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	529012	
<015>	Study Area Name	TracFone Wireless Inc.	
<020>	Program Year	2017	
<030>	Contact Name: Person USAC should contact with questions about this data	Janet Morejon	
<035>	Contact Telephone Number: Number of the person identified in data line <030>	3057156522 ext.	
<039>	Contact Email Address: Email of the person identified in data line <030>	jmorejon@tracfone.com	
	Form Type	54.422	

	ervice Quality Improvement Reporting ollection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	529012	
<015>	Study Area Name	TracFone Wireless Inc.	
<020>	Program Year	2017	
<030>	Contact Name - Person USAC should contact regarding this data	Janet Morejon	
<035>	Contact Telephone Number - Number of person identified in data line <030>	3057156522 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	jmorejon@tracfone.com	
<110>	Has your company received its ETC certification from the FCC? If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes / no) O O	
<112>	If your answer to Line <111> is yes, please file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service. Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your CETC which only receives frozen support, your progress report is only required to address voice telephony service.	company is a	
	Please select the appropriate responses below (Yes, No, Not Applicable) to cont that the attached document(s), on line 112, contains a progress report on its fiv service quality improvement plan pursuant to §54.202(a). The information shall submitted at the wire center level or census block as appropriate.	ve-year	Name of Attached Document
<113>	Maps detailing progress towards meeting plan targets		
<114>	Report how much universal service (USF) support was received		
<115>	How much (USF) was used to improve service quality and how support was used to impr	rove service quality	
<116>	How much (USF) was used to improve service coverage and how support was used to im		
<117>	How much (USF) was used to improve service capacity and how support was used to improve service.		
<118>	Provide an explanation of network improvement targets not met in the prior calendar year.		

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

<010>	Study Area Code	529012		
<015>	Study Area Name	TracFone Wireless Inc.		
<020>	Program Year	2017		
<030>	Contact Name - Person USAC should contact regarding this data	Janet Morejon		
<035>	Contact Telephone Number - Number of person identified in data line <030>	3057156522 ext.		
<039>	Contact Email Address - Email Address of person identified in data line <030>	jmorejon@tracfone.com		
<210>	<210> For the prior calendar year, were there any reportable voice service outages?			

<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 Time Outage End Time Date Outage End Time Outage End	_	<a>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<c1></c1>	<c2></c2>	<d></d>	<e></e>	<f></f>	<g></g>	<h>></h>
Number Date Time Date Time Customers Affected Total Number of Affected Description (Check Study Areas Service Outage Preventative	Ī	NORS									Did This Outage		
Number Date Time Date Time Customers Affected Total Number of Affected Description (Check Study Areas Service Outage Preventative		Reference	Outage Start	Outage Start	Outage End	Outage End	Number of		911 Facilities	Service Outage			
								Total Number of				Service Outage	Preventative
	ŀ								(100)	ан анастъргуу	(100)		
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•	fulfilled Service Request lection Form			FCC Forr OMB Co July 2013	ntrol No. 3060-0986/OMB Contro	l No. 3060-0819
<010>	Study Area Code		529012			
<015>	Study Area Name		TracFone Wireless Inc.			
<020>	Program Year		2017			
<030>	Contact Name - Person USAC should contact regarding this data	l	Janet Morejon			
<035>	Contact Telephone Number - Number of person identified in da	ta line <030>	3057156522 ext.			
<039>	Contact Email Address - Email Address of person identified in da	ata line <030>	jmorejon@tracfone.com			
<300> U	Infulfilled service request (voice)					
<310> [Detail on attempts (voice)					
<320>	Unfulfilled service request (broadband)	Name	e of Attached Document			
<330>	Detail on attempts (broadband)	N	ame 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	529012
<015>	Study Area Name	TracFone Wireless Inc.
<020>	Program Year	2017
<030>	Contact Name - Person USAC should cont	act regarding this data Janet Morejon
<035>	Contact Telephone Number - Number of p <030>	person identified in data line 3057156522 ext.
<039>	Contact Email Address - Email Address of <030>	person identified in data line jmorejon@tracfone.com
<400>	Select from the drop-down list to indicate voice complaints (zero or greater) for voic calendar year for each service area in which any facilities you own, operate, lease, or o	e telephony service in the prior ch you are designated an ETC for
<410>	Complaints per 1000 customers for fixed v	voice
<420>	Complaints per 1000 customers for mobile	e voice
<430>	Select from the drop-down list to indicate end-user customer complaints (zero or grethe prior calendar year for each service ar an ETC for any facilities you own, operate,	eater) for broadband service in rea in which you are designated
<440>	Complaints per 1000 customers for fixed l	broadband
<450>	Complaints per 1000 customers for mobile	e broadband

(500) Compliance With Service Quality Standards and Consumer Protection Rules Data Collection Form			FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013			
<010>	Study Area Code	529012				
<015>	Study Area Name	TracFone Wireless Inc.				
<020>	Program Year	2017				
<030>	Contact Name - Person USAC should contact regarding this data	Janet Morejon				
<035>	Contact Telephone Number - Number of person identified in data line <030>	3057156522 ext.				
<039>	Contact Email Address - Email Address of person identified in data line <030>	jmorejon@tracfone.com				
<500> Certify compliance with applicable service quality standards and consumer protection rules						
<510>	<510> Descriptive document for Service Quality Standards & Consumer Protection Rules Compliance					

(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	529012	
<015> Study Area Name	TracFone Wireless Inc.	
<020> Program Year	2017	
<030> Contact Name - Person USAC should contact regarding this data	Janet Morejon	
<035> Contact Telephone Number - Number of person identified in data line <030>	3057156522 ext.	
<039> Contact Email Address - Email Address of person identified in data line <030>	jmorejon@tracfone.com	
<600> Certify compliance regarding ability to function in emergency situations		
<610> Descriptive document for Functionality in Emergency Situations		

(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	529012	
<015> Study Area Name	TracFone Wireless Inc.	
<020> Program Year	2017	
<030> Contact Name - Person USAC should contact regarding this data	Janet Morejon	
<035> Contact Telephone Number - Number of person identified in data	line <030> 3057156522 ext.	
<039> Contact Email Address - Email Address of person identified in data	line <030> jmorejon@tracfone.com	
<701> Residential Local Service Charge Effective Date 1/1/2016 <702> Single State-wide Residential Local Service Charge		

<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
ŀ									
ŀ									
ŀ									+
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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	29012
<015>	Study Area Name	TracFone Wireless Inc.
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Janet Morejon
<035>	Contact Telephone Number - Number of person identified in data line <030>	3057156522 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jmorejon@tracfone.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 }
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(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	529012	

<015>	Study Area Name		TracFone Wireless Inc.
<020>	Program Year		2017
<030>	Contact Name - Person l	JSAC should contact regarding this data	Janet Morejon
<035>	Contact Telephone Number - Number of person identified in data line <030>		3057156522 ext.
<039>	Contact Email Address -	Email Address of person identified in data line <030>	jmorejon@tracfone.com
<810>	Reporting Carrier	TracFone Wireless Inc	
<811>	Holding Company	Not Applicable	

<812> Operating Company

TracFone Wireless Inc

<813>	<a1></a1>	<a2></a2>	<a3></a3>
	Affiliates	SAC	Doing Business As Company or Brand Designation
	See atta	ached workshe	et

	bal Lands Reporting lection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control July 2013	No. 3060-0819
<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	TracFone Wireless Inc. 2017 Janet Morejon 3057156522 ext. jmorejon@tracfone.com	
•	Tribal Government Engagement Obligation company serves Tribal lands, please select (Yes,No, NA) for each these boxes	Name of Attached Document	
demons	rm the status described on the attached document(s), on line 920, 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> <927> <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 lection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	529012
<015>	Study Area Name	TracFone Wireless Inc.
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Janet Morejon
<035>	Contact Telephone Number - Number of person identified in data line <030>	3057156522 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jmorejon@tracfone.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

o Terrestrial Backhaul Reporting		FCC Form 481
lection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
Study Area Code	529012	
Study Area Name	TracFone Wireless Inc.	
Program Year	2017	
Contact Name - Person USAC should contact regarding this data	Janet Morejon	
Contact Telephone Number - Number of person identified in data line <030>	3057156522 ext.	
Contact Email Address - Email Address of person identified in data line <030>	jmorejon@tracfone.com	
Certify whether terrestrial backhaul options exist (Y/N)		
reporting carrier offers broadband service of at least 1 Mbps downstream and 256	kbps	
	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> Certify whether terrestrial backhaul options exist (Y/N) Please select the appropriate response (Yes, No, Not Applicable) to confirm the	Study Area Code Study Area Name 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> 3057156522 ext. Contact Email Address - Email Address of person identified in data line <030> jmorejon@tracfone.com Certify whether terrestrial backhaul options exist (Y/N) 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

(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	529012
<015>	Study Area Name	TracFone Wireless Inc.
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Janet Morejon
<035>	Contact Telephone Number - Number of person identified in data line <030>	3057156522 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jmorejon@tracfone.com
<1210>	Terms & Conditions of Voice Telephony Lifeline Plans	
		Name of Attached Document
<1220>	Link to Public Website HTTP	ww.safelinkwireless.com
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 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.	

(2000) Price C	ap Carrier Additional Documentation	FCC Form 481
Data Collectio	n 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
	500010	
	dy Area Code 529012 ty Area Name TracFone Wireles	s Inc.
	dy Area Name TracFone Wireles gram Year 2017	s inc.
	tact Name - Person USAC should contact regarding this data Janet Morejon	
	tact Telephone Number - Number of person identified in data line <030>	
	tact Email Address - Email Address of person identified in data line <030> jmorejon@tracfor	ne.com
Select the a	inpropriate 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,
		formation reported on this form and in the documents attached below is accurate.
		'
Inc	remental Connect America Phase I reporting	
<2010>	2nd Year Certification 47 CFR § 54.313(b)(1)(i) - Note that for the July	v 1
12020	2016 certification, this applies to Round 2 recipients of Incremental	ı -
	Support	
<2011>	3rd Year Certification 47 CFR § 54.313(b)(1)(ii) - Note that for the Jul	y 1
	2016 certification, this applies to Round 1 recipients of Incremental	
	Support	
<2022>	Recipient certifies, representing year two after filing a notice of	
\2022>		
	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.	
-2022	The attachment on line 2024 includes a statement of the total amou	nt of
<2023>		III OI
	capital funding expended in the previous year in meeting Connect	
	America Phase I deployment obligations, accompanied by a list of ce	nsus
	blocks indicating where funding was spent. This covers year two -	
	54.313(b)(2)(ii). Round 2 recipients only.	
<2024A>	Round 2 Recipient of Incremental Support?	
<2024A>	Rodila 2 Recipient of incremental support:	
<2024B>	Attach list of census blocks indicating where funding was spent in ye	
	two - 54.313(b)(2)(ii). Round 2 recipients only.	Required Information
<2025A>	Round 1 or Round 2 Recipient of Incremental Support?	
1202374		
<202EBs	Attach googoded Information for Phase I milestone reports (Pound 1	for Name of Attached Document Listing
<2025B>	Attach geocoded Information for Phase I milestone reports (Round 1	- I
	year three and Round 2 for year two) - Connect America Fund , WC	Required Information
	Docket 10-90, Report and Order, FCC 13-	
<2015>	2016 and future Frozen Support Certification 47 CFR § 54.313(c)(4)	

(2000) Price Cap Carrier Additional Documentation (Continued) Data Collection Form Including Rate-of-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>	Cap 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?	
<2017B>	Attach information for Phase II - 54.313(e)(1) - list of geocoded locations already meeting the 54.309 public interest obligations at the end of calendar year 2015 and total amount of Phase II support, if any, the price	Name of Attached Document Listing Required Information
<2018>	cap carrier used for capital expenditures in 2015. 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)(2)(ii)	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)(2)(v)	
<2020>	Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 40% of its supported locations in the state on December 31, 2017 - 54.313(e)(3)	
<2021>	Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 60% of its supported locations in the state on December 31, 2018 - 54.313(e)(4)	
<2026>	Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 80% of its supported locations in the state on December 31, 2019 - 54.313(e)(5)	
<2027>	Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 100% of its supported locations in the state on December 31, 2020 - 54.313(e)(6)	

(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	529012
<015>	Study Area Name	TracFone Wireless Inc.
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Janet Morejon
<035>	Contact Telephone Number - Number of person identified in data line <030>	3057156522 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jmorejon@tracfone.com

Complete the items below to note compliance with five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(3009)	Progress Report on 5 Year Plan Carrier certifies to 54.313(f)(1)(iii)		
(3010A)	Milestone Certification {47 CFR § 54.313(f)(1)(i)}		
(3010B)	Please Provide Attachment	Name of Attached Document Listing Required	
(3012A)	Community Anchor Institutions {47 CFR §	Information	
(3012B)	54.313(f)(1)(ii)} Please Provide Attachment	Name of Attached Document Listing 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)	
(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		
(3016)	Borrowers) Document(s) with Balance Sheet, Income Statement		
(3017)	and Statement of Cash Flows If the response is yes on line 3014, attach your	Name of Attached Document Listing Required	
(3017)	company's RUS annual report and all required documentation	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 boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains: Either a copy of their audited financial statement; or	(Yes/No)	
(3020)	(2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers Document(s) for Balance Sheet, Income Statement		
	and Statement of Cash Flows Management letter and/or audit opinion issued by		
(3021)	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) for Balance Sheet, Income Statement and Statement of Cash Flows		
(3026)	Attach the worksheet listing required information	Name of Attached Document Listing Required Information	

(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

<015> Study Area Name TracFone Wireless Inc. <020> Program Year 2017 <030> Contact Name - Person USAC should contact regarding this data Janet Morejon <035> Contact Telephone Number - Number of person identified in data line <030> 3057156522 ext.	<010>	Study Area Code	529012
<030> Contact Name - Person USAC should contact regarding this data	<015>	Study Area Name	TracFone Wireless Inc.
	<020>	Program Year	2017
<035> Contact Telephone Number - Number of person identified in data line <030> 3057156522 ext.	<030>	Contact Name - Person USAC should contact regarding this data	Janet Morejon
	<035>	Contact Telephone Number - Number of person identified in data line <030>	3057156522 ext.
<039> Contact Email Address - Email Address of person identified in data line <030> jmore jon@tracfone.com	<039>	Contact Email Address - Email Address of person identified in data line <030>	imorejon@tracfone.com

Financial Data Summary	
Financial Data Summary	
(3027) Revenue	
(3028) Operating Expenses	
(3029) Net Income	
(3030) Telephone Plant In Service(TPIS)	
(3031) Total Assets	
(222)	
(3032) Total Debt	
(3033) Total Equity	
(3034) Dividends	
(303 I) 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	529012
<015>	Study Area Name	TracFone Wireless Inc.
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Janet Morejon
<035>	Contact Telephone Number - Number of person identified in data li	ne <030> 3057156522 ext.
<039>	Contact Email Address - Email Address of person identified in data li	ine <030> jmorejon@tracfone.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.

in yes to 4000A, picase provide a response for 4000		
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.	Name of Attached Document Listing Required Information	
Broadband Deployment Locations – FCC 14-98 (par	agraph 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.	Name of Attached Document Listing Required Information	
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	

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	529012
<015>	Study Area Name	TracFone Wireless Inc.
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Janet Morejon
<035>	Contact Telephone Number - Number of person identified in data line <030>	3057156522 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jmorejon@tracfone.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: TracFone Wireless Inc.

Signature of Authorized Officer: CERTIFIED ONLINE Date 06/27/2016

Printed name of Authorized Officer: Javier Rosado

Title or position of Authorized Officer: Sr. Officer Bus. Dvlpmt & Govmt Svcs

Telephone number of Authorized Officer: 3057156575 ext.

Study Area Code of Reporting Carrier: 529012 Filing Due Date for this form: 07/01/2016

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 July 2013
<010>	Study Area Code	529012	
<015>	Study Area Name	TracFone Wireless Inc	
<020>	Program Year	2017	
<030>	Contact Name - Person USAC should contact regarding this data	Janet Morejon	
<035>	Contact Telephone Number - Number of person identified in data line <030>	3057156522 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	jmorejon@tracfone.com	

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

certify that (Name of Agent) also certify that I am an officer of the reporting carrier; m agent; and, to the best of my knowledge, the reports and	is authorized to submit the information reported on behalf of the reporting carrier. sponsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized a 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:

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent	Authorized to File Annual Reports for CAF or LI Recipie	nts on Behalf of Reporting Carrier
	norized to submit the annual reports for universal service support reporting carrier; and, to the best of my knowledge, the informat	
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 A	gent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	
Persons willfully making false statements on this form	n can be punished by fine or forfeiture under the Communications Act of 18 of the United States Code, 18 U.S.C. § 1001.	1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title



(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		529012
<015>	Study Area Name		TracFone Wireless Inc.
<020>	Program Year		2017
<030>	Contact Name - Person USA	AC should contact regarding this data	Janet Morejon
<035>	Contact Telephone Numbe	er - Number of person identified in data line <030>	3057156522 ext.
<039>	Contact Email Address - Em	nail Address of person identified in data line <030>	jmorejon@tracfone.com
<810>	Reporting Carrier	TracFone Wireless Inc	
<811>	Holding Company	Not Applicable	
<812>	Operating Company	TracFone Wireless Inc	

<813>	<a1></a1>	<a2></a2>	<a3></a3>
	Affiliates	SAC	Doing Business As Company or Brand Designation
=	TracFone Wireless Inc	529012	SafeLink Wireless
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