

<010> Study Area Code	528003
<015> Study Area Name	T-Mobile West LLC
<020> Program Year	2015
<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>	4253834000 ext. 4215
<039> Contact Email: Email of the person identified in data line <030>	rhonda.thomas63@t-mobile.com

*(check box when complete)*

<040> <b>Has the information required pursuant to §54.1009 been provided with a Form 481 filing (Y/N)</b>		<input checked="" type="radio"/> <input type="radio"/>
<041> Attach a description of the documents filed with the Form 481 reporting	<041>	<div style="border: 1px solid black; padding: 2px; min-height: 40px;">                     041 Description of the documents filed with the Form 481 reporting.pdf                 </div>
<042> Cite the Study Area Code (SAC) for the Form 481 reporting	<042>	<div style="border: 1px solid black; padding: 2px; min-height: 20px;">                     529013                 </div>
<050> <u>C # @</u> <span style="float: right;"><i>(complete attached worksheet)</i></span>	<050>	<input checked="" type="checkbox"/>
<060> <b>Coverage and Performance Report</b> <span style="float: right;"><i>(complete attached worksheet)</i></span>	<060>	<input checked="" type="checkbox"/>
<070> <b>Urban Rate Comparability Certification</b> <span style="float: right;"><i>(complete attached certification)</i></span>	<070>	<input checked="" type="checkbox"/>
<080> <b>Tribal Lands Reporting (y/n?)</b> <span style="float: right;"><i>(Does this study area cover tribal lands? Yes or No)</i></span>	<080>	<input type="checkbox"/> <input checked="" type="radio"/>
<span style="float: right;"><i>(If yes, complete the attached worksheet)</i></span>		
<090> <b>Project Update Information</b> <span style="float: right;"><i>(complete attached worksheet)</i></span>	<090>	<input checked="" type="checkbox"/>
<100> <b>Certifications</b>		
<101> Reporting Carrier Certification <span style="float: right;"><i>(complete attached certification)</i></span>	<101>	<input checked="" type="checkbox"/>
<102> Agent Certification <span style="float: right;"><i>(complete attached certification)</i></span>	<102>	<input type="checkbox"/>

**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.

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**Reporting Carrier / Mobility Fund Phase 1 Winning Bidder**

<110>	FCC Registration Number	0002837276
<111>	Filing Carrier Name	T-Mobile West LLC
<112>	Winning Bidder Carrier Name	T-Mobile West LLC
<113>	Street Address (or PO Box)	12920 SE 38th Street
<114>	City	Bellevue
<115>	State	WA
<116>	Zip-Code	98006
<117>	Telephone Number	4253834000 ext.4215
<118>	Fax Number	4253837180
<119>	Email Address	rhonda.thomas63@t-mobile.com

**Contact Information**

if same as above, indicate in this box



<120>	Name (First, MI, Last, Suffix)	Rhonda R. Thomas
<121>	Filing Carrier Name	T-Mobile West LLC
<122>	Street Address (or PO Box)	12920 SE 38th Street
<123>	City	Bellevue
<124>	State	WA
<125>	Zip-Code	98006
<126>	Telephone Number	4253834000 ext.4215
<127>	Fax Number	4253837180
<128>	Email Address	rhonda.thomas63@t-mobile.com

**Authorized Agent Information**

if no agent, indicate in this box



<130>	Name (First, MI, Last, Suffix)	
<131>	Company	
<132>	Street Address (or PO Box)	
<133>	City	
<134>	State	
<135>	Zip-Code	
<136>	Telephone Number	
<137>	Fax Number	
<138>	Email Address	

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<140>	Coverage and Performance Report Year	04/2015 - 06/2015

Drivetest Shapefile.zip, Read me\_prediction files and supporting docs.zip, T-Mobile SAC 528003-Propagation.zip

Coverage and Performance attachments

<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<c1>	<c2>	<c3>	<d>	
State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performance data is uploaded (Yes/no)	
				-- See attached worksheet						
			--							

Percentage of Total Population Reached by Service

0

Percentage of Total Road Miles covered by Service

86

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

<b>Certification of Officer or Employee as to Compliance with 47 CFR §54.1009(a)(4)</b>	
I 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.	
Name of Reporting Carrier:	T-Mobile West LLC
Signature of Authorized Officer:	CERTIFIED ONLINE Date 06/25/2015
Printed name of Authorized Officer:	Chris Miller
Title or position of Authorized Officer:	VP, Tax
Telephone number of Authorized Officer:	4253835931 ext.
Study Area Code of Reporting Carrier:	528003 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.	

**TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:**

<b>Certification of Officer or Employee to authorize an Agent to file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier</b>	
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 or employee of the 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 reports 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:	
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 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:**

<b>Certification of Agent Authorized to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier</b>	
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 Agent:	
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:
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<142> State \_\_\_\_\_

<143> County \_\_\_\_\_

<144> Tribal Land(s) on which ETC Serves \_\_\_\_\_

<145> Tribal Government Engagement Obligation

*Name of Attached Document (.pdf)*

If your company serves Tribal lands, please select (Yes, No, Not Applicable) for each of these boxes to confirm the status described on the attached PDF, on line 145, demonstrates coordination with the Tribal government pursuant to § 54.1004 includes:

- <146> Needs assessment and deployment planning with a focus 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
- <154> Compliance with Tribal Business and Licensing requirements.

Select (Yes, No, Not Applicable)

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<200>	Date Authorized to Receive Support	06/24/2013
<201>	Targeted Completion Date	06/24/2015
<202>	Total Mobility Fund Support Awarded	1825966.38
<203>	Total Mobility Fund Support Disbursed	608655.46

<210> Actual Completion Date

<211> Project Status Description (attached)   
 {Name of PDF attached}

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.

<212>	Status of Network Deployment - Network Design	<input checked="" type="checkbox"/>
<213>	Status of Network Deployment - Construction	<input checked="" type="checkbox"/>
<214>	Status of Network Deployment - Deployment	<input checked="" type="checkbox"/>
<215>	Status of Network Deployment - Maintenance	<input checked="" type="checkbox"/>
<216>	Project Budget Status	<input checked="" type="checkbox"/>
<217>	Project Plan Status	<input checked="" type="checkbox"/>

<218> Certify Network will Support 3G/4G Mobile Service (Yes / No)

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

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

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the 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.

Name of Reporting Carrier:	T-Mobile West LLC	
Signature of Authorized Officer:	CERTIFIED ONLINE	Date 06/25/2015
Printed name of Authorized Officer:	Chris Miller	
Title or position of Authorized Officer:	VP, Tax	
Telephone number of Authorized Officer:	4253835931 ext.	
Study Area Code of Reporting Carrier:	528003	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.

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

<b>Certification of Officer to Authorize an Agent to File for Mobility Fund Recipients on Behalf of Reporting Carrier</b>	
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 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:**

<b>Certification of Agent Authorized to File for Mobility Fund Recipients on Behalf of Reporting Carrier</b>	
I, as agent for the reporting carrier, certify that I am authorized to submit the 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 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

(060) Coverage and Performance Report

FCC Form 690  
Approved by OMB  
OMB Control No. 3060-1185

<010> Study Area Code 528003  
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<140> Coverage and Performance Report Year 04/2015 - 06/2015

<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<c1>	<c2>	<c3>	<d>
State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performance data is uploaded (yes/no)
WA	53043	53043960400	0	0	0	810.46	■	■	Yes

Percentage of Total Population Reached by Service

0

Percentage of Total Road Miles covered by Service

■

## Attachment

The following attachments are submitted in native file format:

- Drivetest Shapefiles.zip
- Read me\_prediction files and supporting docs on USB.zip
- T-Mobile SAC 528003-Propagation.zip

**Description of Documents Filed With FCC Form 481**

FCC Form 690 Line 040 asks “Has the information required pursuant to §54.1009 been provided with a Form 481 filing (Y/N)?” and provides for including a description of the documents filed with the Form 481 report. The annual reporting requirements applicable to Mobility Fund recipients is based upon 47 C.F.R. § 54.1009, whereas the annual reporting requirements applicable to other high cost support recipients and Lifeline providers is based upon 47 C.F.R. §§ 54.313 and 54.422. The only common annual reporting requirements between Mobility Fund recipients and other high cost recipients/Lifeline providers is (i) the urban rate comparability certification and (ii) the tribal lands reporting.

In this FCC Form 690 annual report, T-Mobile includes its Urban Rate Comparability Certification (070), and there are no Tribal Lands within T-Mobile’s Mobility Fund service area. Nevertheless, T-Mobile is submitting FCC Form 481 for its Mobility Fund service area addressing the applicable reporting requirements, including the Terms and Conditions of Lifeline service being provided within its Mobility Fund service area. The Terms and Conditions of Lifeline service document includes a description of the rates, terms and conditions of Lifeline service available to qualified low-income consumers within T-Mobile’s Mobility Fund service area.

**T-Mobile West LLC**

**Project Description Status Update for CT 53043960400**

## Background

On June 24, 2013, T-Mobile West LLC (“T-Mobile”) was awarded Phase I Mobility Fund support to serve Census Tract T53043960400 (the “Tract”) with 3G service.<sup>1</sup> Based on Federal Communications Commission (“FCC”) rules, winning bidders shall “submit an annual report no later than July 1 of each year for the five years after it was so authorized”...that includes, among other things, “updates to the information provided in §54.1005(b)(2)(v).”<sup>2</sup>

T-Mobile is submitting this Project Description Status Update which includes an update to the “detailed project description that describes the network, identifies the proposed technology, demonstrates that the project is technically feasible, discloses the budget and describes each specific phase of the project, e.g., network design, construction, deployment, and maintenance.”<sup>3</sup>

## Project Description

Assuming T-Mobile is authorized to receive support in 1Q2013, the Company anticipates that it will commence the build out of network facilities in 1Q2013 and conclude in 1Q2015. T-Mobile will deploy 3G “UMTS” technology in the unserved areas of Census Tract T53043960400.

Depending on the outcome of engineering design work, the Company will use either Personal Communications Service (“PCS”) spectrum at 1900 MHz or Advanced Wireless Services (“AWS”) spectrum at 1.7/2.1 GHz to provide 3G service in Census Tract T53043960400.

Preliminary computer modeling of the radio frequency (“RF”) design for providing 3G service in unserved areas within Census Tract T53043960400 indicates that approximately six (6) new cell site facilities will be required. T-Mobile has established a budget of approximately

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<sup>1</sup> FCC Public Notice, Mobility Fund Phase I Support Authorized for 42 Winning Bids, DA 13-1249, June 24, 2013.

<sup>2</sup> 47 C.F.R. 54.1009(a)(6)

<sup>3</sup> 47 C.F.R. 54.1005(b)(2)(v)

\$1,825,966 for capital expenditures for this project, which is consistent with the amount of Mobility Fund Phase I support to be received. At this time, T-Mobile does not anticipate that it will need additional funds for capital expenditures to meet the build-out requirements in 47 C.F.R. § 54.1006, but, to the extent additional funding is required, either for capital expenditures or for operational expenses, it will be provided by the Company.

## **Project Status Update**

### **Status of Network Deployment**

#### Network Design

T-Mobile has deployed 3G “HSPA” technology in the unserved areas of the Tract using a combination of PCS and AWS spectrum at 1.7/2.1 GHz.

#### Deployment

The deployment of HSPA technology enables T-Mobile to meet all public interest obligations associated with Mobility Fund support, including a download throughput of at least 200 Kbps and a upload throughput of at least 50 Kbps.

#### Construction

T-Mobile constructed █ new sites in the Tract to cover all or part of the previously unserved areas in the Tract including the road miles identified by the FCC with 3G wireless service. A number of different initiatives were undertaken to deploy new 3G services in unserved areas, including, but not limited to, upgrading existing T-Mobile facilities, building new sites collocated on existing towers, and/or constructing new towers built from the ground up (“greenfield” sites). New network facilities constructed in the Tract are interconnected to T-Mobile’s national network through switching infrastructure and backhaul facilities using copper, fiber, or microwave connections. No major problems arose during the construction in the Tract,

although T-Mobile had to overcome a number of challenges, including the acquisition and construction of greenfield sites and associated zoning, construction, and backhaul issues.

### Maintenance

Having recently completed construction of the network in the Tract, T-Mobile has now entered the maintenance phase of its construction and has undertaken initial efforts to maintain the service it extended covering the previously unserved areas including routine maintenance procedures, validating network accessibility, load balancing and other things to optimize performance. T-Mobile will continue these efforts and maintain the network as appropriate.

### Project Plan and Budget Status

T-Mobile has, and will continue to, use universal service support for its winning bid in the Tract to construct, operate and maintain new wireless facilities to provide service in unserved areas. The overall project plan for serving the Tract was to integrate new network facilities and coverage into T-Mobile's national network that served the residents of and visitors to the Tract. T-Mobile was able to accomplish this objective, which has allowed residents of and visitors to the Tract to realize the benefits of access to T-Mobile's nationwide network.

Overall, T-Mobile was able to complete construction and commence operations under the Project Plan within budget. The budget for construction and operation of 3G service in the Tract was based, at least in part, on the availability of Mobility Fund support. In addition to initial construction costs, T-Mobile has and will incur on-going operational costs, maintenance costs, and other costs associated with the operation of network facilities in the Tract. T-Mobile was approved for Mobility Fund support for the Tract in the amount of \$1,825,966.38, of which it has already received \$608,655.46. T-Mobile will use the second and final disbursements of Mobility Fund support to cover costs already borne associated with the construction of network facilities as well as on-going operational, maintenance and other related costs.