FCC Fo	rm 481 - Carrier Annual Reporting Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	529015	
<015>	Study Area Name	YourTel America Inc.	
<020>	Program Year	2017	
<030>	Contact Name: Person USAC should contact with questions about this data	Matt Dean	
<035>	Contact Telephone Number: Number of the person identified in data line <030>	4057558177 ext.103	
<039>	Contact Email Address: Email of the person identified in data line <030>	mdean@telecompliance.net	
	Form Type	54.422	

(100) 6	ervice Quality Improvement Reporting			FCC Form 481
	ollection Form			OMB Control No. 3060-0986/OMB Control No. 3060-0819
				July 2013
<010>	Study Area Code	529015		
<015>	Study Area Name	YourTel America	Inc.	
<020>	Program Year	2017		
<030>	Contact Name - Person USAC should contact regarding this data	Matt Dean		
<035>	Contact Telephone Number - Number of person identified in data line <030>	4057558177 ext.1)3	
<039>	Contact Email Address - Email Address of person identified in data line <030>	mdean@telecompli	ance.net	
<110>	Has your company received its ETC certification from the FCC?	(yes / no	00	
	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5	, ,	$\cdot \cap \cap$	
<111>	year plan" filed with the FCC?	(yes / no	100	
<112>	If your answer to Line <111> is yes, please 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.	company is a		
	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 fiv 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 Document
<113>	Maps detailing progress towards meeting plan targets			
<114>	Report how much universal service (USF) support was received			
<115>	How much (USF) was used to improve service quality and how support was used to impr	ove service quality		7
<116>	How much (USF) was used to improve service coverage and how support was used to im	prove service coverage		
<117>	How much (USF) was used to improve service capacity and how support was used to imp	-		╡
<118>	Provide an explanation of network improvement targets not met in the prior calendar year.	, ,		

(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	529015
<015>	Study Area Name	YourTel America Inc.
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Matt Dean
<035>	Contact Telephone Number - Number of person identified in data line <030>	4057558177 ext.103
<039>	Contact Email Address - Email Address of person identified in data line <030>	mdean@telecompliance.net

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

<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 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

•	fulfilled Service Request lection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	529015	
<015>	Study Area Name	YourTel America Inc.	
<020>	Program Year	2017	
<030>	Contact Name - Person USAC should contact regarding this data	Matt Dean	
<035>	Contact Telephone Number - Number of person identified in data line <0	030> 4057558177 ext.103	
<039>	Contact Email Address - Email Address of person identified in data line <	030> mdean@telecompliance.net	
<300> L	Infulfilled service request (voice)		
<310> I	Detail on attempts (voice)		
<320>	Unfulfilled service request (broadband)	Name of Attached Document	
<330>	Detail on attempts (broadband)	Name of Attached Document	

(400) Number of Complaints per 1,000 customers	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	529015
<015>	Study Area Name	YourTel America Inc.
<020>	Program Year	2017
<030>	Contact Name - Person USAC should cont	act regarding this data Matt Dean
<035>	Contact Telephone Number - Number of p <030>	person identified in data line 4057558177 ext.103
<039>	Contact Email Address - Email Address of <030>	person identified in data line mdean@telecompliance.net
<400>	Select from the drop-down list to indicate voice complaints (zero or greater) for voice calendar year for each service area in which any facilities you own, operate, lease, or o	e telephony service in the prior ch you are designated an ETC for
<410>	Complaints per 1000 customers for fixed v	voice
<420>	Complaints per 1000 customers for mobile	e voice
<430>	Select from the drop-down list to indicate end-user customer complaints (zero or gro the prior calendar year for each service ar an ETC for any facilities you own, operate,	eater) for broadband service in ea in which you are designated
<440>	Complaints per 1000 customers for fixed by	proadband
<450>	Complaints per 1000 customers for mobile	e broadband

(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
<010>	Study Area Code	529015	
<015>	Study Area Name	YourTel America Inc.	
<020>	Program Year	2017	
<030>	Contact Name - Person USAC should contact regarding this data	Matt Dean	
<035>	Contact Telephone Number - Number of person identified in data line <030>	4057558177 ext.103	
<039>	Contact Email Address - Email Address of person identified in data line <030>	mdean@telecompliance.net	
<500>	Certify compliance with applicable service quality standards and consumer pro-	otection rules	
<510>	Descriptive document for Service Quality Standards & Consumer Protection Ru	ules Compliance	

-	unctionality in Emergency Situations ollection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	529015	
<015>	Study Area Name	YourTel America Inc.	
<020>	Program Year	2017	
<030>	Contact Name - Person USAC should contact regarding this data	Matt Dean	
<035>	Contact Telephone Number - Number of person identified in data line <030>	4057558177 ext.103	
<039>	Contact Email Address - Email Address of person identified in data line <030>	mdean@telecompliance.net	
<600>	Certify compliance regarding ability to function in emergency situations		
<610>	Descriptive document for Functionality in Emergency Situations		

(700) Price Offerings including Voice Rate Data Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010> Study Area Code	529015	
<015> Study Area Name	YourTel America Inc.	
<020> Program Year	2017	
<030> Contact Name - Person USAC should contact regarding this data	Matt Dean	
<035> Contact Telephone Number - Number of person identified in data I	ine <030> 4057558177 ext.103	
<039> Contact Email Address - Email Address of person identified in data	line <030> mdean@telecompliance.net	
<701> Residential Local Service Charge Effective Date 1/1/2016 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 Fees
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ŀ									
ŀ									+
Į									

(710) Broadbrand Price Offerings	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

<010>	Study Area Code 5	29015
<015>	Study Area Name	YourTel America Inc.
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Matt Dean
<035>	Contact Telephone Number - Number of person identified in data line <030>	4057558177 ext.103
<039>	Contact Email Address - Email Address of person identified in data line <030>	mdean@telecompliance.net

<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 }

	erating Companies ection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	529015
<015>	Study Area Name	YourTel America Inc.
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Matt Dean
<035>	Contact Telephone Number - Number of person identified in data line <030>	4057558177 ext.103
<039>	Contact Email Address - Email Address of person identified in data line <030>	mdean@telecompliance.net
<810>	Reporting Carrier YourTel America	

<811> Holding Company

<812> Operating Company

Not Applicable

NA

<813>	<a1></a1>	<a2></a2>	<a3></a3>
	Affiliates	SAC	Doing Business As Company or Brand Designation
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-	See atta	ached workshe	et
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(900) Tri	ibal Lands Reporting	FCC Form 481	
Data Co	llection Form	OMB Control No. 3060-0986/OMB Control No. 3060	0-0819
		July 2013	
<010>	Study Area Code	529015	
<015>	· · · · · · · · · · · · · · · · · · ·	YourTel America Inc.	
<020>	Program Year	2017	
<030>		Matt Dean	
<035>	Contact Telephone Number - Number of person identified in data line <030>	4057558177 ext.103	
<039>	Contact Email Address - Email Address of person identified in data line <030>	mdean@telecompliance.net	
<900>	Does the filing entity offer tribal land services? (Y/N)		
<910>	Tribal Land(s) on which ETC Serves		
<920>	Tribal Government Engagement Obligation	Name of Attached Document	
to confi	company serves Tribal lands, please select (Yes,No, NA) for each these boxes irm the status described on the attached document(s), on line 920, strates coordination with the Tribal government pursuant to 3(a)(9) includes:	Select Yes or No or Not Applicable	
<921> <922> <923> <924> <925> <926> <927> <928> <927> <928> <929>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions. Feasibility and sustainability planning; Marketing services in a culturally sensitive manner; Compliance with Rights of way processes Compliance with Land Use permitting requirements Compliance with Facilities Siting rules Compliance with Environmental Review processes Compliance with Cultural Preservation review processes Compliance with Tribal Business and Licensing requirements.		

	oice and Broadband Service Rate Comparability ection Form	FCC For OMB Co July 20	ontrol No. 3060-0986/OMB Control No. 3060-0819
<010>	Study Area Code	529015	
<015>	Study Area Name	YourTel America Inc.	
<020>	Program Year	2017	
<030>	Contact Name - Person USAC should contact regarding this data	Matt Dean	
<035>	Contact Telephone Number - Number of person identified in data line <030>	4057558177 ext.103	
<039>	Contact Email Address - Email Address of person identified in data line <030>	mdean@telecompliance.net	
<1000>	Voice services rate comparability certification		
<1010>	Attach detailed description for voice services rate comparability compliance	Name of Attached Document	
		Name of Attached Document	
<1020>	Broadband comparability certification		
<1030>	Attach detailed description for broadband comparability compliance	Name of Attached Decument	
		Name of Attached Document	

(
(1100) N	o Terrestrial Backhaul Reporting		FCC Form 481
Data Col	lection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	529015	
<015>	Study Area Name	YourTel America Inc.	
<020>	Program Year	2017	
<030>	Contact Name - Person USAC should contact regarding this data	Matt Dean	
<035>	Contact Telephone Number - Number of person identified in data line <030>	4057558177 ext.103	
<039>	Contact Email Address - Email Address of person identified in data line <030>	mdean@telecompliance.net	
<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 upstream within the supported area pursuant to § 54.313(g).	s kbps	

(1200) Te	rms 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	529015
<015>	Study Area Name	YourTel America Inc.
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Matt Dean
<035>	Contact Telephone Number - Number of person identified in data line <030>	4057558177 ext.103
<039>	Contact Email Address - Email Address of person identified in data line <030>	mdean@telecompliance.net
<1210>	Terms & Conditions of Voice Telephony Lifeline Plans	
		Name of Attached Document
<1220>	Link to Public Website HTTP h	ttps://www.terracomwireless.com/terms.php
or the we	neck these boxes below to confirm that the attached document(s), on line 1210, bsite listed, on line 1220, contains the required information pursuant to (a)(2) annual reporting for ETCs receiving low-income support, carriers must 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.	

	ap Carrier Additional Documentation			CC Form 481
Data Collectio	n Form			OMB Control No. 3060-0986/OMB Control No. 3060-0819
Including Rate	-of-Return Carriers affiliated with Price Cap Local Exchange Carriers		J	uly 2013
<010> Stud	dy Area Code	529015		
	dy Area Name	YourTel America Inc.		
	gram Year	2017		
<030> Con	tact Name - Person USAC should contact regarding this data	Matt Dean		
<035> Con	tact Telephone Number - Number of person identified in data line <030>	4057558177 ext.103		
<039> Con	tact Email Address - Email Address of person identified in data line <030>	mdean@telecompliance.ne	t	
and Conne	ppropriate responses below (Yes, No, Not Applicable) to note ct America Phase II support as set forth in 47 CFR § 54.313(b)			
Inc	remental Connect America Phase I reporting			
<2010>	2nd Year Certification 47 CFR § 54.313(b)(1)(i) - Note 2016 certification, this applies to Round 2 recipients (Support	•		
<2011>	3rd Year Certification 47 CFR § 54.313(b)(1)(ii) - Note 2016 certification, this applies to Round 1 recipients (Support	-		
<2022>	Recipient certifies, representing year two after filing acceptance of funding pursuant to 54.312(c), that the question are not receiving support under the Broadb Program or the Broadband Technology Opportunities projects that will provide broadband with speeds of a Mbps/1Mbps - 54.313(b)(2)(i). Round 2 recipients or	e locations in and Initiatives s Program for it least 4		
<2023>	The attachment on line 2024 includes a statement of capital funding expended in the previous year in mee America Phase I deployment obligations, accompanie blocks indicating where funding was spent. This cove 54.313(b)(2)(ii). Round 2 recipients only.	ting Connect ed by a list of census		
<2024A>	Round 2 Recipient of Incremental Support?			
<2024B>	Attach list of census blocks indicating where funding two - 54.313(b)(2)(ii). Round 2 recipients only.	was spent in year	Name of Attached Document List Required Information	ng
<2025A>	Round 1 or Round 2 Recipient of Incremental Suppor	t?		
	,			
<2025B>	Attach geocoded Information for Phase I milestone re year three and Round 2 for year two) - Connect Amer Docket 10-90, Report and Order, FCC 13-	-	Name of Attached Document List Required Information	ng
<2015>	2016 and future Frozen Support Certification 47 CFR	§ 54.313(c)(4)		

Data Collection Forr	rrier Additional Documentation (Continued) m eturn Carriers affiliated with Price Cap Local Exchange Carriers	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013	
<2016>	Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)} Certification support used to build broadband America Phase II Reporting {47 CFR § 54.313(e)}		
<2017A>	Connect America Fund Phase II recipient?		
<2017B>	Attach information for Phase II - 54.313(e)(1) - list of geocoded locations already meeting the 54.309 public interest obligations at the end of calendar year 2015 and total amount of Phase II support, if any, the price	Name of Attached Document Listing Required Information	
<2018>	cap carrier used for capital expenditures in 2015. 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)(2)(ii)	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)(2)(v)		
<2020>	Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 40% of its supported locations in the state on December 31, 2017 - 54.313(e)(3)		
<2021>	Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 60% of its supported locations in the state on December 31, 2018 - 54.313(e)(4)		
<2026>	Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 80% of its supported locations in the state on December 31, 2019 - 54.313(e)(5)		
<2027>	Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 100% of its supported locations in the state on December 31, 2020 - 54.313(e)(6)		

(3005) Rate Of Return Carrier Additional Documentation	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	529015
<015>	Study Area Name	YourTel America Inc.
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Matt Dean
<035>	Contact Telephone Number - Number of person identified in data line <030>	4057558177 ext.103
<039>	Contact Email Address - Email Address of person identified in data line <030>	mdean@telecompliance.net

Complete the items below to note compliance with five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring 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)	Milestone Certification {47 CFR § 54.313(f)(1)(i)}	Г	
(3010B)	Please Provide Attachment	Name of Attached Document Listing Required Information	
(3012A)	Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}		
(3012B)	Please Provide Attachment	Name of Attached Document Listing Required	
(3013)	Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)}	Information (Yes/No)	
(3014)	If yes, does your company file the RUS annual report	(Yes/No)	
(3015)	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: Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)		
(3016)	Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows		
(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	
(3018)	If the response is no on line 3014, is your company audited? If the response is yes on line 3018, please check the boxes below to confirm your submission on line	(Yes/No)	
(3019)	3026 pursuant to § 54.313(f)(2), contains: Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS		
(3020)	Operating Report for Telecommunications Borrowers Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows		
(3021)	Management letter and/or 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 independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers		
(3023)	Underlying information subjected to a review by an independent certified public accountant		
(3024)	Underlying information subjected to an officer certification.		
(3025)	Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows		
(3026)	Attach the worksheet listing required information	Name of Attached Document Listing Required Information	

(3005) 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	529015
<015>	Study Area Name	YourTel America Inc.
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Matt Dean
<035>	Contact Telephone Number - Number of person identified in data line <030>	4057558177 ext.103
<039>	Contact Email Address - Email Address of person identified in data line <030>	mdean@telecompliance.net

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

(4005) Rural Broadband Experin	nent Additional Documentation	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819
		July 2013

<010>	Study Area Code	529015
<015>	Study Area Name	YourTel America Inc.
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Matt Dean
<035>	Contact Telephone Number - Number of person identified in data li	ine <030> 4057558177 ext.103
<039>	Contact Email Address - Email Address of person identified in data I	line <030> mdean@telecompliance.net

4005 Rural Broadband Experiment

Authorized Rural Broadband Experiment (RBE) recipients must address the certification for public interest obligations, provide a list of newly served community anchor institutions, and provide a list of locations where broadband has been deployed.

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 to the identified locations 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.

speed and data usage allowances available in the

relevant geographic area.

il yes to 4005A, please provide a response for 4005B.		
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	
Broadband Deployment Locations – FCC 14-98 (pa	agraph 80)	
4004a . Attach a list of geocoded locations to which broadband has been deployed as of the June 1st immediately preceding the July 1st filing deadline for the FCC Form 481.	Name of Attached Document Listing Required Information	
4004b. Attach evidence demonstrating that the recipient is meeting the relevant public service obligations for the identified locations. Materials must at least detail the pricing, offered broadband	Name of Attached Document Listing Required Information ————————————————————————————————————	

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	529015
<015>	Study Area Name	YourTel America Inc.
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Matt Dean
<035>	Contact Telephone Number - Number of person identified in data line <030>	4057558177 ext.103
<039>	Contact Email Address - Email Address of person identified in data line <030>	mdean@telecompliance.net

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:

Signature of Authorized Officer: CERTIFIED ONLINE Date 06/17/2016

Printed name of Authorized Officer: Dale Schmick

Title or position of Authorized Officer: COO

Telephone number of Authorized Officer: 4052419571 ext.

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.

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	529015	
<015>	Study Area Name	YourTel America Inc.	
<020>	Program Year	2017	
<030>	Contact Name - Person USAC should contact regarding this data	Matt Dean	
<035>	Contact Telephone Number - Number of person identified in data line <030>	4057558177 ext.103	

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

<039> Contact Email Address - Email Address of person identified in data line <030> mdean@telecompliance.net

certify that (Name of Agent) Telecom Professionals, Inc.	Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier 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 rided to the authorized agent is accurate.
Name of Authorized Agent: Telecom Professionals, Inc.	
Name of Reporting Carrier: YourTel America Inc.	
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: 529015	Filing Due Date for this form: 07/01/2016
	ed by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment 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: YourTel America Inc.			
Name of Authorized Agent Firm: Telecom Professionals, Inc.			
Signature of Authorized Agent or Employee of Agent:	06/17/2016		
Name of Authorized Agent Employee: Matt Dean			
Title or position of Authorized Agent or Employee of Agent Regulatory Agent			
Telephone number of Authorized Agent or Employee of Agent: 4057558177 ext.103			
Study Area Code of Reporting Carrier: 529015 Filing Due Date for this form:	07/01/2016		
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.			



(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		529015
<015>	Study Area Name		YourTel America Inc.
<020>	Program Year		2017
<030>	> Contact Name - Person USAC should contact regarding this data		Matt Dean
<035>	Contact Telephone Number	er - Number of person identified in data line <030>	4057558177 ext.103
<039>	> Contact Email Address - Email Address of person identified in data line <030>		mdean@telecompliance.net
<810>	Reporting Carrier	YourTel America	
<811>	Holding Company	Not Applicable	
<812>	Operating Company	NA	

<a1></a1>	<a2></a2>	<a3></a3>
Affiliates	SAC	Doing Business As Company or Brand Designation
TerraCom, Inc.	409021	TerraCom Wireless
TerraCom, Inc.	459011	TerraCom Wireless
TerraCom, Inc.	469015	TerraCom Wireless
TerraCom, Inc.	359128	TerraCom Wireless
TerraCom, Inc.	329014	TerraCom Wireless
TerraCom, Inc.	279047	TerraCom Wireless
TerraCom, Inc.	189011	TerraCom Wireless
TerraCom, Inc.	369017	TerraCom Wireless
TerraCom, Inc.	379023	TerraCom Wireless
TerraCom, Inc.	559008	TerraCom Wireless
TerraCom, Inc.	439043	TerraCom Wireless
TerraCom, Inc.	439009	TerraCom, Inc.
TerraCom, Inc.	449045	TerraCom, Inc.
TerraCom, Inc.	449064	TerraCom Wireless
TerraCom, Inc.	339033	TerraCom Wireless
TerraCom, Inc.	209017	TerraCom Wireless
YourTel America, Inc.	349025	YourTel America, Inc.
YourTel America, Inc.	349026	YourTel Wireless
YourTel America, Inc.	419004	YourTel America, Inc.
YourTel America, Inc.	419022	YourTel Wireless
YourTel America, Inc.	109011	YourTel Wireless
YourTel America, Inc.	429014	YourTel Wireless
YourTel America, Inc.	439006	YourTel America, Inc.

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<010>	Study Area Code		529015
<015>	Study Area Name		YourTel America Inc.
<020>	Program Year		2017
<030>	Contact Name - Person USA	AC should contact regarding this data	Matt Dean
<035>	Contact Telephone Numbe	er - Number of person identified in data line <030>	4057558177 ext.103
<039>	9> Contact Email Address - Email Address of person identified in data line <030>		mdean@telecompliance.net
<810>	Reporting Carrier	YourTel America	
<811>	Holding Company	Not Applicable	
<812>	Operating Company	NA	

<813>	<a1></a1>	<a2></a2>	<a3></a3>
	Affiliates	SAC	Doing Business As Company or Brand Designation
_	YourTel America, Inc.	439042	YourTel Wireless
	YourTel America, Inc.	179013	YourTel Wireless
	YourTel America, Inc.	589005	YourTel Wireless
_	YourTel America, Inc.	529015	YourTel Wireless
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