FCC For	rm 481 - Carrier Annual Reporting Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	529004	
<015>	Study Area Name	EASTERN SUB-RSA LIMITED PARTNERSHIP	
<020>	Program Year	2018	
<030>	Contact Name: Person USAC should contact with questions about this data	Mike Bly	
<035>	Contact Telephone Number: Number of the person identified in data line <030>	2087980245 ext.1222	
<039>	Contact Email Address: Email of the person identified in data line <030>	mikeb@inlandcell.com	
	Form Type	54.313 and 54.422	

(200) Service Outage Reporting (Voice)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

Study Area Co	ode				529004						
Study Area Name		EASTERN SUB-	-RSA LIMITED PARTN	IERSHIP							
Program Year 2		2018									
Contact Name - Person USAC should contact regarding this data		Mike Bly									
Contact Telep	hone Number -	Number of pe	rson identified	in data line <0	30> 2087980245	ext.1222					
Contact Email	l Address - Emai	il Address of pe	erson identified	in data line <0	30> mikeb@inlan	dcell.com					
> For the prior calendar year, were there any reportable voice service outages?											
<a></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	Outage End Time	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
	Program Year Contact Name Contact Telep Contact Emai For the prio <a> NORS Reference</a>	Program Year  Contact Name - Person USAC  Contact Telephone Number -  Contact Email Address - Ema  For the prior calendar year <a> <b1> NORS Reference Outage Start</b1></a>	Program Year  Contact Name - Person USAC should contact Contact Telephone Number - Number of pe Contact Email Address - Email Address of pe For the prior calendar year, were there <a> <b1> <b2> NORS Reference Outage Start Outage Start</b2></b1></a>	Program Year  Contact Name - Person USAC should contact regarding this  Contact Telephone Number - Number of person identified  Contact Email Address - Email Address of person identified  For the prior calendar year, were there any reportal <a> <b1> <b2> <b3> </b3></b2></b1></a> NORS  Reference  Outage Start  Outage Start  Outage End	Program Year  Contact Name - Person USAC should contact regarding this data  Contact Telephone Number - Number of person identified in data line <0  Contact Email Address - Email Address of person identified in data line <0  For the prior calendar year, were there any reportable voice serv <a> <b1> <b2> <b3> <b4></b4></b3></b2></b1></a> NORS  Reference Outage Start Outage Start Outage End Outage End	Program Year  Contact Name - Person USAC should contact regarding this data  Mike Bly  Contact Telephone Number - Number of person identified in data line <030>  Contact Email Address - Email Address of person identified in data line <030>  mikeb@inlam  For the prior calendar year, were there any reportable voice service outages? <a> <b1> <b2> <b3> <b4> <c1> <b2< <b3=""> <b4> <c1> <b4> <c1> <b4> <b4> <c1> <b4> <b4> <b4> <b4> <b4> <b4> <b4> <b4< td=""><td>Program Year  Contact Name - Person USAC should contact regarding this data  Mike Bly  Contact Telephone Number - Number of person identified in data line &lt;030&gt;  Contact Email Address - Email Address of person identified in data line &lt;030&gt;  mikeb@inlandcell.com  For the prior calendar year, were there any reportable voice service outages?  No  <a> <b1> <b2> <b3> <b4> <c1> <c2></c2></c1></b4></b3></b2></b1></a>  NORS  Reference  Number  Outage Start  Number  Outage End  Time  Outage End  Time  Outage End  Time  Customers Affected  Total Number of</td><td>Program Year  Contact Name - Person USAC should contact regarding this data  Mike Bly  Contact Telephone Number - Number of person identified in data line &lt;030&gt;  Contact Email Address - Email Address of person identified in data line &lt;030&gt;  mikeb@inlandcell.com  For the prior calendar year, were there any reportable voice service outages?  Abl&gt; Abl&gt; Abl&gt; Abl&gt; Abl&gt; Abl&gt; Acl&gt; Acl&gt; Acl&gt; Acl&gt; Acl&gt; Acl&gt; Acl&gt; Ac</td><td>Program Year  Contact Name - Person USAC should contact regarding this data  Mike Bly  Contact Telephone Number - Number of person identified in data line &lt;030&gt;  Contact Email Address - Email Address of person identified in data line &lt;030&gt;  mikeb@inlandcell.com  For the prior calendar year, were there any reportable voice service outages?  <a> \</a></td><td>Program Year  Contact Name - Person USAC should contact regarding this data  Mike Bly  Contact Telephone Number - Number of person identified in data line &lt;030&gt;  Contact Email Address - Email Address of person identified in data line &lt;030&gt;  mikeb@inlandcell.com  For the prior calendar year, were there any reportable voice service outages?  <a> \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \</a></td><td>Program Year  Contact Name - Person USAC should contact regarding this data  Mike Bly  Contact Telephone Number - Number of person identified in data line &lt;030&gt;  Contact Email Address - Email Address of person identified in data line &lt;030&gt;  mikeb@inlandcell.com  For the prior calendar year, were there any reportable voice service outages?  All Politics of the prior calendar year, were there any reportable voice service outages?  NORS  Reference Outage Start Number Outage Start Number Outage End Date Time Outage End Date Time Customers Affected Total Number of Affected Description (Check Study Areas Service Outage Description (Check Study Areas Service Outage Study Areas Service Outage Description (Check Study Areas Service Outage Description (Check</td></b4<></b4></b4></b4></b4></b4></b4></b4></c1></b4></b4></c1></b4></c1></b4></b2<></c1></b4></b3></b2></b1></a>	Program Year  Contact Name - Person USAC should contact regarding this data  Mike Bly  Contact Telephone Number - Number of person identified in data line <030>  Contact Email Address - Email Address of person identified in data line <030>  mikeb@inlandcell.com  For the prior calendar year, were there any reportable voice service outages?  No <a> <b1> <b2> <b3> <b4> <c1> <c2></c2></c1></b4></b3></b2></b1></a> NORS  Reference  Number  Outage Start  Number  Outage End  Time  Outage End  Time  Outage End  Time  Customers Affected  Total Number of	Program Year  Contact Name - Person USAC should contact regarding this data  Mike Bly  Contact Telephone Number - Number of person identified in data line <030>  Contact Email Address - Email Address of person identified in data line <030>  mikeb@inlandcell.com  For the prior calendar year, were there any reportable voice service outages?  Abl> Abl> Abl> Abl> Abl> Abl> Acl> Acl> Acl> Acl> Acl> Acl> Acl> Ac	Program Year  Contact Name - Person USAC should contact regarding this data  Mike Bly  Contact Telephone Number - Number of person identified in data line <030>  Contact Email Address - Email Address of person identified in data line <030>  mikeb@inlandcell.com  For the prior calendar year, were there any reportable voice service outages? <a> \</a>	Program Year  Contact Name - Person USAC should contact regarding this data  Mike Bly  Contact Telephone Number - Number of person identified in data line <030>  Contact Email Address - Email Address of person identified in data line <030>  mikeb@inlandcell.com  For the prior calendar year, were there any reportable voice service outages? <a> \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \</a>	Program Year  Contact Name - Person USAC should contact regarding this data  Mike Bly  Contact Telephone Number - Number of person identified in data line <030>  Contact Email Address - Email Address of person identified in data line <030>  mikeb@inlandcell.com  For the prior calendar year, were there any reportable voice service outages?  All Politics of the prior calendar year, were there any reportable voice service outages?  NORS  Reference Outage Start Number Outage Start Number Outage End Date Time Outage End Date Time Customers Affected Total Number of Affected Description (Check Study Areas Service Outage Description (Check Study Areas Service Outage Study Areas Service Outage Description (Check

	fulfilled Service Request lection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
10105	Church Assa Code	529004	
<010>	Study Area Code	EASTERN SUB-RSA LIMITED PARTNERSHIP	
<015> <020>	Study Area Name Program Year	2018	
<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	
<300> U	Infulfilled service request (voice)	0	
<310>[	Detail on attempts (voice)	_	
	Nam	e of Attached Document	
<320>	Unfulfilled service request (broadband)		
	<u></u>		
<330>	Detail on attempts (broadband)		
	• • • • • • •	Name of Attached Document	

(400) Number of Complaints per 1,000 customers	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	529004
<015>	Study Area Name	EASTERN SUB-RSA LIMITED PARTNERSHIP
<020>	Program Year	2018
<030>	Contact Name - Person USAC should conta	nct regarding this data
<035>	Contact Telephone Number - Number of p <030>	erson identified in data line 2087980245 ext.1222
<039>	Contact Email Address - Email Address of p <030>	Derson 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 which any facilities you own, operate, lease, or other services.	telephony service in the prior Offered only mobile voice hyou are designated an ETC for
<410>	Complaints per 1000 customers for fixed v	oice
<420>	Complaints per 1000 customers for mobile	voice 0.0
<430>	Select from the drop-down list to indicate end-user customer complaints (zero or greather prior calendar year for each service are an ETC for any facilities you own, operate,	eater) for broadband service in ea in which you are designated
<440>	Complaints per 1000 customers for fixed b	roadband
<450>	Complaints per 1000 customers for mobile	broadband

•	mpliance With Service Quality Standards and Consumer Protection Rules lection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	529004	
<015>	Study Area Name	EASTERN SUB-RSA LIMITED PARTNERSHIP	
<020>	Program Year	2018	
<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	
<500>	Certify compliance with applicable service quality standards and consumer pr	otection rules Yes	
		529003_WA_Certifications_500&600.	pdf
<510>	Descriptive document for Service Quality Standards & Consumer Protection R	ules Compliance	
<515>	Certify compliance with applicable minimum service standards		

(600) Functionality in Emergency Situations	FCC Form 481	
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819	
	July 2013	

<010>	Study Area Code	529004
<015>	Study Area Name	EASTERN SUB-RSA LIMITED PARTNERSHIP
<020>	Program Year	2018
<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	529003_WA_Certifications_500&600.pdf

(700) Price Offerings including Voice Rate Data  Data Collection Form		FCC Form 481  OMB Control No. 3060-0986/OMB Control No. 3060-0819  July 2013
<010> Study Area Code	529004	
<015> Study Area Name	EASTERN SUB-RSA LIMITED PARTNERSHIP	
<020> Program Year	2018	
<030> Contact Name - Person USAC should contact regarding this da	ata 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	
<701> Residential Local Service Charge Effective Date <702> Single State-wide Residential Local Service Charge 29.5	/ <sub>2017</sub> 99	

<703>	<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<b5></b5>	<c></c>
		()			Residential Local			Mandatory Extended Area	
	State	Exchange (ILEC)	SAC (CETC)	Rate Type	Service Rate	State Subscriber Line Charge	State Universal Service Fee	Service Charge	Total per line Rates and Fees
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(710) Broadbrand Price Offerings	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

<010>	Study Area Code 5	29004
<015>	Study Area Name	EASTERN SUB-RSA LIMITED PARTNERSHIP
<020>	Program Year	2018
<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

<711>	<a1></a1>	<a2></a2>	<b1></b1>	<b2></b2>	<c></c>	<d1></d1>	<d2></d2>	<d3></d3>	<d4></d4>
	State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rate and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached {select }

(800) Operating Companies	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code		529004
<015>	Study Area Name		EASTERN SUB-RSA LIMITED PARTNERSHIP
<020>	Program Year		2018
<030>	Contact Name - Person L	JSAC should contact regarding this data	Mike Bly
<035>	Contact Telephone Num	ber - Number of person identified in data line <030>	2087980245 ext.1222
<039>	Contact Email Address - I	Email Address of person identified in data line <030>	mikeb@inlandcell.com
<810>	Reporting Carrier	Inland Cellular LLC	
<811>	Holding Company	Inland Cellular Telephone Company	
<812>	Operating Company	Inland Cellular LLC	

<813>	<a1></a1>	<a2></a2>	<a3></a3>
	Affiliates	SAC	Doing Business As Company or Brand Designation
-			
-			
-			
-	See atta	ached workshe	et
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	bal Lands Reporting Ilection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-08 July 2013	:19
<010> <015> <020> <030> <035> <039> <900>	Study Area Code  Study Area Name  Program Year  Contact Name - Person USAC should contact regarding this data  Contact Telephone Number - Number of person identified in data line <030>  Contact Email Address - Email Address of person identified in data line <030>  Does the filing entity offer tribal land services? (Y/N)  Tribal Land(s) on which ETC Serves	529004  EASTERN SUB-RSA LIMITED PARTNERSHIP  2018  Mike Bly  2087980245 ext.1222  mikeb@inlandcell.com  No	
-	Tribal Government Engagement Obligation  company serves Tribal lands, please select (Yes,No, NA) for each these boxes from the status described on the attached PDF, on line 920,	Name of Attached Document	
demon	strates coordination with the Tribal government pursuant to 3(a)(9) includes:	Select Yes or No or Not Applicable	
<921> <922> <923> <924> <925> <926> <927> <928> <928>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions. Feasibility and sustainability planning; Marketing services in a culturally sensitive manner; Compliance with Rights of way processes Compliance with Land Use permitting requirements Compliance with Facilities Siting rules Compliance with Environmental Review processes Compliance with Cultural Preservation review processes Compliance with Tribal Business and Licensing requirements.		

-	oice and Broadband Service Rate Comparability ection Form	C	FCC Form 481 DMB Control No. 3060-0986/OMB Co uly 2013	ontrol No. 3060-0819
<010>	Study Area Code	529004		
<015>	Study Area Name	EASTERN SUB-RSA LIMITED PARTNERSHIP		
<020>	Program Year	2018		
<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		
<1000>	Voice services rate comparability certification Not	Applicable		
<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		

-	o Terrestrial Backhaul Reporting lection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010> <015>	Study Area Code Study Area Name	529004	
<020>	Program Year	EASTERN SUB-RSA LIMITED PARTN 2018	ERSHIP
<030> <035>	Contact Name - Person USAC should contact regarding this data  Contact Telephone Number - Number of person identified in data line <030>	Mike Bly 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)	Yes	
<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	

(1200) Te	rms and Condition for Lifeline Customers	FCC Form 481
Lifeline		OMB Control No. 3060-0986/OMB Control No. 3060-0819
Data Coll	ection Form	July 2013
<010>	Study Area Code	529004
<015>	Study Area Name	EASTERN SUB-RSA LIMITED PARTNERSHIP
<020>	Program Year	2018
<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
<1210>	Terms & Conditions of Voice Telephony Lifeline Plans	Name of Attached Document
<1220>	Link to Public Website HTTP ww	w.inlandcellular.com/lifeline
or the we	neck these boxes below to confirm that the attached document(s), on line 1210, bsite listed, on line 1220, contains the required information pursuant to a)(2) annual reporting for ETCs receiving low-income support, carriers must eport:	
<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.	

(2005) P	rice Cap Carrier Additional Documentation		FCC Form 481
Data Col	lection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819
Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers			July 2013
<010>	Study Area Code	529004	
<015>	Study Area Name	EASTERN SUB-RSA LIMITED PARTNERSHIP	
<020>	Program Year	2018	
<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	

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental 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(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

## **Incremental Connect America Phase I reporting**

<2011>	3rd Year Certification 47 CFR §54.313(b)(1)(ii) - Note that for the July 2017 certification, this applies to Round 2 recipients of Incremental Support.		
<2022>	Recipient certifies, representing year three after filing a notice of acceptance of funding pursuant to 54.312(c), that the locations in question are not receiving support under the Broadband Initiatives Program or the Broadband Technology Opportunities Program for projects that will provide broadband with speeds of at least 4 Mbps/1Mbps - 54.313(b)(2)(i). Round 2 recipients only.		
<2023>	The attachment on line 2024 includes a statement of the total amount of capital funding expended in the previous year in meeting Connect America Phase I deployment obligations, accompanied by a list of census blocks indicating where funding was spent. This covers year three - 54.313(b)(2)(ii). Round 2 recipients only.		
<2024A>	Round 2 Recipient of Incremental Support?		
<2024B>	Attach list of census blocks indicating where funding was spent in year three - 54.313(b)(2)(ii). Round 2 recipients only.	Name of Attached Document Listing Required Information	
<2025A>	Round 2 Recipient of Incremental Support?		
<2025B>	Attach geocoded Information for Phase I milestone reports (Round 2 for year three) - Connect America Fund , WC Docket 10-90, Report and Order, FCC 13-73, paragraph 35 (May 22, 2013).	Name of Attached Document Listing Required Information	
<2015>	2016 and future Frozen Support Certification 47 CFR § 54.313(c)(4)		

Data Collection Fo	Carrier Additional Documentation orm Return Carriers affiliated with Price Cap Local Exchange Carriers	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013		
<2016>	p Carrier Connect America ICC Support {47 CFR § 54.313(d)} Certification support used to build broadband America Phase II Reporting {47 CFR § 54.313(e)}			
<2017A>	Connect America Fund Phase II recipient?			
<2017C>	Total amount of Phase II support, if any, the price cap carrier used for capital expenditures in 2016.			
<2018>	Attach the number, names, and addresses of community anchor institutions to which the carrier newly began providing access to broadband service in the preceding calendar year - 54.313(e)(1)(ii)(A)	Name of Attached Document Listing Required Information		
<2019>	Recipient certifies that it bid on category one telecommunications and Internet access services in response to all FCC Form 470 postings seeking broadband service that meets the connectivity targets for the schools and libraries universal service support program for eligible schools and libraries located within any area in a census block where the carrier is receiving Phase II model-based support, and that such bids were at rates reasonably comparable to rates charged to eligible schools and libraries in urban areas for comparable offerings - 54.313(e)(1)(ii)(C)			

(3005) Rate Of Return Carrier Additional Documentation	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	529004
<015>	Study Area Name	EASTERN SUB-RSA LIMITED PARTNERSHIP
<020>	Program Year	2018
<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

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

	Discussion F Voor Blon			
(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 Docu Information	ment Listing Required	
(3012A)	Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}			
(3012B)	Please Provide Attachment	Name of Attached Docu Information	ment Listing Required	
(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	(Yes/No)		
(3015)	Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:  Electronic copy of their annual RUS reports			
,	(Operating Report for Telecommunications Borrowers)			
(3016)	Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows			
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	Name of Attached Docu Information	ment Listing Required	
(3018)	If the response is no on line 3014, is your company audited? If the response is yes on line 3018, please check the boxes below to confirm your submission on line	(Yes/No)	0 0	
(3019)	3026 pursuant to § 54.313(f)(2), contains: Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers			
(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 Attached Docu Information	ment Listing Required	

(3005) Rate Of Return Carrier Additional Documentation (Continued)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	529004
<015>	Study Area Name	EASTERN SUB-RSA LIMITED PARTNERSHIP
<020>	Program Year	2018
<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

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 Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	529004
<015>	Study Area Name	EASTERN SUB-RSA LIMITED PARTNERSHIP
<020>	Program Year	2018
<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> 2087980245 ext.1222
<039>	Contact Email Address - Email Address of person identified in data li	ne <030> mikeb@inlandcell.com

#### **4005 Rural Broadband Experiment**

Authorized Rural Broadband Experiment (RBE) recipients must address the certification for public interest obligations, provide a list of newly served community anchor institutions, and provide a list of locations where broadband has been deployed.

### 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 to the identified locations meeting the requisite public interest obligations consistent with the category for which they were selected, including broadband speed, latency, usage capacity, and rates that are reasonably comparable to rates for comparable offerings in urban areas?

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

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

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

speed and data usage allowances available in the

relevant geographic area.

4003b. Provide the number, names and addresses of community anchor institutions to which the recipient newly began providing access to broadband service in the preceding calendar year.

Broadband Deployment Locations – FCC 14-98 (paragraph 80)

4004a. Attach a list of geocoded locations to which broadband has been deployed as of the June 1st immediately preceding the July 1st filing deadline for the FCC Form 481.

4004b. Attach evidence demonstrating that the recipient is meeting the relevant public service obligations for the identified locations. Materials must at least detail the pricing, offered broadband

Name of Attached Document Listing Required Information

Name of Attached Document Listing Required Information

Name of Attached Document Listing Required Information

Certification - Reporting Carrier	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	529004
<015>	Study Area Name	EASTERN SUB-RSA LIMITED PARTNERSHIP
<020>	Program Year	2018
<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 06/26/2017

Printed name of Authorized Officer: Nathan Weis

Title or position of Authorized Officer: President

Telephone number of Authorized Officer: 5096492500 ext.

Study Area Code of Reporting Carrier: 529004 Filing Due Date for this form: 07/03/2017

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	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	529004
<015>	Study Area Name	EASTERN SUB-RSA LIMITED PARTNERSHIP
<020>	Program Year	2018
<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:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier				
I certify that (Name of Agent) is authorized to submit the information reported on behalf of the reporting carrier. 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:				
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.				

# TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier					
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.					
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 Agent					
Telephone number of Authorized Agent or Employee of Agent:					
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 18 of the United States Code, 18 U.S.C. § 1001.	of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title			



# Form 481 Certifications For Filing Due July 1, 2017

I, Nathan Weis, being of lawful age, state that I am President and CEO of Inland Cellular LLC (f/k/a Eastern Sub-RSA Limited Partnership)(SAC 529004) ("Company"), that I am authorized to execute this certification on behalf of the Company, and that the facts set forth in this certification are true to the best of my knowledge, information and belief.

# **Compliance with Service Quality Standards**

The Company certifies that it is in compliance with applicable service quality standards.

# **Compliance with Consumer Protection Rules**

The Company certifies, pursuant to 47 C.F.R. § 64.2009(e), that the Company's operating procedures are adequate to ensure compliance with the Customer Proprietary Network Information rules and regulations as set forth in 47 C.F.R. §§ 64.2001 through 64.2009 and the Cellular Communications and Internet Association's Consumer Protection Code for Wireless Service.

## Ability to Remain Functional in Emergencies Certification §54.313(a)(6)

The Company is able to remain functional in emergencies as set forth in Commission Order No. 29841 and in 47 C.F.R. §54.201(a)(2), as such standards relate to functionality of wireless carriers in emergency situations. The Company further certifies that it maintains back-up power to ensure functionality without an external power source in the forms of auxiliary generators and batteries in its central office and auxiliary generators and/or batteries at its cellular tower locations. The Company also certifies that it constantly monitors traffic on its tower locations and that it's switching capability is more than adequate to manage the traffic of its subscribers.

The Company further certifies, depending upon the circumstances of the outage, that it is able to re-route traffic around damaged facilities. All Inland Cellular subscribers are defaulted to roam on competitors should an Inland Cellular signal not be obtained.

I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Dated this 20<sup>th</sup> day of June, 2017 at Roslyn, Washington.

By: Mathank Wes

Nathan Weis President and CEO Inland Cellular LLC

(800) Operating Companies	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code		529004
<015>	Study Area Name		EASTERN SUB-RSA LIMITED PARTNERSHIP
<020>	Program Year		2018
<030>	Contact Name - Person U	SAC should contact regarding this data	Mike Bly
<035>	Contact Telephone Numb	per - Number of person identified in data line <030>	2087980245 ext.1222
<039>	Contact Email Address - E	Email Address of person identified in data line <030>	mikeb@inlandcell.com
<810>	Reporting Carrier	Inland Cellular LLC	
<811>	Holding Company	Inland Cellular Telephone Company	
<812>	Operating Company	Inland Cellular LLC	

<813>	<a1></a1>	<a2></a2>	<a3></a3>
	Affiliates	SAC	Doing Business As Company or Brand Designation
·	Inland Cellular LLC (f/k/a Washington RSA #8 Limited Partnership)	529003	Inland Cellular
	Inland Cellular LLC (f/k/a Washington RSA #8 Limited Partnership)	479007	Inland Cellular