

**FCC Form 481 - Carrier Annual Reporting
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0985/OMB Control No. 3060-0819
July 2018

| | |
|--|----------------------------|
| <010> Study Area Code | 529019 |
| <015> Study Area Name | Telrite Corporation |
| <020> Program Year | 2019 |
| <030> Contact Name: Person USAC should contact with questions about this data | Mark Lammert |
| <035> Contact Telephone Number: Number of the person identified in data line <030> | 4072601011 ext. |
| <039> Contact Email Address: Email of the person identified in data line <030> | regulatory@csilongwood.com |
| Form Type | 54.422 |

| | |
|--|--|
| (200) Service Outage Reporting (Voice) Data Collection Form | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2018 |
|--|--|

<010> Study Area Code 529019
<015> Study Area Name Teirite Corporation
<020> Program Year 2019
<030> Contact Name - Person USAC should contact regarding this data Mark Lamert
<035> Contact Telephone Number - Number of person identified in data line <030> 4072601011 ext.
<039> Contact Email Address - Email Address of person identified in data line <030> regulatory@cellongwood.com

<210> For the prior calendar year, were there any reportable voice service outages? _____

| <220> | <a> | <b1> | <b2> | <b3> | <b4> | <c1> | <c2> | <d> | <e> | <f> | <g> | <h> |
|-------|-----------------------|-------------------|-------------------|-----------------|-----------------|------------------------------|---------------------------|------------------------------------|---|--|---------------------------|-------------------------|
| | NORS Reference Number | Outage Start Date | Outage Start Time | Outage End Date | Outage End Time | Number of Customers Affected | Total Number of Customers | 911 Facilities Affected (Yes / No) | Service Outage Description (Check all that apply) | Did This Outage Affect Multiple Study Areas (Yes / No) | Service Outage Resolution | Preventative Procedures |
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(400) Number of Complaints per 1,000 customers
Data Collection Form

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July 2018

<010> Study Area Code 529019

<015> Study Area Name Telrite Corporation

<020> Program Year 2019

<030> Contact Name - Person USAC should contact regarding this data Mark Lambert

<035> Contact Telephone Number - Number of person identified in data line
<030> 4072601011 ext.

<039> Contact Email Address - Email Address of person identified in data line
<030> regulatory@csllongwood.com

<400> Select from the drop-down list to indicate how you would like to report voice complaints (zero or greater) for voice telephony service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize.

<410> Complaints per 1000 customers for fixed voice

<420> Complaints per 1000 customers for mobile voice

(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

| | | |
|-------|---|---------------------------|
| <01> | Study Area Code | 529019 |
| <015> | Study Area Name | Telrite Corporation |
| <020> | Program Year | 2019 |
| <030> | Contact Name - Person USAC should contact regarding this data | Mark Lammert |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 4072601011 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | regulatorysc@longwood.com |
| <515> | Certify compliance with applicable minimum service standards | |

| | |
|---|----------------------------|
| <010> Study Area Code | 529019 |
| <015> Study Area Name | Teirite Corporation |
| <020> Program Year | 2019 |
| <030> Contact Name - Person USAC should contact regarding this data | Mark Lammert |
| <035> Contact Telephone Number - Number of person identified in data line <030> | 4072401011 ext. |
| <039> Contact Email Address - Email Address of person identified in data line <030> | regulatory@callongwood.com |
| <600> Certify compliance regarding ability to function in emergency situations | |
| <610> Descriptive document for Functionality in Emergency Situations | |

| | | |
|--------------------|---|---------------------------------------|
| <010> | Study Area Code | 529019 |
| <015> | Study Area Name | Telrite Corporation |
| <020> | Program Year | 2019 |
| <030> | Contact Name - Person USAC should contact regarding this data | Mark Lammert |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 4072601011 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | regulatory@cellongwood.com |
| <810> | Reporting Carrier | Telrite Corporation dba Life Wireless |
| <811> | Holding Company | Not Applicable |
| <812> | Operating Company | Life Wireless Holdings, LLC |

| | <a1> Affiliates | <a2> SAC | <a3> Doing Business As Company or Brand Designation |
|-------|--------------------|-------------|--|
| <813> | | | |
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(1000) Voice and Broadband Service Rate Comparability
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2018

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| <010> | Study Area Code | 529019 |
| <015> | Study Area Name | Telrite Corporation |
| <020> | Program Year | 2019 |
| <030> | Contact Name - Person USAC should contact regarding this data | Mark Lammert |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 4072601011 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | regulatory@csalongwood.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

**(1100) No Terrestrial Backhaul Reporting
Data Collection Form**FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2018

| | | |
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| <010> | Study Area Code | 529019 |
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| <020> | Program Year | 2019 |
| <030> | Contact Name - Person USAC should contact regarding this data | Mark Lammert |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 4072601011 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | regulatory@csailongwood.com |

<1100> Certify whether terrestrial backhaul options exist (Y/N)

<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 kbps upstream within the supported area pursuant to § 54.313(g).

<1140> Alaska Plan rate-of-return certification (yes, no, or not applicable) of compliance with approved performance plan.

(1200) Terms and Condition for Lifeline Customers
Lifeline
Data Collection Form

FCC Form 481
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July 2018

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| <010> | Study Area Code | 529019 |
| <015> | Study Area Name | Telrite Corporation |
| <020> | Program Year | 2019 |
| <030> | Contact Name - Person USAC should contact regarding this data | Mark Lammert |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 4072601011 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | regulatory@csilongwood.com |

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220> Link to Public Website

HTTP <https://www.lifewireless.com/main/tac>

*Please check these boxes below to confirm that the attached document(s), on line 1210, or the website 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,
- <1223> Additional charges for toll calls, and rates for each such plan.

(2005) Price Cap Carrier Additional Documentation

Data Collection Form

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

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OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2018

| | |
|---|----------------------------|
| <010> Study Area Code | 529019 |
| <015> Study Area Name | Telrite Corporation |
| <020> Program Year | 2019 |
| <030> Contact Name - Person USAC should contact regarding this data | Mark Lannert |
| <035> Contact Telephone Number - Number of person identified in data line <030> | 4072601011 ext. |
| <039> Contact Email Address - Email Address of person identified in data line <030> | regulatory@cs1longwood.com |

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR 54.313(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

<2015> 2016 and future Frozen Support Certification 47 CFR § 54.313(c)(4)

Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}

<2016> Certification support used to build broadband

Connect America Phase II Reporting {47 CFR § 54.313(e)}

<2017A> Connect America Fund Phase II recipient?

<2017C> Total amount of Phase II support, if any, the price cap carrier used for capital expenditures in 2017.

<2018> Attach the number, names, and addresses of community anchor institutions to which the carrier newly began providing access to broadband service in the preceding calendar year - 54.313(e)(1)(ii)(A) Name of Attached Document Listing Required Information

<2019> Recipient certifies that it bid on category one telecommunications and Internet access services in response to all FCC Form 470 postings seeking broadband service that meets the connectivity targets for the schools and libraries universal service support program for eligible schools and libraries located within any area in a census block where the carrier is receiving Phase II model-based support, and that such bids were at rates reasonably comparable to rates charged to eligible schools and libraries in urban areas for comparable offerings - 54.313(e)(1)(ii)(C)

(3005) Rate Of Return Carrier Additional Documentation
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2018

| | | |
|-------|---|----------------------------|
| <010> | Study Area Code | 529019 |
| <015> | Study Area Name | Telrite Corporation |
| <020> | Program Year | 2019 |
| <030> | Contact Name - Person USAC should contact regarding this data | Mark Lammert |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 4072601011 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | regulatory@csilongwood.com |

CAF BLS Reporting

- (3008A) Please indicate whether new locations were deployed during the prior calendar year. (Yes/No)
- (3008B) Please enter the number of new locations deployed in the prior calendar year associated with each of the following speed tiers.
- (3008B1) Number of newly built locations with access to broadband speeds of at least 10/1 Mbps but less than 25/3 Mbps.
- (3008B2) Number of newly built locations with access to broadband speeds of 25/3 Mbps or higher.
- (3008C) Please provide the percentage of deployment across the entire study area.

| | | |
|-------|---|----------------------------|
| <010> | Study Area Code | 529019 |
| <015> | Study Area Name | Telrite Corporation |
| <020> | Program Year | 2019 |
| <030> | Contact Name - Person USAC should contact regarding this data | Mark Lammert |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 4072601011 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | regulatory@csilongwood.com |

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

| | | | |
|---------|--|--|---|
| (3009) | Progress Report on 5 Year Plan Carrier certifies to 54.313(f)(1)(iii) | | |
| (3010A) | Certification of Public Interest Obligations (47 CFR § 54.313(f)(1)(i)) | | |
| (3010B) | Please Provide Attachment | Name of Attached Document Listing Required Information | <input type="text"/> |
| (3012A) | Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii)) | | |
| (3012B) | Please Provide Attachment | Name of Attached Document Listing Required Information | <input type="text"/> |
| (3013) | Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2)) | (Yes/No) | <input type="radio"/> <input type="radio"/> |
| (3014) | If yes, does your company file the RUS annual report | (Yes/No) | <input type="radio"/> <input type="radio"/> |
| | 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: | | |
| (3015) | Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers) | | <input type="checkbox"/> |
| (3016) | Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows | | <input type="checkbox"/> |
| (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 | <input type="text"/> |
| (3018) | If the response is no on line 3014, is your company audited? | (Yes/No) | <input type="radio"/> <input type="radio"/> |
| | 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 Borrowers | | <input type="checkbox"/> |
| (3020) | Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows | | <input type="checkbox"/> |
| (3021) | Management letter and/or audit opinion issued by the independent certified public accountant that performed the company's financial audit. | | <input type="checkbox"/> |
| | 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 | | <input type="checkbox"/> |
| (3023) | Underlying information subjected to a review by an independent certified public accountant | | <input type="checkbox"/> |
| (3024) | Underlying information subjected to an officer certification. | | <input type="checkbox"/> |
| (3025) | Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows | | <input type="checkbox"/> |
| (3026) | Attach the worksheet listing required information | Name of Attached Document Listing Required Information | <input type="text"/> |

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| (3005) Rate Of Return Carrier Additional Documentation (Continued) Data Collection Form | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
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|----------------------------|---|---------------------------|
| <small><010></small> | Study Area Code | 529019 |
| <small><015></small> | Study Area Name | Teirite Corporation |
| <small><020></small> | Program Year | 2019 |
| <small><030></small> | Contact Name - Person USAC should contact regarding this data | Mark Lamert |
| <small><035></small> | Contact Telephone Number - Number of person identified in data line <030> | 4072401011 ext. |
| <small><039></small> | Contact Email Address - Email Address of person identified in data line <030> | regulatory@callongood.com |

Financial Data Summary

| | |
|---|--|
| (3027) Revenue | |
| (3028) Operating Expenses | |
| (3029) Net Income | |
| (3030) Telephone Plant In Service(TPIS) | |
| (3031) Total Assets | |
| (3032) Total Debt | |
| (3033) Total Equity | |
| (3034) Dividends | |

Name of Attached Document Listing Required Information

| | | |
|-------|---|----------------------------|
| <010> | Study Area Code | 529019 |
| <015> | Study Area Name | Telrite Corporation |
| <020> | Program Year | 2019 |
| <030> | Contact Name - Person USAC should contact regarding this data | Mark Lambert |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 4072601011 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | regulatory@cel1ongwood.com |

4005 Rural Broadband Experiment

Authorized Rural Broadband Experiment (RBE) recipients must address the certification for public interest obligations and provide a list of newly served community anchor institutions.

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 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.

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

| | | |
|-------|---|--------------------------------|
| <010> | Study Area Code | 529019 |
| <015> | Study Area Name | Teletite Corporation |
| <020> | Program Year | 2019 |
| <030> | Contact Name - Person USAC should contact regarding this data | Mark Lamert 4072821011 EXT. |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | regulatory@csilongwood.com |

5005 Alaska Plan

- (5010) Do you participate in the Alaska plan? (Yes/No)

- (5011) Please indicate whether any terrestrial backhaul or other satellite backhaul became commercially available in the previous calendar year in areas previously served exclusively by performance-limiting satellite backhaul. (Yes/No)

- (5012) If the filing carrier identified in its approved performance plans that it relies exclusively on satellite backhaul for a certain poriton of the population in its service area, indicate whether any terrestrial backhaul or other satellite backhaul became commercially available in the previoius calendar year in areas that were previously served exclusively by satellite backhaul. (Yes/No)

| <5013> | <a> | | <c> |
|--------|------------------------------------|-------------------------|--------------------------------------|
| | Description Of Backhaul Technology | Date Backhaul Available | Newly Served Locations or Population |
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| Certification - Reporting Carrier Data Collection Form | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2018 |
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| <010> Study Area Code | 529019 |
| <015> Study Area Name | Telrite Corporation |
| <020> Program Year | 2019 |
| <030> Contact Name - Person USAC should contact regarding this data | Mark Lammert |
| <035> Contact Telephone Number - Number of person identified in data line <030> | 4072601011 ext. |
| <039> Contact Email Address - Email Address of person identified in data line <030> | regulatory@csilongwood.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: Telrite Corporation | |
| Signature of Authorized Officer: CERTIFIED ONLINE | Date 07/06/2018 |
| Printed name of Authorized Officer: Kelly Jesel | |
| Title or position of Authorized Officer: CFO | |
| Telephone number of Authorized Officer: 6782021294 ext. | |
| Study Area Code of Reporting Carrier: 529019 | Filing Due Date for this form: 07/02/2018 |
| 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. | |

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| Certification - Agent / Carrier Data Collection Form | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2018 |
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| <039> Contact Email Address - Email Address of person identified in data line <030> | regulatory@csilongwood.com |

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

| Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier | |
|--|--------------------------------------|
| I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate. | |
| Name of Authorized Agent: _____ | |
| Name of Reporting Carrier: _____ | |
| Signature of Authorized Officer: _____ | Date: _____ |
| Printed name of Authorized Officer: _____ | |
| Title or position of Authorized Officer: _____ | |
| Telephone number of Authorized Officer: _____ | |
| Study Area Code of Reporting Carrier: _____ | Filing Due Date for this form: _____ |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | |

TO BE COMPLETED BY THE AUTHORIZED AGENT:

| Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier | |
|--|--------------------------------------|
| I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate. | |
| Name of Reporting Carrier: _____ | |
| Name of Authorized Agent Firm: _____ | |
| Signature of Authorized Agent or Employee of Agent: _____ | Date: _____ |
| Name of Authorized Agent Employee: _____ | |
| Title or position of Authorized Agent or Employee of Agent: _____ | |
| Telephone number of Authorized Agent or Employee of Agent: _____ | |
| Study Area Code of Reporting Carrier: _____ | Filing Due Date for this form: _____ |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act 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



FCC Form 481

Section 500 – Service Quality Standards & Consumer Protection Rules Compliance

Under FCC Rules, Section 54.202, an ETC must comply that it will satisfy applicable consumer protection and service quality standards. Telrite Corporation d/b/a Life Wireless (Telrite) is in compliance with the Cellular Telecommunications and Internet Association's Consumer Code for Wireless Service.

1. Telrite discloses rates and terms of service to customers at the time service is initiated. These same terms and conditions are posted on Telrite's website at www.lifewireless.com.
2. Telrite provides service availability information on their website at www.lifewireless.com.
3. Telrite provides contract terms to subscribers when they initiate or change service. These same terms are provided to subscribers during the annual recertification process as outlined in Commission rules that govern continued subscriber eligibility.
4. Telrite's Lifeline service can be terminated at any time by either party without an early termination fee. Service is dependent on continued usage and eligibility in the program.
5. Telrite provides disclosures, minutes included in Lifeline plans, expiration of rollover minutes, availability of service, and cost for additional minutes in published Lifeline advertising materials.
6. Telrite customers are provided options if they exceed the number of minutes provided in their Lifeline plan. If at any time a customer purchases additional minutes, charges and plan options are available on the company website at www.lifewireless.com.
7. Telrite's toll-free customer service number is 888-543-3620. Customers may also dial 611 from their Life Wireless handset to reach customer service free of charge or by contacting Telrite via email at info@lifewireless.com. This information is provided in the terms of service and on the company website and in all information provided to subscribers.
8. Telrite responds to all consumer inquiries and complaints received from government agencies within 30 days.
9. Telrite has procedures in place to maintain the privacy of subscriber proprietary information in accordance with applicable federal and state laws.
10. Telrite has available to Lifeline customers an online portal where customers can check their balances and purchase additional minutes.



FCC Form 481

Section 600 - Functionality in Emergency Situations

Under FCC Rules, an ETC must demonstrate its ability to remain functional in emergency situations. Since Telrite Corporation d/b/a Life Wireless (Telrite) is providing service to its customers through the use of facilities obtained from other carriers, it is able to provide to its customers the same ability to remain functional in emergency situations as currently provided by the carriers to their own customers, including access to a reasonable amount of back-up power to ensure functionality without an external power source, re-routing traffic around damaged facilities, and the capability of managing traffic spikes resulting from emergency situations.

Telrite, along with their underlying carriers, have created back-up systems to ensure functionality in the event of a loss of power or network functionality. Telrite maintains its own diesel-powered backup generator at their switching facility in Georgia. All systems within the facility are implemented on redundant servers, each with redundant data network and power.