FCC For	m 481 - Carrier Annual Reporting Data Collection Form			(FCC Form 481 DMB Control No. 3060 uly 2013	0-0986/OMB Control I	No. 3060-0819
<010>	Study Area Code	529004					
<015>	Study Area Name	EASTERN SUB-RSA	LIMI	TED PARTNERSHIP			
<020>	Program Year	2016					
<030>	Contact Name: Person USAC should contact with questions about this data	Nathan Weis					
<035>	Contact Telephone Number: Number of the person identified in data line <030>	5096749450 ext.					
<039>	Contact Email Address: Email of the person identified in data line <030>	nathan@inlandcel	llulaı	r.com			
						54.313 Completion	54.422 Completion
ANNUA	L REPORTING FOR ALL CARRIERS					Required	Required
-1100s	Coming Quality Insurance and Demonstration					(check box wh	en complete)
	Service Quality Improvement Reporting			(complete attached work			V
<200> <210>	Outage Reporting (voice)	outages to report		(complete attached work	sneet)		
<300>	Unfulfilled Service Requests (voice)	outages to report					
					7		
<310>	Detail on Attempts (voice)						
					(attach descriptive d	ocument)	
							1
<320>	Unfulfilled Service Requests (broadband)						
					7		
<330>	Detail on Attempts (broadband)				(attach descriptive	document)	111111
					dittach acsemptive	aocamenty	
<400>	Number of Complaints per 1,000 customers (voice)				_		
<410>	Fixed 0.0					v	~
<420> <430>	Mobile 0.0 Number of Complaints per 1,000 customers (broadb	<u>l</u> pand)					
<440>	Fixed						
<450>	Mobile Service Quality Standards & Consumer Protection R	ulos Complianco					1
<500>	150222 829984 IC CPNI CERTIFICATION Ddf. 1402	<u> </u>	AR	(check to indicate certifi	cation)		
=10	CPNI OP PROCEDURES.pdf, 140630 529004 AFFIDAY CERTIFICATIONS.pdf		MIC				
<510>				(attached descriptive	document)	<i>\</i>	
<600>	Functionality in Emergency Situations			(check to indicate certifi	cation)	V	~
	140630 529004 Ability to Remain Functional is Certification.pdf	n Emergencies					
				(attached descriptive doc	ument)	V	~
<610>							
~700 >	Company Price Offerings (voice)			(late and		11111
	Company Price Offerings (voice) Company Price Offerings (broadband)			(complete attached work			
	Operating Companies and Affiliates			(complete attached world		V	V
	Tribal Land Offerings (Y/N)?		(if ye	s, complete attached worl	ksheet)	_ <u> </u>	
<1000>	Voice Services Rate Comparability Certification		Yes	s			111111
	140630 Inland Cellular Local Usage Plan.pdf						
<1010>				(attach descriptive docu	iment)	v	
<1100>	· Certify whether terrestrial backhaul options exist (Y	'es or No)	\bigcirc	(if not, check to indicat	e certification)	<u> </u>	
<1110>				(complete attached wor	ksheet)		
<1200>	Terms and Condition for Lifeline Customers			(complete attached wor	ksheet)		
	Price Cap Carriers, Proceed to Price Cap Additional						
<2000>	Including Rate-of-Return Carriers affiliated with Pri	ce Cap Local Excho	inge (Carriers (check to indicate certific			11111

	gg	
<2000>		(check to indicate certification
<2005>		(complete attached worksheet

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000> (check to indicate certification)
<3005> (complete attached worksheet)

	ervice Quality Improvement Reporting Ollection Form		FCC Form 481 OMB Control No July 2013	OMB Control No. 3060-0986/OMB Control No. 3060-0819		
<010>	Study Area Code	529004				
<015>	Study Area Name	EASTERN SUB-RSA I	MITED PARTNERSHIP			
<020>	Program Year	2016				
<030>	Contact Name - Person USAC should contact regarding this data	Nathan Weis				
<035>	Contact Telephone Number - Number of person identified in data line <030>	5096749450 ext.				
<039>	Contact Email Address - Email Address of person identified in data line <030>	nathan@inlandcel	ılar.com			
<110>	Has your company received its ETC certification from the FCC?	(yes / no	\bigcirc \bigcirc			
<111>	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	00			
<112>	If your answer to Line <111> is yes, then you are required to 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.		24 529004 FIVE-YEAR FORECAST.pdf			
	Please select the appropriate responses below (Yes, No, Not Applicable) to conf that the attached document(s), on line 112, contains a progress report on its five service quality improvement plan pursuant to §54.202(a). The information shall submitted at the wire center level or census block as appropriate.	e-year	Name of Attached D	ocument		
<113>	Maps detailing progress towards meeting plan targets		Not Applicable			
<114>	Report how much universal service (USF) support was received		Yes			
<115>	How much (USF) was used to improve service quality and how support was used to improve	ove service quality	Yes			
<116>	How much (USF) was used to improve service coverage and how support was used to imp	prove service coverage	Yes			
<117>	How much (USF) was used to improve service capacity and how support was used to imp	rove service capacity	Yes			
<118>	Provide an explanation of network improvement targets not met in the prior calendar year.		Not Applicable			
-						

(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	529004
<015>	Study Area Name	EASTERN SUB-RSA LIMITED PARTNERSHIP
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Nathan Weis
<035>	Contact Telephone Number - Number of person identified in data line <030>	5096749450 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	nathan@inlandcellular.com

<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									Did This Outage		
	Reference		Outage Start			Number of		911 Facilities	Service Outage	Affect Multiple		
	Number	Date	Time	Date	Time	Customers Affected		Affected	Description (Check	Study Areas	Service Outage	Preventative
							Customers	(Yes / No)	all that apply)	(Yes / No)	Resolution	Procedures
	L	L	l									

(700) Price Offerings including Voice Rate Data	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	2016
<030>	Contact Name - Person USAC should contact regarding this data	Nathan Weis
<035>	Contact Telephone Number - Number of person identified in data line <030>	5096749450 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	nathan@inlandcellular.com

<701> Residential Local Service Charge Effective Date

1/1/2015

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 Fee
•									
•									
•									
•									
-									
-					See at	tached worksheet			
•									
-									
-									
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-									
-									
•									
L					l				

(710) Broadband Price Offerings	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	2016
<030>	Contact Name - Person USAC should contact regarding this data	Nathan Weis
<035>	Contact Telephone Number - Number of person identified in data line <030>	5096749450 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	nathan@inlandcellular.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		2016
<030>	Contact Name - Person l	JSAC should contact regarding this data	Nathan Weis
<035>	Contact Telephone Num	ber - Number of person identified in data line <030>	5096749450 ext.
<039>	Contact Email Address -	Email Address of person identified in data line <030>	nathan@inlandcellular.com
<810>	Reporting Carrier	Eastern Sub-RSA Limited Partnership	
<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	ched workshe	et

(900) Tribal Lands Reporting Data Collection Form		ОМЕ	Form 481 3 Control No. 3060-0986/OMB Control No. 3 2013	8060-0819
· · · · · · · · · · · · · · · · · · ·	d contact regarding this data per of person identified in data line <030> ess of person identified in data line <030>	529004 EASTERN SUB-RSA LIMITED PARTNERSHIP 2016 Nathan Weis 5096749450 ext. nathan@inlandcellular.com		
<920> Tribal Government Engagement Ol	oligation			
If your company serves Tribal lands, please sele to confirm the status described on the attached demonstrates coordination with the Tribal gove § 54.313(a)(9) includes:	d document(s), on line 920, ernment pursuant to	Name of Attached Docu	ument	
<921> Needs assessment and deployment community anchor institutions. <922> Feasibility and sustainability planning services in a culturally services in a culturally services. <924> Compliance with Rights of way promoted compliance with Land Use permitted services. <925> Compliance with Facilities Siting runce services. <927> Compliance with Environmental Reservations. <928> Compliance with Cultural Preservations. <929> Compliance with Tribal Business and services.	nt planning with a focus on Tribal ng; ensitive manner; cesses ng requirements les view processes cion review processes	at Applicable		

(1100) N	Io Terrestrial Backhaul Reporting	FCC Form 481
-	llection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010> <015>	Study Area Code Study Area Name	529004 EASTERN SUB-RSA LIMITED PARTNERSHIP
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Nathan Weis
<035>	Contact Telephone Number - Number of person identified in data line <030>	5096749450 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	nathan@inlandcellular.com
<1120>	Please confirm whether terrestrial backhaul options exist within the supported area pursuant to § 54.313(g) (Yes, No).	а
<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).	6 kbps

-	erms 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		500004	
<015>	Study Area Code Study Area Name		529004	
<020>	Program Year		EASTERN SUB-RSA LIMITED PARTNERS	SHIP
<030>	Contact Name - Person USAC should contact regarding this data		2016	
<035>	Contact Telephone Number - Number of person identified in data lin	20 <020>	Nathan Weis	
<039>	Contact Telephone Number - Number of person identified in data li			
<u> </u>	Contact Email Address - Email Address of person identified in data in	116 <030	> nathan@inlandcellular.com	
			150127 529004 FCC-Form-555.pdf	
<1210>	Terms & Conditions of Voice Telephony Lifeline Plans			
	, , , , , , , , , , , , , , , , , , ,			
				Name of Attached Document
<1220>	Link to Public Website	HTTP	www.inlandcellular.com	
			www.imandcerrurar.com	
"Please c	heck these boxes below to confirm that the attached document(s), on line 1	210,		
or the we	bsite listed, on line 1220, contains the required information pursuant to			
§ 54.422	(a)(2) annual reporting for ETCs receiving low-income support, carriers must			
annually	report:			
<1221>	Information describing the terms and conditions of any voice	~		
	telephony service plans offered to Lifeline subscribers,			
<1222>	Details on the number of minutes provided as part of the plan,	V		
<1223>	Additional charges for toll calls, and rates for each such plan.	<u></u>		

(2000) Pi	ice Cap Carrier Additional Documentation	FCC Form 48	31
Data Col	ection Form	OMB Contro	ol 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	2016	
<030>	Contact Name - Person USAC should contact regarding this data	Nathan Weis	
<035>	Contact Telephone Number - Number of person identified in data line <030>	5096749450 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	nathan@inlandcellular.com	
Select th	e annronriate responses below (Yes. No. Not Applicable) to note compliance as	recipient of Incremental Connect America Phase I support, frozen High Cost support, High	Cost support to offset access charge reductions ar
	America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The inform	, , , , , , , , , , , , , , , , , , , ,	reast support to onset access charge reductions, an
	Incremental Connect America Phase I reporting		
<2010>	, ,		
<2011a			
	• • • • • • • • • • • • • • • • • • • •		
<2011b	Attachment {47 CFR § 54.313(b)(1)ii}		
		Name of Attached Document(s) Listing Required Information	
	Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))		
<2012>			
<2013>			
<2014>			
<2015>			
<2016>	Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)} Certification Support Used to Build Broadband		
<2010	• •		
<2017>	Connect America Phase II Reporting {47 CFR § 54.313(e)}		
<2017	ora year broadband service certification		
<2019	oth year broadband service certification		
<2020>		2021 contains the required information	
12020	pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support s	all provide the number, names, and	
	addresses of community anchor institutions to which began providing		
	preceding calendar year.		
.2021	Late the Bossess Course of Archael and Course		
<2021>	Interim Progress Community Anchor Institutions		
		Name of Attached Document(s) Listing Required Information	

(3000) Ra	ate Of Return Carrier Additional Documentation		FCC Form 481	
Data Coll	lection Form		OMB Control No.	3060-0986/OMB Control No. 3060-0819
			July 2013	
_				
<010>	Study Area Code	529004		
<015> <020>	Study Area Name Program Year	EASTERN SUB-RSA LIMITED PARTNERSHIP 2016		
<030>	Contact Name - Person USAC should contact regarding this data	Nathan Weis		
<035>	Contact Telephone Number - Number of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030>	5096749450 ext. nathan@inlandcellular.com		
CHECK t	he boxes below to note compliance on its five year service quality plan (pursu CFR 8 54.313(f)(2). I further certify that	ant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring c the information reported on this form and in the documents attache	•	nancial reporting requirements set forth in 47
	city 33.325()(2). Harrier certify that	the information reported on this form and in the documents accused	tu below is decurate.	1
(3010)	Progress Report on 5 Year Plan			
	Milestone Certification {47 CFR § 54.313(f)(1)(i)}	Name of Attached Document Listing Required Informa	tion	J
	Places shock this hav to confirm that the attached document(s), on line		don	
	Please check this box to confirm that the attached document(s), on line § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and add providing access to broadband service in the preceding calendar year.			
(2042)	(47.670.6.74.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.			
(3012)	Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}			
		Name of Attached Document Listing Required Information		
(3013)	Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)}	(Yes/No)	$\langle \mathcal{V} \rangle$	
	If yes, does your company file the RUS annual report	(Yes/No)		
	check these boxes to confirm that the attached document(s), on line 30	17, contains the required information pursuant to § 54.313(f)(2) compliance require	98:
(3015)	Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)		4	
(3016)	Document(s) for Balance Sheet, Income Statement and Statement of C	Cash Flows		
				1
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation			
		Name of Attached Document Listing Required Information	\sim	
(3018)	If the response is no on line 3014, Is your company audited?	(Yes/No)		
	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	٠ <u>ـــــ</u>	
(3020)	Document(s) for Balance Sheet, Income Statement and Statement of	Cash Flows	Щ	
(3021)	Management letter and 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			
(3022)	independent certified public accountant; or 2) a financial report in a			
	format comparable to RUS Operating Report for Telecommunications			
(2022)	Borrowers, Underlying information subjected to a review by an independent certified			
(3023)	public accountant			
(3024)	Underlying information subjected to an officer certification.	Oach Floor		
(3025)	Document(s) for Balance Sheet, Income Statement and Statement of	Cash Flows		
			ı	
(3026)	Attach the worksheet listing required information		ı	
			ı	
		Name of Attached Document Listing Required Information		

(3000) 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	2016
<030>	Contact Name - Person USAC should contact regarding this data	Nathan Weis
<035>	Contact Telephone Number - Number of person identified in data line <030>	5096749450 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	nathan@inlandcellular.com

Financial Data Cummany	
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	
(222.3) = 1.11221122	

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	2016
<030>	Contact Name - Person USAC should contact regarding this data	Nathan Weis
<035>	Contact Telephone Number - Number of person identified in data line <030>	5096749450 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	nathan@inlandcellular.com

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

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.

Name of Reporting Carrier: EASTERN SUB-RSA LIMITED PARTNERSHIP

Signature of Authorized Officer: CERTIFIED ONLINE Date 07/01/2015

Printed name of Authorized Officer: Nathan Weis

Title or position of Authorized Officer: President and CEO

Telephone number of Authorized Officer: 5096749450 ext.

Study Area Code of Reporting Carrier: 529004 Filing Due Date for this form: 07/01/2015

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	529004

Study Area Code	323004
Study Area Name	EASTERN SUB-RSA LIMITED PARTNERSHIP
Program Year	2016
Contact Name - Person USAC should contact regarding this data	Nathan Weis
Contact Telephone Number - Number of person identified in data line <030>	5096749450 ext.
Contact Email Address - Email Address of person identified in data line <030>	nathan@inlandcellular.com
	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>

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 or Employee of Agent:					
Signature of Authorized Agent or Employee of Agent: Date:					
Printed name of Authorized Agent or Employee of Agent:					
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 1934, 18 of the United States Code, 18 U.S.C. § 1001.	, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title			



(700) Price Offerings including Voice Rate Data	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	2016
<030>	Contact Name - Person USAC should contact regarding this data	Nathan Weis
<035>	Contact Telephone Number - Number of person identified in data line <030>	5096749560 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	nathan@inlandcellular.com
<701>	Residential Local Service Charge Effective Date 1/1/2015	

<703>

<702> Single State-wide Residential Local Service Charge

<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<b5></b5>	<c></c>
C) also	5 do (U.56)	CAC (CETC)	D.1. T	Residential Local			Mandatory Extended Area	
State	Exchange (ILEC)	SAC (CETC)		Service Rate	State Subscriber Line Charge	State Universal Service Fee	Service Charge	Total per line Rates and Fees
WA	n/a		FR	0.0	0.0	0.0	0.0	0.0
								+

(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		2016
<030>	Contact Name - Person US	SAC should contact regarding this data	Nathan Weis
<035>	Contact Telephone Number - Number of person identified in data line <030>		5096749560 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>		nathan@inlandcellular.com
<810>	Reporting Carrier	Eastern Sub-RSA Limited Partnership	
<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 (fka Washington RSA No. 8 Limited Partnership	479007	Inland Cellular LLC
_	Inland Cellular LLC (fka Washington RSA No. 8 Limited Partnership)	529003	Inland Cellular LLC
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