Expert Telecom Compliance

1725 Windward Concourse Suite 150 Alpharetta, Georgia 30005

July 28, 2022

VIA ELECTRONIC DELIVERY

Mark L. Johnson, Executive Director and Secretary Washington Utilities and Transportation Commission 621 Woodland Square Loop SE Lacey, WA 98503

Re: i-wireless, LLC; UT-220004

ETC annual filings to the FCC pursuant to 47 C.F.R. 54.422 (Form 481)

Dear Mr. Johnson:

Pursuant to 47 C.F.R. § 54.422, attached please find for filing in the above-referenced docket a copy of i-wireless, LLC's FCC Form 481.

If you have any questions or if I may provide you with any additional information, please do not hesitate to contact me at 770-232-9200or etc@telecomcounsel.com.

Respectfully submitted,

/s/ Maddy Roberts

Maddy Roberts, Regulatory Specialist Expert Telecom Compliance

FCC For	rm 481 - Carrier Annual Reporting Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 December 2020
<010>	Study Area Code	529018	
<015>	Study Area Name	I-Wireless LLC	
<020>	Program Year	2023	
<030>	Contact Name: Person USAC should contact with questions about this data	Jen Rose	
<035>	Contact Telephone Number: Number of the person identified in data line <030>	8598169378 ext.	
<039>	Contact Email Address: Email of the person identified in data line <030>	JenRose@iwirelesshome.com	
	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
	December 2020

<010>	Study Area Code	529018
<015>	Study Area Name	I-Wireless LLC
<020>	Program Year	2023
<030>	Contact Name - Person USAC should contact regarding this data	Jen Rose
<035>	Contact Telephone Number - Number of person identified in data line <030>	8598169378 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	JenRose@iwirelesshome.com

<210>	For the prior ca	lendar year,	were there any	reportable vo	ice service ou	tages?
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<220>

<a>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<c1></c1>	<c2></c2>	<d></d>	<e></e>	<f></f>	<g></g>	<h>></h>
NORS Reference Number	Outage Start Date	Outage Start Time	Outage End Date		Number of Customers Affected	Total Number of Customers	911 Facilities Affected (Yes / No)	Service Outage Description (Check all that apply)	Did This Outage Affect Multiple Study Areas (Yes / No)	Service Outage Resolution	Preventative 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
	December 2020

<010>	Study Area Code 5290:	8		
<015>	Study Area Name	eless LLC		
<020>	Program Year 2023			
<030>	Contact Name - Person USAC should contact reg	garding this data Jen Rose		
<035>	Contact Telephone Number - Number of person identified in data line <030> 8598169378 ext.			
<039>	Contact Email Address - Email Address of person <030>	n identified in data line JenRose@iwirelesshome.com		
<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 December 2020
<010>	Study Area Code	529018	
<015>	Study Area Name	I-Wireless LLC	
<020>	Program Year	2023	
<030>	Contact Name - Person USAC should contact regarding this data	Jen Rose	
<035>	Contact Telephone Number - Number of person identified in data line <030>	8598169378 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	JenRose@iwirelesshome.com	
<515>	Certify compliance with applicable minimum service standards		

Data Co	ollection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819
			December 2020
<010>	Study Area Code	529018	
<015>	Study Area Name	I-Wireless LLC	
<020>	Program Year	2023	
<030>	Contact Name - Person USAC should contact regarding this data	Jen Rose	
<035>	Contact Telephone Number - Number of person identified in data line <030>	8598169378 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	JenRose@iwirelesshome.com	
<600>	Certify compliance regarding ability to function in emergency situations		
<610>	Descriptive document for Functionality in Emergency Situations		

FCC Form 481

(600) Functionality in Emergency Situations

(800) Operating Companies Data Collection Form				FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 December 2020
<010>	Study Area Code		529018	
<015>	Study Area Name		I-Wireless LLC	
<020>	Program Year		2023	
<030>	Contact Name - Person L	JSAC should contact regarding this data	Jen Rose	
<035>	Contact Telephone Num	ber - Number of person identified in data line <030>	8598169378 ext.	
<039>	Contact Email Address -	Email Address of person identified in data line <030>	JenRose@iwirelesshome.com	
<810>	Reporting Carrier	i-wireless, LLC		
<811>	Holding Company	Not Applicable		
<812>	Operating Company	i-wireless, LLC		

<813>	<a1></a1>	<a2></a2>	<a3></a3>
	Affiliates	SAC	Doing Business As Company or Brand Designation
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(900) Tribal Lands Reporting	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	December 2020
<010> Study Area Code	529018
<015> Study Area Name	I-Wireless LLC
<020> Program Year	2023
<030> Contact Name - Person USAC should contact regarding this data	Jen Rose 8598169378 ext.
<035> Contact Telephone Number - Number of person identified in data line <030>	JenRose@iwirelesshome.com
<039> Contact Email Address - Email Address of person identified in data line <030>	Control of the Contro
<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 boxes 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 Tribal 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	
<927> Compliance with Environmental Review processes	
·	
<928> Compliance with Cultural Preservation review processes	
<929> Compliance with Tribal Business and Licensing requirements.	

•	pice and Broadband Service Rate Comparability lection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 December 2020
<010>	Study Area Code	529018
<015>	Study Area Name	I-Wireless LLC
<020>	Program Year	2023
<030>	Contact Name - Person USAC should contact regarding this data	Jen Rose
<035>	Contact Telephone Number - Number of person identified in data line <030>	8598169378 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	JenRose@iwirelesshome.com
<1000>	Voice services rate comparability certification	
<1010>	Attach detailed description for voice services rate comparability compliance	
		Name of Attached Document
<1020>	Broadband comparability certification	
<1030>	Attach detailed description for broadband comparability compliance	
		Name of Attached Document

(1100) No Terrestrial Backhaul Reporting Data Collection Form				FCC Form 481 OMB Control No December 2020	o. 3060-0986/OMB Control No. 3060-0819
<010>	Study Area Code	529018			
<015>	Study Area Name	I-Wire	less LLC		
<020>	Program Year	2023			
<030>	Contact Name - Person USAC should contact regarding this data	Jen Ro	se .		
<035>	Contact Telephone Number - Number of person identified in data line <030>	859816	9378 ext.		
<039>	Contact Email Address - Email Address of person identified in data line <030>	JenRos	e@iwirelesshome.com		
<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.				

Lifeline	erms and Condition for Lifeline Customers ection Form			FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 December 2020
<010>	Study Area Code		529018	
<015>	Study Area Name		I-Wireless LLC	
<020>	Program Year		2023	
<030>	Contact Name - Person USAC should contact regarding this data		Jen Rose	
<035>	Contact Telephone Number - Number of person identified in data li	ine <030>		
<039>	Contact Email Address - Email Address of person identified in data			
<1210>	Terms & Conditions of Voice Telephony Lifeline Plans		IWI 1210 templates_2022 Tribal.	
				Name of Attached Document
<1220>	Link to Public Website	HTTP		
or the we	neck these boxes below to confirm that the attached document(s), on line in bite listed, on line 1220, contains the required information pursuant to (a)(2) annual reporting for ETCs receiving low-income support, carriers must 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.	V		

(2005) Price Cap Carrier Additional Documentation		FCC Form 481			
Data Collection Form			OMB Control No. 3060-0986/OMB Control No. 3060-0819		
Including Rate-of-Return Carriers affiliated with Price Cap L	ocal Exchange Carriers	December 2020			
<010> Study Area Code	529018				
<015> Study Area Code <015> Study Area Name	I-Wireless LLC				
<020> Program Year	2023				
<030> Contact Name - Person USAC should contact regard					
<035> Contact Telephone Number - Number of person ide	ntified in data line <030> 8598169378 ext.				
<039> Contact Email Address - Email Address of person ide	ntified in data line <030> JenRose@iwirelesshome.	.com			
Select the appropriate responses below	Yes. No. Not Applicable) to note cor	mpliance as a recipient of frozen High Cost s	innort. High Cost sunnort		
• • • • •	• • • •	set forth in 47 CFR 54.313(c),(d),(e). The info			
form and in the documents attached bel		set forth in 47 CFR 54.515(c),(u),(e). The line	ormation reported on this		
2017 2016 15	0 .::: .: 47.050 (5.4.040 /)/4)				
<2015> 2016 and future Frozen Support	Certification 47 CFR § 54.313(c)(4)				
<2016> Certification support used to Connect America Phase II Reporting {47	CFR § 54.313(e)}				
<2017C> Total amount of Phase II support, i capital expenditures in 2021.	f any, the price cap carrier used for				
<2018> Attach the number, names, and a	ddresses of community anchor	Name of Attached Document Listing			
institutions to which the carrier ne broadband service in the preceding	ewly began providing access to g calendar year - 54.313(e)(1)(ii)(A)	Required Information			
Connect America Phase II – FCC Form 4	70 Postings				
<2019> For the filing due July 1 following f answer yes, no, or not applicable t	ull implementation of this requirement, o this certification request				

(3005) Rate	Of Return Carrier Additional Documentation ion Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 December 2020
<010>	Study Area Code	529018
<015>	Study Area Name	I-Wireless LLC
<020>	Program Year	2023
<030>	Contact Name - Person USAC should contact regarding this data	Jen Rose
<035>	Contact Telephone Number - Number of person identified in data line <030>	8598169378 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	JenRose@iwirelesshome.com

(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

FCC Form 481

Data Collecti	on Form			December 2020
<010>	Study Area Code		529018	
<015>	Study Area Name		I-Wireless LI	ıC
<020>	Program Year		2023	
<030>	Contact Name - Person USAC should contact regarding this of	data	Jen Rose	
<035>	Contact Telephone Number - Number of person identified in	n data line <030>	8598169378 ext.	
<039>	Contact Email Address - Email Address of person identified in	n data line <030>	JenRose@iwirel	esshome.com
financial r	m the drop down menu or check the boxes below to eporting requirements set forth in 47 CFR 54.313(f)(pelow 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 Rate-of-Return Community Anchor Institutions	Name of Attach Information	ed Document Listing Required	
(3012A)	Indicate if the carrier newly deployed broadband service to community anchor institution(s) in the previous calendar year.			
(3012B)	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 47 C.F.R. § 54.313(f)(1)(ii)	Name of Attach Required Inforn	ed Document Listing nation	
(3013)	Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)}	(Yes/No)	0 0	
(3014)	If yes, does your company file the RUS annual report 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:	(Yes/No)	0 0	
(3015)	Electronic copy of their annual RUS reports (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 Attach Information	ed Document Listing Required	i e
(3018)	If the response is no on line 3014, is your company	(Yes/No)	0 0	
	audited? 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 3026 pursuant to § 54.313(f)(2), contains:			
(3022)	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 Attac Information	hed Document Listing Require	ed

(3005) Rate Of Return Carrier Additional Documentation

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

<010>	Study Area Code	529018
<015>	Study Area Name	I-Wireless LLC
<020>	Program Year	2023
<030>	Contact Name - Person USAC should contact regarding this data	Jen Rose
<035>	Contact Telephone Number - Number of person identified in data line <030>	8598169378 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	JenRose@iwirelesshome.com

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
	December 2020

<010>	Study Area Code	529018
<015>	Study Area Name	I-Wireless LLC
<020>	Program Year	2023
<030>	Contact Name - Person USAC should contact regarding this data	Jen Rose 0590169370 ext.
<035>	Contact Telephone Number - Number of person identified in data li	ine <030>
<039>	Contact Email Address - Email Address of person identified in data l	line <030> JenRose@iwirelesshome.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. 3060-0986/OMB Control No. 3060-0819
	December 2020

<010>	Study Area Code	529018
<015>	Study Area Name	I-Wireless LLC
<020>	Program Year	2023
<030>	Contact Name - Person USAC should contact regarding this data	Jen Rose
<035>	Contact Telephone Number - Number of person identified in data line <030>	8598169378 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	JenRose@iwirelesshome.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>		<c></c>
	Description Of Backhaul Technology	Date Backhaul Available	Newly Served Locations or Population
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Alaska Plan Mobile Carriers' Reasonably Comparable Rate Demonstration

(5014a) Answer yes or no if mobile carriers receiving support from the Alaska Plan can demonstrate compliance at the end of the five-year milestone (2022) by showing that your required standalone voice plan, and one service plan that offers broadband data services, if you offer such plans, are:

(Yes/No)

Name of Attached

- Substantially similar to a service plan offered by at least one mobile wireless service provider in the cellular market area (CMA) for Anchorage, Alaska, and
- Offered for the same or a lower rate than the matching plan in the CMA for Anchorage.

Alaska Plan Mobile Carriers' Reasonably Comparable Rate Demonstration Attachment

Document Listing
5-year Required Information

(5014b) If 'Yes' is selected for 5014a, attach a document demonstrating compliance with the 5-year milestone. If 'No' is selected for 5014a, attach an explanation of non-compliance.

(6005) Phase II Auction Reporting	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	December 2020

<010>	Study Area Code	529018
<015>	Study Area Name	I-Wireless LLC
<020>	Program Year	2023
<030>	Contact Name - Person USAC should contact regarding this data	Jen Rose
<035>	Contact Telephone Number - Number of person identified in data line <030>	8598169378 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	JenRose@iwirelesshome.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

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)

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. 3060-0986/OMB Control No. 3060-0819
	December 2020

<010>	Study Area Code	529018
<015>	Study Area Name	I-Wireless LLC
<020>	Program Year	2023
<030>	Contact Name - Person USAC should contact regarding this data	Jen Rose
<035>	Contact Telephone Number - Number of person identified in data line <030>	8598169378 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	JenRose@iwirelesshome.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. 3060-0986/OMB Control No. 3060-0819
	December 2020

<010>	Study Area Code	529018
<015>	Study Area Name	I-Wireless LLC
<020>	Program Year	2023
<030>	Contact Name - Person USAC should contact regarding this data	Jen Rose
<035>	Contact Telephone Number - Number of person identified in data line <030>	8598169378 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	JenRose@iwirelesshome.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 Required 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.

<8030> Uniendo a Puerto Rico Stage 2 Fixed – Disaster Preparedness and Response Documentation

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.

<8040> Uniendo a Puerto Rico Stage 2 Mobile – Support Reimbursement

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.

<8050> Uniendo a Puerto Rico Stage 2 Mobile – Disaster Preparedness and Response Documentation

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

<8060> Uniendo a Puerto Rico Stage 2 Mobile – Mobile Disbursements Certification

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

(9005) Connect USVI Fixed and Mobile Funds Certification	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	December 2020

<010>	Study Area Code	529018
<015>	Study Area Name	I-Wireless LLC
<020>	Program Year	2023
<030>	Contact Name - Person USAC should contact regarding this data	Jen Rose
<035>	Contact Telephone Number - Number of person identified in data line <030>	8598169378 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	JenRose@iwirelesshome.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

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

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

<9014> 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

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

<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.

Connect USVI Fund Stage 2 Mobile - Support Reimbursement Certification

<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. 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.

Connect USVI Fund Stage 2 Mobile - 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 response documentation.

Connect USVI Fund Stage 2 Mobile - Mobile Disbursements Certification

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.

<9020>

(10005) Rural Digital Opportunity Fund Certification	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	December 2020

<010>	Study Area Code	529018
<015>	Study Area Name	I-Wireless LLC
<020>	Program Year	2023
<030>	Contact Name - Person USAC should contact regarding this data	Jen Rose
<035>	Contact Telephone Number - Number of person identified in data line <030>	8598169378 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	JenRose@iwirelesshome.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).

RDOF 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. § 54.309. This filing is required by 47 C.F.R. § 54.313(e)(2)(iii).

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	529018
<015>	Study Area Name	I-Wireless LLC
<020>	Program Year	2023
<030>	Contact Name - Person USAC should contact regarding this data	Jen Rose
<035>	Contact Telephone Number - Number of person identified in data line <030>	8598169378 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	JenRose@iwirelesshome.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:

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 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.

Certification - Agent / Carrier Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 December 2020
<010>	Study Area Code	529018
<015>	Study Area Name	I-Wireless LLC
<020>	Program Year	2023
<030>	Contact Name - Person USAC should contact regarding this data	Jen Rose
<035>	Contact Telephone Number - Number of person identified in data line <030>	8598169378 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	JenRose@iwirelesshome.com

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) Expert Telecom Compliance is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.					
Name of Authorized Agent: Expert Telecom Compliance					
Name of Reporting Carrier: I-Wireless LLC					
Signature of Authorized Officer: CERTIFIED ONLINE	Date: 07/26/2022				
Printed name of Authorized Officer: Sean Cullen					
Title or position of Authorized Officer: CFO					
Telephone number of Authorized Officer: 8598028421 ext.					
Study Area Code of Reporting Carrier: 529018	Filing Due Date for this form: 07/29/2022				
Persons willfully making false statements on this form can be pu	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:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Be	half of Reportin	ng Carrier
, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients he data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reporte		
Name of Reporting Carrier: I-Wireless LLC		
Name of Authorized Agent Firm: Expert Telecom Compliance		
Signature of Authorized Agent or Employee of Agent: CERTIFIED ONLINE	Date:	07/26/2022
Name of Authorized Agent Employee: Maddy Roberts		
Title or position of Authorized Agent or Employee of Agent Regulatory Specialist		
Telephone number of Authorized Agent or Employee of Agent: 7702329200 ext.		
Study Area Code of Reporting Carrier: 529018 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. 18 of the United States Code, 18 U.S.C. § 1001.	S.C. §§ 502, 503(b), or	fine or imprisonment under Title

Certify Filing Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 December 2020
<010>	Study Area Code	529018
<015>	Study Area Name	I-Wireless LLC
<020>	Program Year	2023
<030>	Contact Name - Person USAC should contact regarding this data	Jen Rose
<035>	Contact Telephone Number - Number of person identified in data line <030>	8598169378 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	JenRose@iwirelesshome.com

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.

No - Attach Explanation

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

IWI Form 481 Supply Chain Certification Attachment.pdf

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.

Yes

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



	Non-Tribal			
	Lifeline Only	Combination Lifeline ACP Plan	Tribal Lifeline Plan	Tribal Combination Lifeline ACP Plan
National Plan Voice Minutes (non-rollover)	1,000	Unlimited	Unlimited	Unlimited
Text	Unlimited	Unlimited	Unlimited	Unlimited
Data	4.5GB	15 GB	5.5 GB	50 GB
Additional Airtime		Available with purcha	se of Top Up Card	
Free SIM or Data-Capable Device	Χ	Χ	Χ	Χ
Local Calls	Χ	Χ	Χ	Χ
Nationwide Long Distance	Χ	Χ	Χ	Χ
Voicemail, Caller ID, Call Waiting	Χ	Χ	Х	Х
Free 911	Χ	Χ	Х	Х
Free 611	Χ	Χ	Х	Х
Balance Inquiries	Χ	Х	Х	Х
Text Included	Χ	Χ	Х	Х
Data Allowance	Х	Х	Х	Х
Participation in Kroger Wireless Rewards Program	Х	Х	Х	Х
Retail Price	n/a	n/a	\$110.00	\$60.00
Federal Lifeline Subsidy	\$9.25	\$9.25	\$34.25	\$34.25
Federal ACP Subsidy	n/a	\$30.00	n/a	\$75.00
Lifeline Consumer Price	\$0	\$0	\$0	ŚC

ACCESS WIRELESS TOP UP CARDS*

Non-Tribal	Purchased Minutes	Text (SMS/MMS)	Data
\$5 Card	250	Unlimited	250 MB
\$10 Card	500	Unlimited	500 MB
\$25 Card	Unlimited	Unlimited	2 GB
\$35 Card	Unlimited	Unlimited	3 GB
\$50 Card	Unlimited	Unlimited	10 GB
\$70 Card	Unlimited	Unlimited	20 GB Data
\$110 Card	Unlimited	Unlimited	50 GB Data

Tribal	Purchased Minutes	Text (SMS/MMS)	Data	
\$5 Card	Unlimited	Unlimited	500 MB	
\$10 Card	Unlimited	Unlimited	1 GB	
\$25 Card	Unlimited	Unlimited	7.5 GB	
\$35 Card	Unlimited	Unlimited	8.5 GB	
\$50 Card	Unlimited	Unlimited	10 GB	
\$70 Card	Unlimited	Unlimited	20 GB Data	
\$110 Card	Unlimited	Unlimited	50 GB Data	

Unlimited minutes and texts expire after 30 days from the date the funds were applied to the account; limited minute and data allotments do not expire.

For full Terms and Conditions, see https://www.accesswireless.com/support/terms-and-conditions