, or not applicable to this certification request.

Yes No Not Applicable

### Post-Final Deployment Milestone Performance Certification (9014)

Starting the first July 1 after meeting the final service milestone, certify (yes or no) that the Connect USVI Fund Stage 2-funded network that the Stage 2 recipient operated in the prior year meets the relevant performance requirements in Section 54.309.

Yes No Not Applicable

### Support Reimbursement Certification (9020)

54.313(n): Recipients of Connect USVI Fund Stage 2 fixed support shall certify that such support was not used for costs that are (or will be) reimbursed by other sources of support, including of federal or local government aid or insurance reimbursements; and that support was not used for other purposes, such as the retirement of company debt unrelated to eligible expenditures, or other expenses not directly related to network restoration, hardening, and expansion consistent with the framework of the Connect USVI Fund.

Yes No

### Disaster Preparedness and Response Documentation (9030)

54.313(n): Recipients of fixed support from Stage 2 of the Connect USVI Fund shall certify that they have conducted an annual review of the documentation required by section 54.1515(a)-(c) to determine the need for and to implement changes or revisions to disaster preparation and recovery documentation.

Yes No

Test Carrier Name 1161

FCC Form 481

State: PW OMB Control #: 3060-0986 (High Cost) &

3060-0819 (Low Income), December 2020

Program Year: 2025

Sac: 999999 498 ID: 999999999

### Support Reimbursement (9040)

54.313(n): Recipients of Connect USVI Fund Stage 2 mobile support shall certify that such support was not used for costs that are (or will be) reimbursed by other sources of support, including of federal or local government aid or insurance reimbursements; and that support was not used for other purposes, such as the retirement of company debt unrelated to eligible expenditures, or other expenses not directly related to network restoration, hardening, and expansion consistent with the framework of the Connect USVI Fund.

| Yes No |  | Yes |  | No |
|--------|--|-----|--|----|
|--------|--|-----|--|----|

### Disaster Preparedness and Response Documentation (9050)

54.313(n): Recipients of mobile support from Stage 2 of the Connect USVI Fund shall certify that they have conducted an annual review of the documentation required by Section 54.1515(a)-(c) to determine the need for and to implement changes or revisions to disaster preparation and recovery documentation.



### Mobile Disbursements Certification (9060)

54.313(o): Recipients of Connect USVI Fund Stage 2 mobile support shall certify that they are in compliance with all requirements for receipt of such support to continue receiving Stage 2 mobile disbursements.

| Yes | No |
|-----|----|

Test Carrier Name 1161

**State: PW Sac: 999999** 

OMB Control #: 3060-0986 (High Cost) & 3060-0819 (Low Income), December 2020

Program Year: 2025

FCC Form 481

498 ID: 999999999

### Transitional Support (9070)

Recipients of transitional support under Section 54.1516 shall certify that such support was not used for costs that are or will be reimbursed by other sources of support, or expenses not directly related to network restoration, hardening, and expansion consistent with the framework of the Connect USVI Fund. Transitional support recipients shall certify that they have conducted an annual review to determine that their disaster preparation and recovery documentation is up to date, as required by Section 54.1515(a) through (c) or Section 54.1524. Answer yes or no if carrier is compliant with 54.313(q).

Yes No

### Spending Plans for Recipients of Legacy Frozen Phase-Down Support (9080)

For annual reports due in 2024, 2025, and 2026, recipients of frozen high-cost support under Section 54.1504(b) shall certify that such support received after June 1, 2023 was used for resiliency and redundancy measures and to maintain their voice and broadband network footprint.

Yes No

State: PW Sac: 999999

OMB Control #: 3060-0986 (High Cost) & 3060-0819 (Low Income), December 2020

498 ID: 999999999 Program Year: 2025

# **Rural Digital Opportunity Fund Reporting (10005)**

### Cert

| tify RDOF  |
|--|
| Capital Expenditures (10010)   |
| Starting the first July 1 after receiving support until the July 1 after the recipient's support term has ended,                       |
| $recipients\ of\ Rural\ Digital\ Opportunity\ Fund\ support\ must\ submit\ the\ total\ amount\ of\ support,\ if\ any,\ the\ recipient$ |
| used for capital expenditures in the previous calendar year. This is required by 47 C.F.R. Section 54.313(e)(2)(i)(B).                 |
| \$x.xx   |
| Available Funds Certification (10011)  |
| Please provide a response (either yes or no) to this certification request for any recipient of Rural Digital                          |
| Opportunity Fund support that the recipient has available funds for all project costs that will exceed the amount of                   |
| support that will be received for the next calendar year. This certification must be provided starting the first July 1                |
| after receiving support until the recipient's penultimate year of support, as required by required by 47 C.F.R.                        |
| Section 54.313(e)(2)(ii).  |
| Yes No   |
| Community Anchor Institutions (10012A)   |
| Recipients of Rural Digital Opportunity Fund support must attach a list containing the number, names, and                              |
| addresses of community anchor institutions to which the eligible telecommunications carrier newly began                                |
| providing access to broadband service in the preceding calendar year. This filing is required by 47 C.F.R. Section                     |
| 54.313(e)(2)(i)(A).  |
| Yes - Attach New Community Anchors No - No New Community Anchors   |

Test Carrier Name 1161

State: PW Sac: 999999

498 ID: 999999999

OMB Control #: 3060-0986 (High Cost) &

3060-0819 (Low Income), December 2020

Program Year: 2025

FCC Form 481

### Please Provide Attachment (10012B)

Using link, download template and list the number, name and address for each community anchor institution. As required by 47 CFR Section 54.313(e)(2)(i)(A), attach the document which contains the community anchor institution details.

Community Anchor Template LLS

XLSM only

### FCC Form 470 Postings (10013)

For the filing due July 1st following full implementation of this requirement, please provide a response (either yes, no, or not applicable) to this certification request. Recipients of Rural Digital Opportunity Fund must respond affirmatively that they bid on category one telecommunications and Internet access services in response to all FCC Form 470 postings seeking broadband service that meets the connectivity targets for the schools and libraries universal service support program for eligible schools and libraries (as described in Section 54.501) located within any area in a census block where the carrier is receiving Rural Digital Opportunity Fund, and that such bids were at rates reasonable comparable to rates charged to eligible schools and libraries in urban areas for Instructions for Completing FCC Form 481 OMB Control No. 3060-0986 (High-Cost) OMB Control No. 3060-0819 (Low-Income)

November 2020 Page 44 comparable offerings. This filing is required by 47 C.F.R. Section 54.313(e)(2)(i)(C). This certification will not be required until the July 1st following the E-Rate program year that this obligation has been fully implemented. Modernizing the E-Rate Program for Schools and Libraries et al., WC Docket. Nos. 13-184, 10-90, 29 FCC Rcd 15538, 15566-67, para. 72 (2014).

Yes No Not Applicable

Test Carrier Name 1161 FCC Form 481

**State: PW Sac: 999999** 

OMB Control #: 3060-0986 (High Cost) & 3060-0819 (Low Income), December 2020

498 ID: 999999999 Program Year: 2025

### Post-Final Deployment Milestone Performance Certification (10014)

Starting the first July 1st after a Rural Digital Opportunity Fund recipient meets its final service milestone until the July 1st after the support recipient's support term has ended, please provide a response (either yes, no, or not applicable) that the Rural Digital Opportunity Fund-funded network that the support recipient operated in the prior year meets the relevant performance requirements in 47 C.F.R. Section 54.309. This filing is required by 47 C.F.R. Section 54.313(e)(2)(iii).

| Yes | No | Not Applicable  |
|-----|----|-----------------|
|     |    | . тост присавте |

State: PW Sac: 999999

498 ID: 999999999

**Test Carrier Name 1161** 

OMB Control #: 3060-0986 (High Cost) & 3060-0819 (Low Income), December 2020

Program Year: 2025

### Certifications

### **Supply Chain Certifications**

### Section 54.9: Prohibition on the Use of Funds

I certify under penalty of perjury that no universal service support has been or will be used to purchase, obtain, maintain, improve, or otherwise support any equipment or services produced or provided by any company designated by the Federal Communications Commission as posing a national security threat to the integrity of communications networks or the communications supply chain since the effective date of the designations.

If No is selected, a waiver is required for each SAC which is not certified.



Yes



No

**Upload Waiver Document** 

PDF only

### Section 54.10: Prohibition on the Use of Certain Federal Subsidies

I certify that no federal subsidy made available through a program administered by the Commission that provides funds to be used for the capital expenditures necessary for the provision of advanced communications services has been or will be sued to purchase, rent, lease, or otherwise obtain, any covered communications equipment or service, or maintain any covered communications equipment or service previously purchased, rented, leased, otherwise obtained, as required by 47 C.F.R. Section 54.10.

If **No** is selected, a waiver is required for each SAC which is not certified.



Vas



No

**Upload Waiver Document** 



Page 36 of 37

**Test Carrier Name 1161** 

FCC Form 481

Program Year: 2025

State: PW Sac: 999999 OMB Control #: 3060-0986 (High Cost) &

Sac: 999999

498 ID: 999999999

3060-0819 (Low Income), December 2020

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PDF only

### Section 54.11: Requirements to Remove and Replace

Prior to answering, review section 54.11 of the Commission's rules (47 CFR Section 54.11). Answer Yes if either (1) you comply with section 54.11(a), meaning you do not use covered communications equipment or services, or (2) section 54.11(d) applies to you, meaning you are not yet subject to section 54.11(a) because you are a Reimbursement Program recipient with an unexpired removal, replacement, and disposal term per section 1.50004(h) of the Commission's rules (47 CFR Section 1.50004(h)). Answer No if you do not comply with section 54.11(a), meaning you do use covered communications equipment or services.



**Accuracy Certifications** 

### Certify



I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.



I understand that making willful false statements in any part of this report and/or in these certifications is punishable by fine or imprisonment pursuant to 47 U.S.C. Sections 416(c), 503(b)(1)(B), and 18 U.S.C. Section 1001.

### Signature

| Officer Name | Title |
|--------------|-------|
| HCForms SPO  | QC    |

I understand this is a digital signature, and is the same as if I signed my name with a pen.