FCC Foi	rm 481 - Carrier Annual Reporting Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2018
<010>	Study Area Code	529015	
<015>	Study Area Name	YourTel America Inc.	
<020>	Program Year	2020	
<030>	Contact Name: Person USAC should contact with questions about this data	Matt Dean	
<035>	Contact Telephone Number: Number of the person identified in data line <030>	4057558177 ext.2103	
<039>	Contact Email Address: Email of the person identified in data line <030>	mdean@telecompliance.net	
	Form Type	54.422	

(200) Service Outage Reporting (Voice)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2018

<010>	Study Area Code	529015		
<015>	Study Area Name	YourTel America Inc.		
<020>	Program Year	2020		
<030>	Contact Name - Person USAC should contact regarding this data	Matt Dean		
<035>	Contact Telephone Number - Number of person identified in data line <030>	4057558177 ext.2103		
<039>	Contact Email Address - Email Address of person identified in data line <030>	mdean@telecompliance.net		
<210>	2210> For the prior calendar year, were there any reportable voice service outages?			

<220>	<a>>	<h1></h1>	<h2></h2>	<h3></h3>	<h4>></h4>	<c1></c1>	<c2></c2>	<h>></h>	<0>	<f></f>	<g>></g>	<h>></h>

<a>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<c1></c1>	<c2></c2>	<d></d>	<e></e>	<f></f>	<g></g>	<h>></h>
NORS									Did This Outage		
Reference	Outage Start	Outage Start	Outage End	Outage End	Number of		911 Facilities	Service Outage	Affect Multiple		
Number	Date	Time	Date		Customers Affected	Total Number of	Affected	Description (Check	Study Areas	Service Outage	Preventative
						Customers	(Yes / No)	all that apply)	(Yes / No)	Resolution	Procedures

(400) Number of Complaints per 1,000 customers	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2018

<010>	Study Area Code	529015	
<015>	Study Area Name YourTel America Inc.		
<020>	Program Year	2020	
<030>	Contact Name - Person USAC should contact regarding this data		
<035>	Contact Telephone Number - Number of person identified in data line <pre><030></pre>		
<039>	Contact Email Address - Email Address of person identified in data line mdean@telecompliance.net <030>		
<400>	Select from the drop-down list to indicate how you would like to report voice complaints (zero or greater) for voice telephony service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize.		
<410>	Complaints per 1000 customers for fixed voice		
<420>	Complaints per 1000 customers for mobile voice		

•	npliance With Service Quality Standards and Consumer Protection Rules ection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2018
<010>	Study Area Code	529015	
<015>	Study Area Name	YourTel America Inc.	
<020>	Program Year	2020	
<030>	Contact Name - Person USAC should contact regarding this data	Matt Dean	
<035>	Contact Telephone Number - Number of person identified in data line <030>	4057558177 ext.2103	
<039>	Contact Email Address - Email Address of person identified in data line <030>	mdean@telecompliance.net	
<515>	Certify compliance with applicable minimum service standards		

	unctionality in Emergency Situations ollection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2018
<010>	Study Area Code	529015	
<015>	Study Area Name	YourTel America Inc.	
<020>	Program Year	2020	
<030>	Contact Name - Person USAC should contact regarding this data	Matt Dean	
<035>	Contact Telephone Number - Number of person identified in data line <030>	4057558177 ext.2103	
<039>	Contact Email Address - Email Address of person identified in data line <030>	mdean@telecompliance.net	
<600>	Certify compliance regarding ability to function in emergency situations		
<610>	Descriptive document for Functionality in Emergency Situations		

(800) Op	erating Companies			FCC Form 481
Data Coll	lection Form			OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2018
<010>	Study Area Code		529015	
<015>	Study Area Name		YourTel America Inc.	
<020>	Program Year		2020	
<030>	Contact Name - Person L	JSAC should contact regarding this data	Matt Dean	
<035>	Contact Telephone Num	ber - Number of person identified in data line <030>	4057558177 ext.2103	
<039>	Contact Email Address -	Email Address of person identified in data line <030>	mdean@telecompliance.net	
<810>	Reporting Carrier	YourTel America, Inc.		
<811>	Holding Company	TerraCom, Inc.		
<812>	Operating Company	TerraCom, Inc.		

<813>	<a1></a1>	<a2></a2>	<a3></a3>
	Affiliates	SAC	Doing Business As Company or Brand Designation
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•			
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	See attac	ned workshee	<u> </u>
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(900) Tribal Lands Reporting	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2018
<010> Study Area Code	529015
<015> Study Area Name	YourTel America Inc.
<020> Program Year	2020
<030> Contact Name - Person USAC should contact regarding this data	Matt Dean 4057558177 ext.2103
<035> Contact Telephone Number - Number of person identified in data line <030>	
<039> Contact Email Address - Email Address of person identified in data line <030>	mdean@telecompliance.net
<900> Does the filing entity offer tribal land services? (Y/N)	
<910> Tribal Land(s) on which ETC Serves	
<920> Tribal Government Engagement Obligation	Name of Attached Document
If your company serves Tribal lands, please select (Yes,No, NA) for each these boxe to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(5) includes:	Select Yes or No or Not Applicable
<921> Needs assessment and deployment planning with a focus on Triba community anchor institutions. <922> Feasibility and sustainability planning;	
<923> Marketing services in a culturally sensitive manner;	
<924> Compliance with Rights of way processes	
<925> Compliance with Land Use permitting requirements	
<926> Compliance with Facilities Siting rules	
·	
<928> Compliance with Cultural Preservation review processes	
<929> Compliance with Tribal Business and Licensing requirements.	

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(1000) Voice and Broadband Service Rate Comparability Data Collection Form			FCC Form 481 OMB Control No. 3060-0986/0 July 2018	OMB Control No. 3060-0819
<010>	Study Area Code	529015		
<015>	Study Area Name	YourTel America Inc.		
<020>	Program Year	2020		
<030>	Contact Name - Person USAC should contact regarding this data	Matt Dean		
<035>	Contact Telephone Number - Number of person identified in data line <030>	4057558177 ext.2103		
<039>	Contact Email Address - Email Address of person identified in data line <030>	mdean@telecompliance.net		
<1000>	Voice services rate comparability certification			
<1010>	Attach detailed description for voice services rate comparability compliance			
<1020>	Broadband comparability certification	Name of Attached Document		
<1030>	Attach detailed description for broadband comparability compliance			
		Name of Attached Document		

	o Terrestrial Backhaul Reporting lection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2018
<010>	Study Area Code	529015	
<015>	Study Area Name	YourTel America Inc.	
<020>	Program Year	2020	
<030>	Contact Name - Person USAC should contact regarding this data	Matt Dean	
<035>	Contact Telephone Number - Number of person identified in data line <030>	4057558177 ext.2103	
<039>	Contact Email Address - Email Address of person identified in data line <030>	mdean@telecompliance.net	
<1100>	Certify whether terrestrial backhaul options exist (Y/N)		
<1130>	Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 upstream within the supported area pursuant to § 54.313(g).	kbps	
<1140>	Alaska Plan rate-of-return certification (yes, no, or not applicable) of compliance with approved performance plan.		

(1200) Terms and Condition for Lifeline Customers	FCC Form 481
Lifeline	OMB Control No. 3060-0986/OMB Control No. 3060-0819
Data Collection Form	July 2018
<010> Study Area Code	529015
<015> Study Area Name	YourTel America Inc.
<020> Program Year	2020
<030> Contact Name - Person USAC should contact regarding this data	Matt Dean
<035> Contact Telephone Number - Number of person identified in data line <030>	
<039> Contact Email Address - Email Address of person identified in data line <030	> mdean@telecompliance.net
<1210> Terms & Conditions of Voice Telephony Lifeline Plans	
	Name of Attached Document
<1220> Link to Public Website HTTP	https://www.terracomwireless.com/terms.php
"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:	
<1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	
<1222> Details on the number of minutes provided as part of the plan,	
<1223> Additional charges for toll calls, and rates for each such plan.	

Data Collection Form Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers Study Area Code	No. 3060-0986/OMB Control No. 3060-081
Study Area Name YourTel America Inc. Contact Name - Person USAC should contact regarding this data Contact Telephone Number - Number of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> Contact The appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of frozen High Cost to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR 54.313(c),(d),(e). The iform and in the documents attached below is accurate.	
Study Area Name YourTel America Inc. YourTel America In	
 <020>	
Contact Name - Person USAC should contact regarding this data Contact Telephone Number - Number of person identified in data line <030> Contact Telephone Number - Number of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of frozen High Cost to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR 54.313(c),(d),(e). The iform and in the documents attached below is accurate.	
Contact Email Address - Email Address of person identified in data line <030> mdean@telecompliance.net Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of frozen High Cost to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR 54.313(c),(d),(e). The ifform and in the documents attached below is accurate.	
Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of frozen High Cost to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR 54.313(c),(d),(e). The if form and in the documents attached below is accurate.	
to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR 54.313(c),(d),(e). The i form and in the documents attached below is accurate.	
form and in the documents attached below is accurate.	
	iformation reported on this
<2015> 2016 and future Frozen Support Certification 47 CFR § 54.313(c)(4)	
Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}	
<2016> Certification support used to build broadband	
Connect America Phase II Reporting {47 CFR § 54.313(e)}	
<2017A> Connect America Fund Phase II recipient?	
<2017C> Total amount of Phase II support, if any, the price cap carrier used for control support in 2018	
capital expenditures in 2018.	
<2018> Attach the number, names, and addresses of community anchor Name of Attached Document Listing	
institutions to which the carrier newly began providing access to Required Information broadband service in the preceding calendar year - 54.313(e)(1)(ii)(A)	
2019> Recipient certifies that it 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 located within any area in a census block where the carrier is	
receiving Phase II model-based support, and that such bids were at rates	
reasonably comparable to rates charged to eligible schools and libraries in	
urban areas for comparable offerings - 54.313(e)(1)(ii)(C)	

(3005) Rate Of Return Carrier Additional Documentation Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-08 July 2018		
<010>	Study Area Code	529015		
<015>	Study Area Name	YourTel America Inc.		
<020>	Program Year	2020		
<030>	Contact Name - Person USAC should contact regarding this data	Matt Dean		
<035>	Contact Telephone Number - Number of person identified in data line <030>	4057558177 ext.2103		
<039>	Contact Email Address - Email Address of person identified in data line <030>	mdean@telecompliance.net		

(3007) 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?

(3007a)	(3007b)
Name of Consultant	Name of Consultant Firm/Third Party

CAF BLS Reporting

(3008A)	Please indicate whether new locations were deployed during the prior calendar year.		
(3008B)	Please enter the number of new locations deployed in the prior calendar year associated with each of the following speed tiers.		
(3008B1)	Number of newly built locations with access to broadband speeds of at least $10/1$ Mbps but less than $25/3$ Mbps.		
(3008B2)	Number of newly built locations with access to broadband speeds of 25/3 Mbps or higher.		
(3008C)	Please provide the percentage of deployment across the entire study area.		

(3005) Rate Of Return Carrier Additional Documentation	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2018

<010>	Study Area Code	529015
<015>	Study Area Name	YourTel America Inc.
<020>	Program Year	2020
<030>	Contact Name - Person USAC should contact regarding this data	Matt Dean
<035>	Contact Telephone Number - Number of person identified in data line <030>	4057558177 ext.2103
<039>	Contact Email Address - Email Address of person identified in data line <030>	mdean@telecompliance.net

Select from the drop down menu 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.

(3009)	Progress Report on 5 Year Plan Carrier certifies to 54.313(f)(1)(iii)				
(3010A)	Certification of Public Interest Obligations {47 CFR § 54.313(f)(1)(i)}		Γ		
(3010B)	Please Provide Attachment	Name of Attached Doc Information	cument Listing Required		
(3012A)	Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}		Г	 	
(3012B)	Please Provide Attachment	Name of Attached Doc Information	cument Listing Required		
(3013)	Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)}	(Yes/No)	00		
(3014)	If yes, does your company file the RUS annual report	(Yes/No)	0 0		
(2015)	Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires: Electronic copy of their annual RUS reports				
(3015)	(Operating Report for Telecommunications Borrowers)				
(3016)	Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows				
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	Name of Attached Doc Information	cument Listing Required		
(3018)	If the response is no on line 3014, is your company audited?	(Yes/No)	0 0		
	If the response is yes on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:				
(3019)	Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers				
(3020)	Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows				
(3021)	Management letter and/or audit opinion issued by the independent certified public accountant that performed the company's financial audit. If the response is no on line 3018, please check the boxes below to confirm your submission on line				
(3022)	3026 pursuant to § 54.313(f)(2), contains: 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				
(3023)	Underlying information subjected to a review by an independent certified public accountant				
(3024)	Underlying information subjected to an officer certification.				
(3025)	Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows			 	
(3026)	Attach the worksheet listing required information	Name of Attached Doc Information	cument Listing Required		

(3005) Rate Of Return Carrier Additional Documentation (Continued)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2018

<010>	Study Area Code	529015
<015>	Study Area Name	YourTel America Inc.
<020>	Program Year	2020
<030>	Contact Name - Person USAC should contact regarding this data	Matt Dean
<035>	Contact Telephone Number - Number of person identified in data line <030>	4057558177 ext.2103
<039>	Contact Email Address - Email Address of person identified in data line <030>	mdean@telecompliance.net

Financial Data Summary	
·	
(3027) Revenue	
(3028) Operating Expenses	
(3029) Net Income	
(,	
(3030) Telephone Plant In Service(TPIS)	
(3031) Total Assets	
(3032) Total Debt	
(3033) Total Equity	
(3034) Dividends	

(4005) Rural Broadband Experiment Additional Documentation	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2018

<010>	Study Area Code	529015
<015>	Study Area Name	YourTel America Inc.
<020>	Program Year	2020
<030>	Contact Name - Person USAC should contact regarding this data	Matt Dean
<035>	Contact Telephone Number - Number of person identified in data li	ine <030> 4057558177 ext.2103
<039>	Contact Email Address - Email Address of person identified in data l	line <030> mdean@telecompliance.net

4005 Rural Broadband Experiment

Authorized Rural Broadband Experiment (RBE) recipients must address the certification for public interest obligations and provide a list of newly served community anchor institutions.

Public Interest Obligations – FCC 14-98 (paragraphs 26-29, 78)

Please address Line 4001 regarding compliance with the Commission's public interest obligations. All RBE participants must provide a response to Line 4001.

4001. 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.

Community Anchor Institutions – FCC 14-98 (paragraph 79)

4003a. RBE participants must provide the number, names, and addresses of community anchor institutions to which they newly deployed broadband service in the preceding calendar year. On this line, please respond (yes – attach new community anchors, no – no new anchors) to indicate whether this list will be provided.

If yes to 4003A, please provide a response for 4003B.

4003b. 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.

(5005) Alaska Plan Participants Additional Documentation	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2018

<010>	Study Area Code	529015
<015>	Study Area Name	YourTel America Inc.
<020>	Program Year	2020
<030>	Contact Name - Person USAC should contact regarding this data	Matt Dean
<035>	Contact Telephone Number - Number of person identified in data line <030>	4057558177 ext.2103
<039>	Contact Email Address - Email Address of person identified in data line <030>	mdean@telecompliance.net

5005 Alaska Plan

(5010)	Do you participate in the Alaska plan?	(Yes/No)
(5011)	Please 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)
(5012)	If the filing carrier identified in its approved perfomance plans that it relies exclusively on satellite backhaul for a certain poriton 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)

<5013>	<a>		<c></c>
	Description Of Backhaul Technology	Date Backhaul Available	Newly Served Locations or Population
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Certification - Reporting Carrier	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2018

<010>	Study Area Code	529015
<015>	Study Area Name	YourTel America Inc.
<020>	Program Year	2020
<030>	Contact Name - Person USAC should contact regarding this data	Matt Dean
<035>	Contact Telephone Number - Number of person identified in data line <030>	4057558177 ext.2103
<039>	Contact Email Address - Email Address of person identified in data line <030>	mdean@telecompliance.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients 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. Name of Reporting Carrier: Signature of Authorized Officer: Date Printed name of Authorized Officer: Title or position of Authorized Officer: Telephone number of Authorized Officer: Study Area Code of Reporting Carrier: Filling Due Date for this form: Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment

under Title 18 of the United States Code, 18 U.S.C. § 1001.

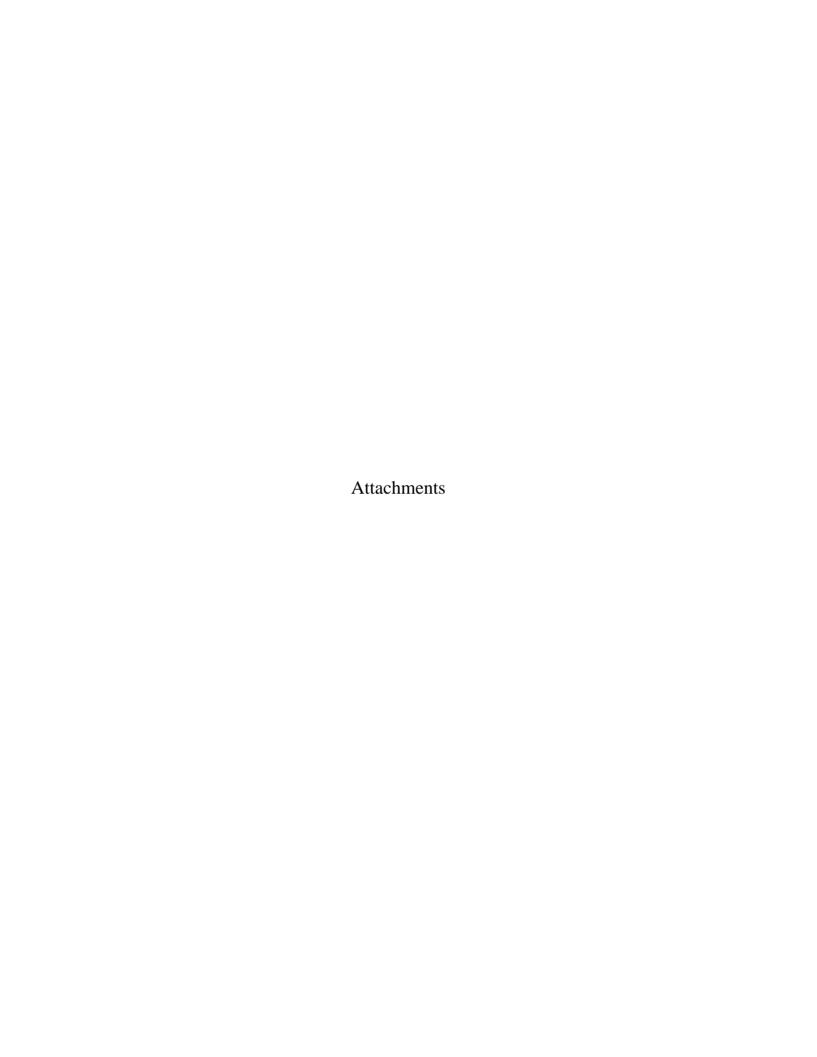
	ion - Agent / Carrier ection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2018
<010>	Study Area Code	529015
<015>	Study Area Name	YourTel America Inc.
<020>	Program Year	2020
<030>	Contact Name - Person USAC should contact regarding this data	Matt Dean
<035>	Contact Telephone Number - Number of person identified in data line <030>	4057558177 ext.2103
<039>	Contact Email Address - Email Address of person identified in data line <030>	mdean@telecompliance.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

I certify that (Name of Agent) Telecom Professionals, Inc.	nsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized
Name of Authorized Agent: Telecom Professionals, Inc.	
Name of Reporting Carrier: YourTel America Inc.	
Signature of Authorized Officer: CERTIFIED ONLINE	Date: 06/26/2019
Printed name of Authorized Officer: David Tatum	
Title or position of Authorized Officer: Chief Financial Offic	er
Telephone number of Authorized Officer: 4236378546 ext.	
Study Area Code of Reporting Carrier: 529015	Filing Due Date for this form: 07/01/2019
, ,	ished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment er Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE AUTHORIZED AGENT:

If of the re	eporting carrier; I have provided te.
Date:	06/26/2019
)	Date:



(800) Operating Companies	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2018

<010>	Study Area Code		529015
<015>	Study Area Name		YourTel America Inc.
<020>	Program Year		2020
<030>	Contact Name - Person USA	AC should contact regarding this data	Matt Dean
<035>	Contact Telephone Numbe	er - Number of person identified in data line <030>	4057558177 ext.2103
<039>	Contact Email Address - Em	nail Address of person identified in data line <030>	mdean@telecompliance.net
<810>	Reporting Carrier	YourTel America, Inc.	
<811>	Holding Company	TerraCom, Inc.	
<812>	Operating Company	TerraCom, Inc.	

<a1></a1>	<a2></a2>	<a3></a3>
Affiliates	SAC	Doing Business As Company or Brand Designation
TerraCom, Inc.	409021	TerraCom Wireless
TerraCom, Inc.	459011	TerraCom Wireless
TerraCom, Inc.	469015	TerraCom Wireless
TerraCom, Inc.	359128	TerraCom Wireless
TerraCom, Inc.	329014	TerraCom Wireless
TerraCom, Inc.	279047	TerraCom Wireless
TerraCom, Inc.	189011	TerraCom Wireless
TerraCom, Inc.	369017	TerraCom Wireless
TerraCom, Inc.	379023	TerraCom Wireless
TerraCom, Inc.	559008	TerraCom Wireless
TerraCom, Inc.	439043	TerraCom Wireless
TerraCom, Inc.	439009	TerraCom, Inc.
TerraCom, Inc.	449045	TerraCom, Inc.
TerraCom, Inc.	449064	TerraCom Wireless
TerraCom, Inc.	339033	TerraCom Wireless
TerraCom, Inc.	209017	TerraCom Wireless
YourTel America, Inc.	349025	YourTel America, Inc.
YourTel America, Inc.	349026	YourTel Wireless
YourTel America, Inc.	419004	YourTel America, Inc.
YourTel America, Inc.	419022	YourTel Wireless
YourTel America, Inc.	109011	YourTel Wireless
YourTel America, Inc.	429014	YourTel Wireless
YourTel America, Inc.	439006	YourTel America, Inc.

(800) Operating Companies	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2018

<010>	Study Area Code		529015
<015>	Study Area Name		YourTel America Inc.
<020>	Program Year		2020
<030>	Contact Name - Person USA	AC should contact regarding this data	Matt Dean
<035>	Contact Telephone Numbe	er - Number of person identified in data line <030>	4057558177 ext.2103
<039>	Contact Email Address - Em	nail Address of person identified in data line <030>	mdean@telecompliance.net
<810>	Reporting Carrier	YourTel America, Inc.	
<811>	Holding Company	TerraCom, Inc.	
<812>	Operating Company	TerraCom, Inc.	

<813>	<a1></a1>	<a2></a2>	<a3></a3>
	Affiliates	SAC	Doing Business As Company or Brand Designation
_	YourTel America, Inc.	439042	YourTel Wireless
_	YourTel America, Inc.	179013	YourTel Wireless
	YourTel America, Inc.	589005	YourTel Wireless
	YourTel America, Inc.	529015	YourTel Wireless
_			
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