| FCC F | orm 481 - Carrier Annual Reporting<br>Data Collection Form  |                                | FCC Form 481<br>OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>December 2020 |
|-------|---|--------------------------------|--|
| <010  | > Study Area Code   | 529004                         |  |
| <015  | > Study Area Name   | EASTERN SUB-RSA LIMITED PARTNI | ERSHIP   |
| <020  | > Program Year  | 2023                           |  |
| <030  | <ul> <li>Contact Name: Person USAC should contact<br/>with questions about this data</li> </ul>                 | Mike Bly                       |  |
| <035  | <ul> <li>Contact Telephone Number:</li> <li>Number of the person identified in data line &lt;030&gt;</li> </ul> | 2087980245 ext.1222            |  |
| <039  | > Contact Email Address:<br>Email of the person identified in data line <030>                                   | mikeb@inlandcell.com           |  |
|       | Form Type   | 54.313 and 54.422              |  |

|             |                     |                      |                                     |   |                    |                                 |                              |  | Dec   | December 2020  | December 2020                |                            |
|-------------|---------------------|----------------------|-------------------------------------|---|--------------------|---------------------------------|------------------------------|--|---|--|------------------------------|----------------------------|
| <010> Study | Study Area Code     | e                    |                                     |   |                    | 529004                          |                              |  |   |  |                              |                            |
| <015> Study | Study Area Name     | ne                   |                                     |   |                    | EASTERN SUB-                    | SUB-RSA LIMITED PARTNERSHIP  | ERSHIP                                   |   |  |                              |                            |
| <020> Progr | Program Year        |                      |                                     |   |                    | 2023                            |                              |  |   |  |                              |                            |
|             | act Name -          | · Person USAC        | should contac                       | Contact Name - Person USAC should contact regarding this data                 | s data             | Mike Bly                        |                              |  |   |  |                              |                            |
|             | act Teleph          | one Number -         | Number of pe                        | Contact Telephone Number - Number of person identified in data line <030>     | l in data line <0  |                                 | ext.1222                     |  |   |  |                              |                            |
| <039> Conta | act Email A         | \ddress - Emai       | Address of p                        | Contact Email Address - Email Address of person identified in data line <030> | ا in data line <(  | 330> mikeb@inlandcell.com       | dcell.com                    |  |   |  |                              |                            |
| <210> For t | the prior           | calendar yea         | r, were there                       | For the prior calendar year, were there any reportable voice service outages? | ble voice serv     | ice outages?                    |                              |  |   |  |                              |                            |
| <220>       | < <b>a</b> >        | b1>                  | <br>b2>                             | <   | <                  | <c1></c1>                       | <c2></c2>                    | <u> </u>                                 | <b>\eee</b>   | \$   | \<br>\<br>\                  | Ŷ                          |
| Ref<br>Nun  | NORS<br>Reference ( | Outage Start<br>Date | Outage Start Outage Start Date Time | Outage End<br>Date  | Outage End<br>Time | Number of<br>Customers Affected | Total Number of<br>Customers | 911 Facilities<br>Affected<br>(Yes / No) | Service Outage<br>Description (Check<br>all that apply) | Did This Outage Affect Multiple Study Areas (Yes / No) | Service Outage<br>Resolution | Preventative<br>Procedures |
|             |                     |                      |                                     |   |                    |                                 |                              |  |   |  |                              |                            |
|             |                     |                      |                                     |   |                    |                                 |                              |  |   |  |                              |                            |
|             |                     |                      |                                     |   |                    |                                 |                              |  |   |  |                              |                            |
|             |                     |                      |                                     |   |                    |                                 |                              |  |   |  |                              |                            |
|             |                     |                      |                                     |   |                    |                                 |                              |  |   |  |                              |                            |
|             |                     |                      |                                     |   |                    |                                 |                              |  |   |  |                              |                            |
|             |                     |                      |                                     |   |                    |                                 |                              |  |   |  |                              |                            |
|             |                     |                      |                                     |   |                    |                                 |                              |  |   |  |                              |                            |
|             |                     |                      |                                     |   |                    |                                 |                              |  |   |  |                              |                            |
|             |                     |                      |                                     |   |                    |                                 |                              |  |   |  |                              |                            |
|             |                     |                      |                                     |   |                    |                                 |                              |  |   |  |                              |                            |
|             |                     |                      |                                     |   |                    |                                 |                              |  |   |  |                              |                            |
|             |                     |                      |                                     |   |                    |                                 |                              |  |   |  |                              |                            |
|             |                     |                      |                                     |   |                    |                                 |                              |  |   |  |                              |                            |
|             |                     |                      |                                     |   |                    |                                 |                              |  |   |  |                              |                            |
|             |                     |                      |                                     |   |                    |                                 |                              |  |   |  |                              |                            |
|             |                     |                      |                                     |   |                    |                                 |                              |  |   |  |                              |                            |
|             |                     |                      |                                     |   |                    |                                 |                              |  |   |  |                              |                            |
|             |                     |                      |                                     |   |                    |                                 |                              |  |   |  |                              |                            |

Page 2

| (400) Number of Complaints per 1,000 customers | FCC Form 481    |
|--|-----------------|
| Data Collection Form                           | OMB Control No. |
|  | December 2020   |

| <010> | Study Area Code   | 529004   |                      |
|-------|---|--|----------------------|
| <015> | Study Area Name   | EASTERN SUB-RSA LIMITED PARTNERSHIF                                | ,                    |
| <020> | Program Year  | 2023   |                      |
| <030> | Contact Name - Person USAC should cont  | tact regarding this data Mike                                      | Bly                  |
| <035> | Contact Telephone Number - Number of <030>  | person identified in data line                                     | 2087980245 ext.1222  |
| <039> | Contact Email Address - Email Address of <030>  | person identified in data line                                     | mikeb@inlandcell.com |
| <400> | Select from the drop-down list to indicate voice complaints (zero or greater) for voice calendar year for each service area in whi any facilities you own, operate, lease, or o | ce telephony service in the pric<br>ch you are designated an ETC f |                      |
| <410> | Complaints per 1000 customers for fixed   | voice  |                      |
| <420> | Complaints per 1000 customers for mobil   | le voice   |                      |

| •     | mpliance With Service Quality Standards and Consumer Protection Rules lection Form |                                     | FCC Form 481<br>OMB Control No. 3060-<br>December 2020 |
|-------|--|-------------------------------------|--|
| <010> | Study Area Code  | 529004                              |  |
| <015> | Study Area Name  | EASTERN SUB-RSA LIMITED PARTNERSHIP |  |
| <020> | Program Year   | 2023                                |  |
| <030> | Contact Name - Person USAC should contact regarding this data                      | Mike Bly                            |  |
| <035> | Contact Telephone Number - Number of person identified in data line <030>          | 2087980245 ext.1222                 |  |
| <039> | Contact Email Address - Email Address of person identified in data line <030>      | mikeb@inlandcell.com                |  |
| -     |  |                                     |  |
| <515> | Certify compliance with applicable minimum service standards                       |                                     |  |

|       |   | December 2020   |
|-------|---|---|
|       |   |   |
| <010> | Study Area Code   | 529004  |
| <015> | Study Area Name   | EASTERN SUB-RSA LIMITED PARTNERSHIP                                   |
| <020> | Program Year  | 2023  |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Mike Bly  |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 2087980245 ext.1222   |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | mikeb@inlandcell.com  |
| <600> | Certify compliance regarding ability to function in emergency situations      | Yes   |
| <610> | Descriptive document for Functionality in Emergency Situations                | 529004_WA_610_Ability to Remain Functional in<br>Emergencies 2022.pdf |

FCC Form 481

OMB Control No. 3060-09

(600) Functionality in Emergency Situations

**Data Collection Form** 

| (800) Operating Companies<br>Data Collection Form  |                                     | FCC Form 481  OMB Control No. 3060-0986/OMB Control No. 3060-0819  December 2020 |
|--|-------------------------------------|--|
| <010> Study Area Code 529004   |                                     |  |
| Study Area Name  | EASTERN SUB-RSA LIMITED PARTNERSHIP | 0.00   |
| <020> Program Year 2023  |                                     |  |
| <030> Contact Name - Person USAC should contact regarding this data $_{ m Mike~Bly}$                     |                                     |  |
| <035> Contact Telephone Number - Number of person identified in data line <030> 2087980245 ext.1222      | .xt.1222                            |  |
| <039> Contact Email Address - Email Address of person identified in data line <030> mikeb@inlandcell.com | dcell.com                           |  |
|  |                                     |  |
| <810> Reporting Carrier Intana Cellular LLC  |                                     |  |
| <pre>&lt;811&gt; Holding Company Inland Cellular Telephone Company</pre>                                 |                                     |  |
| <812> Operating Company Inland Cellular LLC  |                                     |  |
|  |                                     |  |
| <813> <a1></a1>  | <a2></a2>                           | <a3></a3>  |
| Affiliates   | SAC                                 | Doing Business As Company or Brand Designation                                   |
|  |                                     |  |
|  |                                     |  |
|  | -                                   |  |
| See See  | See attached worksheet              | neet   |
|  |                                     |  |
|  |                                     |  |
|  |                                     |  |
|  |                                     |  |
|  |                                     |  |
|  |                                     |  |
|  |                                     |  |
|  |                                     |  |
|  |                                     |  |
|  |                                     |  |
|  |                                     |  |
|  |                                     |  |
|  |                                     |  |
|  |                                     |  |
|  |                                     |  |
|  |                                     |  |
|  |                                     |  |
|  |                                     |  |
|  |                                     |  |
|  |                                     |  |

| (900) Tribal Lands Reporting<br>Data Collection Form  | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 |
|---|--|
|   | December 2020  |
| <010> Study Area Code   | 529004   |
|   | EASTERN SUB-RSA LIMITED PARTNERSHIP                              |
| <020> Program Year  | 2023   |
| <030> Contact Name - Person USAC should contact regarding this data   | Mike Bly   |
| <035> Contact Telephone Number - Number of person identified in data line <030>   | 2087980245 ext.1222  |
| <039> Contact Email Address - Email Address of person identified in data line <030>   | mikeb@inlandcell.com   |
| <900> Does the filing entity offer tribal land services? (Y/N)  | No   |
| <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 boxes  |  |
| to confirm the status described on the attached PDF, on line 92U,<br>demonstrates coordination with the Tribal government pursuant to | Select<br>Yes or No or   |
| § 54.313(a)(5) includes:  | Not Applicable   |
| <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.                                  |  |
| <922> Feasibility and sustainability planning;  |  |
| <923> Marketing services in a culturally sensitive manner;  |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
| <929> Compliance with Tribal Business and Licensing requirements.   |  |

|                      |   | 1 age 0   |
|----------------------|---|---|
| (1000) V<br>Data Col | (1000) Voice and Broadband Service Rate Comparability<br>Data Collection Form | FCC Form 481  OMB Control No. 3060-0986/OMB Control No. 3060-0819 |
|                      |   | December 2020   |
| <010>                | Study Area Code   | 529004  |
| <015>                |   | EASTERN SUB-RSA LIMITED PARTNERSHIP                               |
| <020>                | Program Year  | 2023  |
| <030>                |   | Mike Bly  |
| <035>                | Contact Telephone Number - Number of person identified in data line <030>     | 2087980245 ext.1222   |
| <039>                | Contact Email Address - Email Address of person identified in data line <030> | mikeb@inlandcell.com  |
| <1000>               | Voice services rate comparability certification                               | Not Applicable  |
| <1010>               | Attach detailed description for voice services rate comparability compliance  |   |
| <1020>               | Sroadhand comparability certification   | Name of Attached Document   |
|                      |   |   |
| <1030>               | > Attach detailed description for broadband comparability compliance          |   |
|                      |   | Name of Attached Document   |

| (1100) N | (1100) No Terrestrial Backhaul Reporting  | FCC Form 481   |
|----------|---|--|
| Data Co  | Data Collection Form  | OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>December 2020 |
| <010>    | Study Area Code   | 529004   |
| <015>    | Study Area Name   | EASTERN SUB-RSA LIMITED PARTNERSHIP                                  |
| <020>    | Program Year  | 2023   |
| <030>    | Contact Name - Person USAC should contact regarding this data   | Mike Bly   |
| <032>    | Contact Telephone Number - Number of person identified in data line <030>   | 2087980245 ext.1222  |
| <039>    | Contact Email Address - Email Address of person identified in data line <030>   | mikeb@inlandcell.com   |
| <1100>   | Certify whether terrestrial backhaul options exist (Y/N)  | Xes  |
| <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 kbps upstream within the supported area pursuant to § 54.313(g). | Sdq  |
| <1140>   | Alaska Plan rate-of-return certification (yes, no, or not applicable) of compliance with approved performance plan.   |  |
|          |   |  |
|          |   |  |

| (1200) Terms and Cor<br>Lifeline<br>Data Collection Form                      | (1200) Terms and Condition for Lifeline Customers<br>Lifeline<br>Data Collection Form  | FCC Form 481<br>OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>December 2020 |
|---|--|--|
| <010>   | Stridy Area Code   | A D A D A D A D A D A D A D A D A D A D  |
|   | יוימן יויים פסמר   | drood  |
|   | Study Area Name  | EASTERN SUB-RSA LIMITED PARTNERSHIP  |
| <020>   | Program Year   | 2023   |
| <030>   | Contact Name - Person USAC should contact regarding this data  | Mike Bly   |
| <032> (   | Contact Telephone Number - Number of person identified in data line <030>  | 2087980245 ext.1222  |
| <039>   | Contact Email Address - Email Address of person identified in data line <030>  | mikeb@inlandcell.com   |
| <1210>  | Terms & Conditions of Voice Telephony Lifeline Plans   |  |
|   |  | Name of Attached Document  |
| <1220>  | Link to Public Website   | www.inlandcellular.com/lifeline  |
| "Please check th<br>or the website li<br>§ 54.422(a)(2) a<br>annually report: | "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> A  | Additional charges for toll calls, and rates for each such plan.   |  |
|   |  |  |

| (2005) Price Cap Carrier Additional Documentation   | FCC Form 481   | m 481  |
|---|--|--|
| Data Collection Form  | OMBC   | OMB Control No. 3060-0986/OMB Control No. 3060-0819                |
| Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers   | Decem  | December 2020  |
| <010> Study Area Code   | 529004   |  |
|   | EASTERN SUB-RSA LIMITED PARTNERSHIP  |  |
| <020> Program Year  | 2023   |  |
| <030> Contact Name - Person USAC should contact regarding this data   | Mike Bly   |  |
| Contact Telephone Number - Number of person identified in data line <030>   | 208/980245 ext.1222  |  |
| <039> Contact Email Address - Email Address of person identified in data line <030>   | mikeb@inlandcell.com   |  |
| Select the appropriate responses below (Yes, No, Not Applicable) 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.   | able) to note compliance as a recipient of frozen High<br>sse II support as set forth in 47 CFR 54.313(c),(d),(e). | Cost support, High Cost support<br>he information reported on this |
| <2015> 2016 and future Frozen Support Certification 47 CFR § 54.313(c)(4)   | 54.313(c)(4)   |  |
| rice cap callier colliect Allielica icc support (+/ cfn g s4  | 54.515(u)}   |  |
| <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 ca capital expenditures in 2021.  | carrier used for   |  |
| <2018> Attach the number, names, and addresses of community anchor  | y anchor Name of Attached Document Listing   | ting   |
| institutions to which the carrier newly began providing access to<br>broadband service in the preceding calendar year - 54.313(e)(1)(ii)(A)   | g access to Required Information<br>.313(e)(1)(ii)(A)  |  |
| Connect America Phase II – FCC Form 470 Postings  |  |  |
| <2019> For the filing due July 1 following full implementation of a progression and a | of this requirement,   |  |
| answer yes, no, or not applicable to tins certification request   | nest   |  |

| (3005) Rate Of Returr<br>Data Collection Form | (3005) Rate Of Return Carrier Additional Documentation<br>Data Collection Form | FCC Form 481<br>OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>December 2020 |
|---|--|--|
| <010>   | Study Area Code  | 529004   |
| <015>   | Study Area Name  | EASTERN SUB-RSA LIMITED PARTNERSHIP  |
| <020>   | Program Year   | 2023   |
| <030>   | Contact Name - Person USAC should contact regarding this data                  | Mike Bly   |
| <035>   | Contact Telephone Number - Number of person identified in data line <030>      | 2087980245 ext.1222  |
| <039>   | Contact Email Address - Email Address of person identified in data line <030>  | mikeb@inlandcell.com   |
|   |  |  |

operations data disclosures submitted to the National Exchange Carrier Association (NECA), USAC, Does this filing retain a Cost Consultant and/or Firm, or other Third Party to prepare financial and or the Administrator? (3007)

|         |                                     |  | <br>i |  |
|---------|-------------------------------------|--|-------|--|
| (3007b) | Name of Consultant Firm/Third Party |  |       |  |
| (300/a) | Name of Consultant                  |  |       |  |

| <010> | Study Area Code  | 529004                     |  |
|-------|--|----------------------------|--|
| <015> | Study Area Name  | EASTERN SUB-RSA LIMITED PA |  |
| <020> | Program Year   | 2023                       |  |
| <030> | Contact Name - Person USAC should contact regarding this data                                | Mike Bly                   |  |
| <035> | Contact Telephone Number - Number of person identified in data line <030>                    | 2087980245 ext.1222        |  |
| <039> | Contact Email Address - Email Address of person identified in data line <030> mikeb@inlandce |                            |  |

Select from the drop down menu or check the boxes below to note compliance with 54.313(f)(1). Privately held carriers n financial reporting requirements set forth in 47 CFR 54.313(f)(2). I further certify that the information reported on this fo 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)}  |  |  |  |
| (3010B) | Please Provide Attachment  | Name of Attached Document Listing Required             |  |  |
|         | Rate-of-Return Community Anchor Institutions   | Information  |  |  |
| (3012A) | Indicate if the carrier newly deployed broadband service to community anchor institution(s) in the previous calendar year.   |  |  |  |
| (3012B) | Please Provide Attachment  | Name of Attached Document Listing                      |  |  |
|         | Using link, download template and list the number, name and address for each community anchor institution. Attach the document which contains the community anchor institution details as required by 47 C.F.R. § 54.313(f)(1)(ii) | Required Information                                   |  |  |
| (3013)  | Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)}   | (Yes/No)   |  |  |
| (3014)  | If yes, does your company file the RUS annual report   | (Yes/No)   |  |  |
|         | 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:   |  |  |  |
| (3015)  | Electronic copy of their annual RUS reports<br>(Operating Report for Telecommunications<br>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 Document Listing Required Information |  |  |
| (3018)  | If the response is no on line 3014, is your company audited? If the response is yes on line 3018, please check the   | (Yes/No)   |  |  |

boxes below to confirm your submission on line

| FCC Form 481   | OMB Control No. 3060-0986/OMB Control No. 3060-0819 | December 2020 |
|--|---|---------------|
| (3005) Rate Of Return Carrier Additional Documentation (Continued) | Data Collection Form                                |               |

| <010> | :010> Study Area Code  | 529004                              |
|-------|--|-------------------------------------|
| <015> | Study Area Name  | EASTERN SUB-RSA LIMITED PARTNERSHIP |
| <020> | 020> Program Year  | 2023                                |
| <030> | :030> Contact Name - Person USAC should contact regarding this data                                  | Mike Bly                            |
| <032> | :035> Contact Telephone Number - Number of person identified in data line <030> 2087980245 ext.1222  | 2087980245 ext.1222                 |
| <039> | 039> Contact Email Address - Email Address of person identified in data line <030> mi keb@in] andce] | mikeb@inlandcell.com                |

|                        |                |                           |                   | ervice(TPIS)                            |                     |                   | <b>-1</b>           |  |
|------------------------|----------------|---------------------------|-------------------|---|---------------------|-------------------|---------------------|--|
| 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 |  |

| <010> | Study Area Code  | 529004                              |
|-------|--|-------------------------------------|
| <015> | Study Area Name  | EASTERN SUB-RSA LIMITED PARTNERSHIP |
| <020> | Program Year   | 2023                                |
| <030> | Contact Name - Person USAC should contact regarding this data        | Mike Bly                            |
| <035> | Contact Telephone Number - Number of person identified in data li    | ne <030>                            |
| <039> | Contact Email Address - Email Address of person identified in data l | ine <030> mikeb@inlandcell.com      |

### **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.

#### **RBE Community Anchor Institutions**

<4003a> Indicate if the carrier newly deployed broadband service to community anchor institution(s) in the previous calendar year

<4003b> Please Provide Attachment: Using link, download template and list the number, name and address for each community anchor institution. Attach the document which contains the community anchor institution details as required by FCC 14-98 (paragraph 79)

Name of Attached Document Listing Required Information

| (5005) Alaska Plan Participants Additional Documentation | FCC Form 481           |
|--|------------------------|
| Data Collection Form                                     | OMB Control No. 3060-0 |
|  | December 2020          |

| <010> | Study Area Code   | 529004                              |
|-------|---|-------------------------------------|
| <015> | Study Area Name   | EASTERN SUB-RSA LIMITED PARTNERSHIP |
| <020> | Program Year  | 2023                                |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Mike Bly                            |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 2087980245 ext.1222                 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | mikeb@inlandcell.com                |

5005 Alaska Plan

Please indicate whether any terrestrial backhaul or other satellite backhaul became (5011) commercially available in the previous calendar year in areas previously served exclusively by performance-limiting satellite backhaul.

(Yes/No)

If the filing carrier identified in its approved perfomance plans that it relies exclusively on (5012) 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></a>                            | <b></b>                 | <c></c>              |
|--------|------------------------------------|-------------------------|----------------------|
|        | Description Of Backhaul Technology | Date Backhaul Available | Newly Served Locatio |
| =      |                                    |                         |                      |
| •      |                                    | -                       |                      |
|        |                                    |                         |                      |
| -      |                                    |                         |                      |
| -      |                                    |                         |                      |
| -      |                                    | ,                       |                      |
| -      |                                    |                         |                      |
| -      |                                    |                         |                      |
| -      |                                    |                         |                      |
| -      |                                    |                         | +                    |
| -      |                                    |                         |                      |
| -      |                                    | ·                       |                      |
| -      |                                    |                         |                      |
| -      |                                    |                         |                      |
| -      |                                    |                         |                      |
| -      |                                    |                         |                      |
| •      |                                    |                         |                      |
| ·-     |                                    |                         |                      |
| -<br>- |                                    |                         |                      |
|        |                                    |                         |                      |
| -      |                                    |                         |                      |
|        |                                    |                         |                      |

|       |   | December 2020                       |
|-------|---|-------------------------------------|
|       |   |                                     |
| <010> | Study Area Code   | 529004                              |
| <015> | Study Area Name   | EASTERN SUB-RSA LIMITED PARTNERSHII |
| <020> | Program Year  | 2023                                |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Mike Bly                            |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 2087980245 ext.1222                 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | mikeb@inlandcell.com                |

<6010> Enter the total amount of Phase II Auction Support, if any, the carrier used for capital expenditures.

#### Phase II Auction and New York Funds Certification

(6005) Phase II Auction Reporting

**Data Collection Form** 

<6011> 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 1st after receiving support until the recipient's penultimate year of support.

(Yes/No)

FCC Form 481

OMB Control No. 306

## **Phase II Auction Community Anchor Institutions**

- <6012a> Indicate if the carrier newly deployed broadband service to community anchor institution(s) in the previous calendar year.
- <6012b> Please Provide Attachment Using link, download template and list the number, name and address for each community anchor institution. Attach the document which contains the community anchor institution details as required by FCC 14-98 (paragraph 79).

Name of Attached Document Listing Required Information

## **Phase II Auction FCC Form 470 Postings**

<6013> For the filing due July 1 following full implementation of this requirement answer yes, no, or not applicable to this certification request.

# **Phase II Auction Post-Final Deployment Milestone Performance Certification**

<6014> Starting the first July 1st after meeting the final service milestone, certify (yes, no, or not applicable) that the Phase II-funded network that the Phase II auction recipient operated in the prior year meets the relevant performance requirements in § 54.309.

| (7005) Phase-Down Support Reporting | FCC Form 481        |
|-------------------------------------|---------------------|
| Data Collection Form                | OMB Control No. 306 |
|                                     | December 2020       |

| <010> | Study Area Code   | 529004                            |
|-------|---|-----------------------------------|
| <015> | Study Area Name   | EASTERN SUB-RSA LIMITED PARTNERSH |
| <020> | Program Year  | 2023                              |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Mike Bly                          |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 208/980245 ext.1222               |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | mikeb@inlandcell.com              |

<7010> Phase II Auction recipient performance requirements certification (Yes/No)

| (8005) Uniedo a Puerto Rico Fixed and Mobile Funds Certification | FCC Form 481             |
|--|--------------------------|
| Data Collection Form   | OMB Control No. 3060-098 |
|  | December 2020            |

| <010> | Study Area Code   | 529004                              |
|-------|---|-------------------------------------|
| <015> | Study Area Name   | EASTERN SUB-RSA LIMITED PARTNERSHIP |
| <020> | Program Year  | 2023                                |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Mike Bly                            |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 2087980245 ext.1222                 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | mikeb@inlandcell.com                |

# <8010> Uniendo a Puerto Rico Stage 2 Fixed – Capital Expenditures

Enter the total amount of Uniendo a Puerto Rico Stage 2 fixed support, if any, the carrier used for capital expenditures.

# <8011> Uniendo a Puerto Rico Stage 2 Fixed – Available Funds Certification

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 1st after receiving support until the recipient's penultimate year of support.

# <8012a> Uniendo a Puerto Rico Stage 2 Fixed – Community Anchor Institutions

Indicate if the carrier newly deployed broadband service to community anchor institution(s) in the previous calendar year.

### Please Provide Attachment

<8012b> Using link, download template and list the number, name and address for each community anchor institution. Attach the document which contains the community anchor institution details as required by 47 C.F.R. § 54.313(e)(2)(A). Allowable File Types.

Name of Attached Document Listing Requ Information

## Uniendo a Puerto Rico Stage 2 Fixed – FCC Form 470 Postings

<8013> For the filing due July 1 following full implementation of this requirement answer yes, no, or not applicable to this certification request.

## <8014> Uniendo a Puerto Rico Stage 2 Fixed – Post-Final Deployment Milestone Performance Certification

Starting the first July 1st 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 § 54.309.

## <8020> Uniendo a Puerto Rico Stage 2 Fixed – Support Reimbursement Certification

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.

| (9005) Connect USVI Fixed and Mobile Funds Certification | FCC Form 481             |
|--|--------------------------|
| Data Collection Form                                     | OMB Control No. 3060-098 |
|  | December 2020            |

| <010> | Study Area Code   | 529004                              |
|-------|---|-------------------------------------|
| <015> | Study Area Name   | EASTERN SUB-RSA LIMITED PARTNERSHIP |
| <020> | Program Year  | 2023                                |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Mike Bly                            |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 2087980245 ext.1222                 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | mikeb@inlandcell.com                |

# <9010> Connect USVI Stage 2 Fixed – Capital Expenditures

Enter the total amount of Connect USVI Fund Stage 2 fixed support, if any, the carrier used for capital expenditures.

# <9011> Connect USVI Stage 2 Fixed – Available Funds Certification

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 1st after receiving support until the recipient's penultimate year of support.

# <9012a> Connect USVI Stage 2 Fixed – Community Anchor Institutions

Indicate if the carrier newly deployed broadband service to community anchor institution(s) in the previous calendar year.

## Please Provide Attachment

<9012b> Using link, download template and list the number, name and address for each community anchor institution. Attach the document which contains the community anchor institution details as required by 47 C.F.R. § 54.313(e)(2)(i)(A).

Name of Attached
Document Listing ReInformation

# Connect USVI Stage 2 Fixed - 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.

## Connect USVI Stage 2 Fixed – Post-Final Deployment Milestone Performance Certification

Starting the first July 1st 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 § 54.309.

### Connect USVI Stage 2 Fixed – 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.

## Connect USVI Stage 2 Fixed – Disaster Preparedness and Response Documentation

FCC Form 481

OMB Control No. 3060-098

December 2020

| <010> | Study Area Code   | 529004                              |
|-------|---|-------------------------------------|
| <015> | Study Area Name   | EASTERN SUB-RSA LIMITED PARTNERSHIP |
| <020> | Program Year  | 2023                                |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Mike Bly                            |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 2087980245 ext.1222                 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | mikeb@inlandcell.com                |

## **RDOF Capital Expenditures**

<10010>

Starting the first July 1st after receiving support until the July 1st 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. § 54.313(e)(2)(i)(B).

#### **RDOF 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 1st after receiving support until the recipient's penultimate year of support, as required by required by 47 C.F.R. § 54.313(e)(2)(ii).

## **RDOF 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. § 54.313(e)(2)(i)(A).

Please Provide Attachment

<10012b>

Using link, download template and list the number, name and address for each community anchor institution. Attach the document which contains the community anchor institution details as required by 47 C.F.R. § 54.313(e)(2)(i)(A).

Name of Attached Document Listing Required Information

#### **RDOF 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 § 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. § 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).

| Certification - Reporting Carrier | FCC Form 481  |
|-----------------------------------|---|
| Data Collection Form              | OMB Control No. 3060-0986/OMB Control No. 3060-0819 |
|                                   | December 2020                                       |

| <010> | Study Area Code   | 529004                              |
|-------|---|-------------------------------------|
| <015> | Study Area Name   | EASTERN SUB-RSA LIMITED PARTNERSHIP |
| <020> | Program Year  | 2023                                |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Mike Bly                            |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 2087980245 ext.1222                 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | mikeb@inlandcell.com                |

#### 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: EASTERN SUB-RSA LIMITED PARTNERSHIP

Signature of Authorized Officer: CERTIFIED ONLINE Date 07/14/2022

Printed name of Authorized Officer: Mike Bly

Title or position of Authorized Officer: SVP Business Operations

Telephone number of Authorized Officer: 2087980245 ext.1222

Study Area Code of Reporting Carrier: 529004 Filing Due Date for this form: 07/29/2022

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<br>ection Form  | FCC Form 481<br>OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>December 2020 |
|-------|---|--|
| <010> | Study Area Code   | 529004   |
| <015> | Study Area Name   | EASTERN SUB-RSA LIMITED PARTNERSHIP  |
| <020> | Program Year  | 2023   |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Mike Bly   |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 2087980245 ext.1222  |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | mikeb@inlandcell.com   |

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

|   | is authorized to submit the information reported on behalf of the reporting my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authod data provided to the authorized agent is accurate. |  |
|---|---|--|
| Name of Authorized Agent:                           |   |  |
| 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:               | Filing Due Date for this form:  |  |
| Persons willfully making false statements on this f | an 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.  |  |

## TO BE COMPLETED BY THE AUTHORIZED AGENT:

|  | norized to submit the annual reports for universal service support recipients on bel<br>reporting carrier; and, to the best of my knowledge, the information reported her |  |
|--|---|--|
| Name of Reporting Carrier:   |   |  |
| Name of Authorized Agent Firm:   |   |  |
| Signature of Authorized Agent or Employee of Agent:  |   | Date:                                    |
| Name of Authorized Agent Employee:   |   |  |
| Title or position of Authorized Agent or Employee of Agen                                      | :   |  |
| Telephone number of Authorized Agent or Employee of A  | gent:   |  |
| Study Area Code of Reporting Carrier:  | Filing Due Date for this form:  |  |
| Telephone number of Authorized Agent or Employee of A<br>Study Area Code of Reporting Carrier: | gent:   | ; 502, 503(b), or fine or imprisonment u |

|       |   | December 2020                       |
|-------|---|-------------------------------------|
|       |   |                                     |
|       |   | 529004                              |
| <010> | Study Area Code   |                                     |
| <015> | Study Area Name   | EASTERN SUB-RSA LIMITED PARTNERSHIP |
| <020> | Program Year  | 2023                                |
| <030> | Contact Name - Person USAC should contact regarding this data | Mike Bly                            |

I certify under penalty of perjury that no universal service support has been or will be used to purchase, obtain, maintain, improve, modify, 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.

Contact Telephone Number - Number of person identified in data line <030>

Contact Email Address - Email Address of person identified in data line <030>

Please Provide Waiver Document Allowable File Type (pdf only)

**Certify Filing** 

<035>

<039>

**Data Collection Form** 

Name of Attached Document Listing Required Information

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 used 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, or otherwise obtained, as required by 47 C.F.R. § 54.10.

Please Provide Waiver Document Allowable File Type (pdf only) Name of Attached Document Listing Required Information

Yes

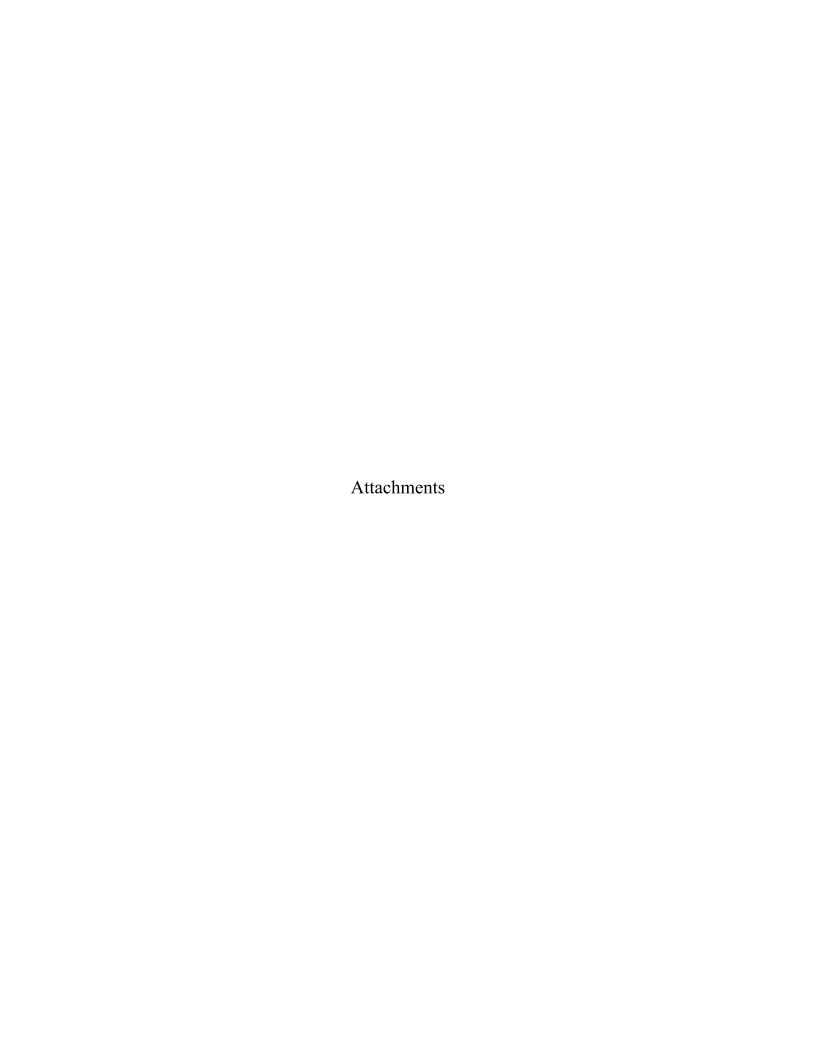
FCC Form 481

2087980245 ext.1222

mikeb@inlandcell.com

OMB Control No. 3

Yes



| (800) Operating Companies | FCC Form 481  |
|---------------------------|---|
| Data Collection Form      | OMB Control No. 3060-0986/OMB Control No. 3060-0819 |
|                           | December 2020                                       |

|   | RINERSHIP                           |                         |   |   |  |   |   | - CO        | NCB/ | Doing Business As Company or Brand Designation | Inland Cellular; Emerge Technologies                                 | Inland Cellular; Emerge Technologies                            | Inland Cellular; Emerge Technologies                                    | EcliptixNet Broadband; Emerge Technologies |  |  |  |  |  |  |  |
|---|-------------------------------------|-------------------------|---|---|--|---|---|-------------|------|--|--|---|---|--|--|--|--|--|--|--|--|
|   | EASTERN SUB-RSA LIMITED PARTNERSHIP |                         |   | ext.1222  | ndcell.com   |   |   | <e>&gt;</e> | \7p\ | SAC  | 529003   | 529004  | 479007  |  |  |  |  |  |  |  |  |
| <pre>&lt;010&gt; Study Area Code 529004</pre> | <015> Study Area Name EASTERN SUI   | <020> Program Year 2023 | <030> Contact Name - Person USAC should contact regarding this data | <035> Contact Telephone Number - Number of person identified in data line <030> 2087980245 ext.1222 | <039> Contact Email Address - Email Address of person identified in data line <030> mikeb@inlandcell.com | <810> Reporting Carrier Inland Cellular LLC | <812> Operating Company Inland Cellular LLC | c813>       |      | Affiliates                                     | Inland Cellular ILC (f/k/a Washington RSA No. 8 Limited Partnership) | Inland Cellular LLC (f/k/a Eastern Sub-RSA Limited Partnership) | Inland Cellular LLC (f/ $k/a$ Washington RSA No. 8 Limited Partnership) | EcliptixNet Broadband LLC                  |  |  |  |  |  |  |  |