				FCC Form
Mobility				Approved by OMB
	- §54.1009 Annual Reporting		Avg. Burde	OMB 3060-1185 en Estimate per Respondent: 18 Hours
Data Col	lection Form		7.1.6. 24. 44	en estimate per nesponaent 15 mours
<010>	Study Area Code	528001		
<015>	Study Area Name	T-Mobile West LLC		
<020>	Program Year	2014		
<030>	Contact Name: Person USAC should contact with questions about this data	Rhonda R. Thomas		
<035>	Contact Telephone Number: Number of the person identified in data line <030>	4253834215 ext.		
<039>	Contact Email: Email of the person identified in data line <030>	rhonda.thomas63@t-mobile.com		
				(check box when complete)
			🔿	
<040>	Has the information required pursuant to §54.1009	been provided with a Form 481 filing (Y/N	<u>II</u> <040> U	lacktriangle
	<041> Attach a description of the documents file	ed with the Form 481 reporting	<041>	
	<042> Cite the Study Area Code (SAC) for the Fo	rm 481 reporting	<042>	
	<043> Cite the date of the Form 481 reporting		<043>	
<050>	Carrier Contact Information (has the contact info. char	nged since prior filing? Yes or No)	\circ	\odot
		(If yes, complete the attached worksheet)	<050>	
<060>	Coverage and Performance Report	(complete attached worksheet)	<060>	
<070>	<u>Urban Rate Comparability Certification</u>	(complete attached certification)	<070>	
<080>	Tribal Lands Reporting (y/n?) (Does this study area cover	er tribal lands? Yes or No)	\circ	•
		(If yes, complete the attached worksheet)	<080>	
<090>	Project Update Information	(complete attached worksheet)	<090>	
<100>	Certifications <101> Reporting Carrier Certification (complete)	lete attached certification)	<101>	

Notice to Individuals Required by the Paperwork Reduction Act of 1995

<102>

Agent Certification

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements) Notice to Individuals Required by the Paperwork Reduction Act of 1995

(complete attached certification)

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

(050) Carr	ier Contact Form		FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 2 of 8
<010>	Study Area Code	528001	
<015>	Study Area Name	T-Mobile West LLC	
<020>	Program Year	2014	
<030>	Contact Name - Person USAC should contact regarding this data	Rhonda R. Thomas	
<035>	Contact Telephone Number - Number of person identified in data line <030>	4253834215 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	rhonda.thomas63@t-mobile.com	
Reporting	Carrier / Mobility Fund Phase 1 Winning Bidder		
<110>	FCC Registration Number		
<111>	Filing Carrier Name		
<112>	Winning Bidder Carrier Name		
<113>	Street Address (or PO Box)		
<114>	City		
<115>	State		
<116>	Zip-Code		
<117>	Telephone Number		
<118>	Fax Number		
<119>	Email Address		
<pre><120> <121> <122> <123> <124> <125> <126> <126> <127> <128></pre>	if same as above, indicate in this box Name (First, MI, Last, Suffix) Filing Carrier Name Street Address (or PO Box) City State Zip-Code Telephone Number Fax Number Email Address		
Authorize	d Agent Information		
	if no agent, indicate in this box		
<120>	Name (First, MI, Last, Suffix)		
<121>	Company		
<122>	Street Address (or PO Box)		
<123>	City		
<124>	State		
<125>	Zip-Code		
<126>	Telephone Number		
<127>	Fax Number		
<128>	Email Address		

(060) Cov	verage and	Performance	e Report							FCC Form Ap proved OMB Con Page 3 of	d by OM trol No.	B 3060-1185
<010×	C+udy As	roa Codo				528001						
<010>	Study Ar						le West I	J.C				
<015> <020>	Program	ea Name				2014	ic west i					
<030>			n USAC should i	contact regarding	this data	Rhonda	R. Thoma	ıs				
<035>				r of person ident		e <030> 425383	4215 ext.					
<039>		· ·		•			.thomas63	@t-mobile	.com			
<039> Contact Email Address - Email Address of person identified in data line <030> rhonda.thomas63@t-mobile <140> Coverage and Performance Report Year 06/2013 - 12/2013												
		Electro	onic Shapefiles a	attachments		001_CPRd_WA.zip						
	Drive Test Results attachments				e of Attached Docun							
		Scatte	red Site Test Re	sults attachmen		e of Attached Docur	ment (.zip)					
<141>	<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	<b3></b3>	<c1></c1>	<c2></c2>	<c3></c3>	<d></d>	<e></e>	<f></f>
	State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reache by Service	Total Resident Population d Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	covered per Census	Certify that Electron ic Shapefil es are uploade d (yes/no)	Result s are upload ed (yes/n	Certify that Scattered Site Tests are uploaded (yes/no)
				9	See attac	hed works	heet					
						+		1				
	Percentage of Total				Percentage	of Total	0	1	<u> </u>		1	

Road Miles covered

by Service

Population Reached by

Service

(070) Urban Rate Comparability Certification Compliance	FCC Form 690
	Approved by OMB
	OMB Control No. 3060-1185
	Page 4 of 8

<010>	Study Area Code	528001
<015>	Study Area Name	T-Mobile West LLC
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Rhonda R. Thomas
<035>	Contact Telephone Number - Number of person identified in data line <030>	4253834215 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	rhonda.thomas63@t-mobile.com

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

Certification of Officer or Employee as to Compliance with 47 CFR §54.1009(a)(4) certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this form and in any attachments is accurate. T-Mobile West LLC Name of Reporting Carrier: CERTIFIED ONLINE Date 07/29/2014 Signature of Authorized Officer: Christopher Miller Printed name of Authorized Officer: VP, Tax Title or position of Authorized Officer: 4253834000 ext. Telephone number of Authorized Officer: 528001 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 REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to authorize an Agent to file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier						
I certify that (Name of Agent)	is authorized to submit the information reported on behalf of the reporting					
	reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the					
authorized agent; and, to the best of my knowledge, the repo	orts and data provided to the authorized agent is accurate.					
Name of Authorized Agent:						
Name of Reporting Carrier:						
Signature of Authorized Officer or Employee:	Date:					
Printed name of Authorized Officer or Employee:						
Title or position of Authorized Officer or Employee:	Fitle or position of Authorized Officer or Employee:					
Telephone number of Authorized Officer or Employee:						
Study Area Code of Reporting Carrier:	Filing Due Date for this form:					
Persons willfully making false statements on this form can be	e 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 Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier						
I, as agent for the reporting carrier, certify that I am authorized to submit the certification 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 Ag	nt:					
Title or position of Authorized Agent or Employee of A	gent					
Telephone number of Authorized Agent or Employee	f Agent:					
Study Area Code of Reporting Carrier: Filing Due Date for this form:						
Persons willfully making false statements on this f	rm 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.					

080) Triba	il Lands Reporting			FCC Form 690 Approved by OMB OMB Control No. 3060-1185
				Page 5 of 8
<010>	Study Area Code		528001	
<015>	Study Area Name		T-Mobile West LLC	
<020>	Program Year		2014	
<030>	Contact Name - Person USAC should contact regarding		Rhonda R. Thomas	
<035>	Contact Telephone Number - Number of person identifi			
<039>	Contact Email Address - Email Address of person identif	ied in data line	rhonda.thomas63@t-mobil	e.com
<142>	State			
<143>	County			
<144>	Tribal Land(s) on which ETC Serves			
.4.45	T 1 10 15 10 11 11			
<145>	Tribal Government Engagement Obligation	Name of Attach	ed Document (.pdf)	
		Nume of Attach	eu Document (.puj)	
	If your company serves Tribal lands, please select (Yes,N	No. NA) for		
	each of these boxes to confirm the status described on			
	PDF, on line 145, demonstrates coordination with the 1	[ribal		
	government pursuant to § 54.1004 includes:			
			Select	
~1 <i>1</i> 6>	North annual day to the territory		(Yes,No, NA)	
<146>	Needs assessment and deployment planning with a foo community anchor institutions;	cus on Tribal		
.4.4=	•			
<147>	Feasibility and sustainability planning;			
<148>	Marketing services in a culturally sensitive manner;			
<149>	Compliance with Rights of way processes			
<150>	Compliance with Land Use permitting requirements			
<151>	Compliance with Facilities Siting rules			
<152>	Compliance with Environmental Review processes			
		•		
<153>	Compliance with Cultural Preservation review processes			
<154>	Compliance with Tribal Business and Licensing requirem	ontc	i I	

(090) Project	Update Information	FCC Form 690
		Approved by OMB
		OMB Control No. 3060-1185
		Page 6 of 8
<010>	Study Area Code	528001
<015>	Study Area Name	T-Mobile West LLC
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Rhonda R. Thomas
<035> <039>	Contact Telephone Number - Number of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030>	
<0392	Contact Email Address - Email Address of person identified in data fille <0502	rhonda.thomas63@t-mobile.com
<200>	Date Authorized to Receive Support	06/24/2013
<201>	Targeted Completion Date	06/24/2015
<202>	Total Mobility Fund Support Awarded	960975.36
<203>	Total Mobility Fund Support Disbursed	320325.12
<204>	Support Applied to Network Design	279157.4
<205>	Support Applied to Construction	0.0
<206>	Support Applied to Deployment	41167.72
<207>	Support Applied to Maintenance	0.0
<208>	Certify Network will Support 3G Mobile Service (Yes / No)	\odot \bigcirc
<209>	Certify Network will Support 4G Mobile Service (Yes / No)	\bigcirc \bigcirc
<210>	Actual Completion Date	
<211>	Project Status Description (attached)	528001_PSD_WA.pdf
	Please check these boxes below to confirm that the attached PDF, on line 211, contains a project status pursuant to §54.1005(b)(2)(v). The information shall be submitted as appropriate.	{Name of PDF attached}
<212>	Status of Network Deployment - Network Design	V
<213>	Status of Network Deployment - Construction	V
<214>	Status of Network Deployment - Deployment	<u> </u>
<215>	Status of Network Deployment - Maintenance	<u> </u>
<216>	Project Budget Status	
<217>	Project Plan Status	✓

(101) Cer	tification - Reporting Carrier	FCC Form 690	
			Approved by OMB
			OMB Control No. 3060-1185
			Page 7 of 8
<010>	Study Area Code	528001	
<015>	Study Area Name	T-Mobile West LLC	
<020>	Program Year	2014	
<030>	Contact Name - Person USAC should contact regarding this data	Rhonda R. Thomas	

4253834215 ext

rhonda.thomas63@t-mobile.com

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

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

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

<035>

<039>

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for Mobility Fund Recipients

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

T-Mobile West LLC Name of Reporting Carrier: Date 07/29/2014 CERTIFIED ONLINE Signature of Authorized Officer: Christopher Miller Printed name of Authorized Officer: VP, Tax Title or position of Authorized Officer: 4253834000 ext. Telephone number of Authorized Officer: 528001 Filing Due Date for this form: Study Area Code of Reporting Carrier: 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.

(102) Certification - Agent / Carrier	FCC Form 690
	Approved by OMB
	OMB Control No. 3060-1185
	Page 8 of 8

<010>	Study Area Code	528001
<015>	Study Area Name	T-Mobile West LLC
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Rhonda R. Thomas
<035>	Contact Telephone Number - Number of person identified in data line <030>	4253834215 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	rhonda.thomas63@t-mobile.com

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

I certify that (Name of Agent) also certify that I am an officer of the reporting carrier; my respon agent; and, to the best of my knowledge, the reports and data pro	is authorized to submit the information reported on behalf of the reporting carrier. bilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized ded 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 Mobility Fund Recipients on Behalf of Reporting Carrier					
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for Mobility Fund 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 Ager					
Study Area Code of Reporting Carrier:	Filing Due Date for this form:				
Persons willfully making false statements on this form can	e punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Tit 18 of the United States Code, 18 U.S.C. § 1001.				

Attachments

(060) Coverage and Performance Report	FCC Form 690
	Approved by OMB
	OMB Control No. 3060-1185

<010>	Study Area Code	528001
<015>	Study Area Name	T-Mobile West LLC
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Rhonda R. Thomas
<035>	Contact Telephone Number - Number of person identified in data line <030>	4253834215 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	rhonda.thomas63@t-mobile.com
<140>	Coverage and Performance Report Year	06/2013 - 12/2013

<141> <a1> <a2> <a3> <b1> <b2> <b3> <c1> <c2> <c3> <d> <e> <f> Certify that Certify that Certify that Resident **Total Resident** Electronic Drive Test Scattered Site Road Miles **Total Road** Resident Population Population Road Miles per Census Miles Shapefiles are Results are Tests are Population per Newly Reached Reached by per Census Block Newly covered per uploaded uploaded uploaded Census Block by Service Block Reached Census Block (yes/no) (yes/no) Census Block Service (yes/no) State County 53025 53025010100 WA 0 0 623.47 0.0 0.0 Yes

Percentage of				
Total Population				
Reached by				
Service				

0			

Percentage of Total Road Miles covered by Service

0			