				FCC Form
Mobility				Approved by OMB
	§54.1009 Annual Reporting lection Form		Avg. Burde	OMB 3060-1185 en Estimate per Respondent: 18 Hours
<010>	Study Area Code	528002		
<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)
.0.40			u	
<040>	Has the information required pursuant to §54.1009	been provided with a Form 481 filling (Y/N	<u>II</u> <040>	
	<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>	<u>Carrier Contact Information</u> (has the contact info. cha	anged since prior filing? Yes or No)	\circ	lacktriangle
		(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 cov	er tribal lands? Yes or No)	\circ	\odot
		(If yes, complete the attached worksheet)	<080>	
<090>	Project Update Information	(complete attached worksheet)	<090>	
<100>	Certifications			
		olete attached certification)	<101>	
	<102> Agent Certification (comp	lete attached certification)	<102>	

Notice to Individuals Required by the Paperwork Reduction Act of 1995

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

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	528002	
<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> <122> <123> <124> <125> <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		
1120	Email/Address		
<120> <121> <122>	d Agent Information if no agent, indicate in this box Name (First, MI, Last, Suffix) Company Street Address (or PO Box)		
<123>	City		
<124>	State		
<125>	Zip-Code		
<126>	Telephone Number		
<127>	Fax Number		
<128>	Email Address		
- 250			

(060) Co	verage and	Performance	e Report								FCC Form Ap proved OMB Conf Page 3 of	l by OM trol No.	B 3060-1185
1010	Ct l A.					52	8002						
<010>	Study A							e West L	T.C				
<015>	•	rea Name				20		e west L	ьс				
<020>	Program		n LICAC chauld	contact rogardin	thic data			R. Thoma	s				
<030> <035>				contact regarding r of person ident				215 ext.					
<039>				ss of person iden		10 10307			@t-mobile	.com			
	00	Zirian / taai es	2	s or person lacin									
<140>	Coverag	e and Perforn	nance Report Ye	ear 06/2013	- 12/2013								
					528	8002_CPRd_WA	.zip						
		Flectro	onic Shapefiles a	attachments									
		Liceti	ome omapemes (attacimients	Nar	me of Attached	Docum	ent (.zip)					
		Drive	Test Results att	tachments									
		2	rest nesunts at	derments	Man	as of Attached C	2001100	ant (=in)					
					Nan	ne of Attached E	Jocume	ent (.zip)					
	Scattered Site Test Results attachments												
	Name of Attached Document (.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>
												C	
											Certify	Certify that	
											that	Drive	
										Total	Electron		
									Road	Road	ic	Result	
								Road	Miles per	Miles	Shapefil	s are	Certify that
					Resident	Total Resid	dent	Miles	Census	covered	es are		Scattered
				Resident	Population	Population		per	Block	per	uploade		Site Tests are
	C1-1-		Carrage Black	Population per Census Block	Newly Reache		-	Census	Newly Reached	Census	d		uploaded
	State	County	Census Block	Census Block	by Service	Service		Block	Keacned	вюск	(yes/no)	0)	(yes/no)
				\$	See attac	ched wo	rksh	neet					
				•					•	•	•	•	
				0	I				0		Ī		
			age of Total	Ī	1			f Total	1		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	528002
<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: 528002 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:	litle 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 Authoriz	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 author data provided by the reporting carrier; and, to the best of n	submit the certification on behalf of the reporting carrier; I have provided the data reported herein based on wledge, 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 Age					
Study Area Code of Reporting Carrier:	Filing Due Date for this form:				

080) Triba	l Lands Reporting			FCC Form 690 Approved by OMB OMB Control No. 3060-1185
				Page 5 of 8
<010>	Study Area Code		528002	
<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 identifications of person			
<039>	Contact Email Address - Email Address of person identif	ied in data line	rhonda.thomas63@t-mob	ile.com
<142>	State	-		
<143>	County			
	•			
<144>	Tribal Land(s) on which ETC Serves			
\144×	Tribut Edita(s) on which Eve serves			
<145>	Tribal Government Engagement Obligation			
		Name of Attach	ed Document (.pdf)	
	If your and a second of the lands of the lan	1- NA\ 6		
	If your company serves Tribal lands, please select (Yes,Neach of these boxes to confirm the status described on			
	PDF, on line 145, demonstrates coordination with the 1			
	government pursuant to § 54.1004 includes:			
			Select	
			(Yes,No, NA)	
<146>	Needs assessment and deployment planning with a foo	cus on Tribal		
	community anchor institutions;			
<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	S		
<154>	Compliance with Tribal Business and Licensing requirem	anto		

(090) Project	: Update Information	FCC Form 690
		Approved by OMB
		OMB Control No. 3060-1185
		Page 6 of 8
<010>	Study Area Code	528002
<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
<200>	Date Authorized to Receive Support	06/24/2013
<201>	Targeted Completion Date	06/24/2015
<202>	Total Mobility Fund Support Awarded	1529821.44
<203>	Total Mobility Fund Support Disbursed	509940.48
<204>	Support Applied to Network Design	462133.03
<205>	Support Applied to Construction	0.0
<206>	Support Applied to Deployment	47807.45
<207>	Support Applied to Maintenance	0.0
<208>	Certify Network will Support 3G Mobile Service (Yes / No)	O
<209>	Certify Network will Support 4G Mobile Service (Yes / No)	\bigcirc \bigcirc
<210>	Actual Completion Date	
<211>	Project Status Description (attached)	528002_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	V
<215>	Status of Network Deployment - Maintenance	V
<216>	Project Budget Status	<u> </u>
<217>	Project Plan Status	V

(101) Cert	tification - Reporting Carrier	FCC Form 690	
			Approved by OMB
			OMB Control No. 3060-1185
			Page 7 of 8
<010>	Study Area Code	528002	
<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>

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: 528002 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	528002
<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 res agent; and, to the best of my knowledge, the reports and data	is authorized to submit the information reported on behalf of the reporting carrier. I sibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized vided 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:
, ,	hed by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment r 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 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 Age					
Study Area Code of Reporting Carrier:	Filing Due Date for this form:				
Persons willfully making false statements on this form ca	pe 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.				

Attachments

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

<010>	Study Area Code	528002
<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 Census Block by Service Block Reached Census Block (yes/no) (yes/no) Service (yes/no) State County 53043 53043960300 WA 0 0 1298.59 0.0 0.0 Yes

Percentage of					
Total Population					
Reached by					
Service					

0			

Percentage of Total Road Miles covered by Service

0			