

PUBLIC REFERENCE COPY

Mobility Fund Phase 1 - §54.1009 Annual Reporting Data Collection Form	FCC Form Approved by OMB OMB 3060-1185 Avg. Burden Estimate per Respondent: 18 Hours
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<010> Study Area Code	528007
<015> Study Area Name	United States Cellular Corporation
<020> Program Year	2018
<030> Contact Name: Person USAC should contact with questions about this data	Stephanie Cassioppi
<035> Contact Telephone Number: Number of the person identified in data line <030>	7733997940 ext.
<039> Contact Email: Email of the person identified in data line <030>	Stephanie.Cassioppi@USCellular.com

<040> **Has the information required pursuant to §54.1009 been provided with a Form 481 filing (Y/N)** <040>

<041> Attach a description of the documents filed with the Form 481 reporting <041>

<042> Cite the Study Area Code (SAC) for the Form 481 reporting <042>

<080> **Tribal Lands Reporting (y/n?)** *(Does this study area cover tribal lands? Yes or No)*

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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(050) Carrier Contact Form

FCC Form 690
Approved by OMB
OMB Control No. 3060-1185
Page 2 of 8

Table with 3 columns: Field ID, Field Name, and Value. Fields include Study Area Code (528007), Study Area Name (United States Cellular Corporation), Program Year (2018), Contact Name (Stephanie Cassioppi), Contact Telephone Number (7733997940 ext.), and Contact Email Address (Stephanie.Cassioppi@USCellular.com).

Reporting Carrier / Mobility Fund Phase 1 Winning Bidder

Table with 3 columns: Field ID, Field Name, and Value. Fields include FCC Registration Number (4372322), Filing Carrier Name (United States Cellular Corporation), Winning Bidder Carrier Name (United States Cellular Corporation), Street Address (8410 West Bryn Mawr), City (Chicago), State (IL), Zip-Code (60631), Telephone Number (7733997940 ext.), Fax Number (7733998959), and Email Address (Stephanie.Cassioppi@USCellular.com).

Contact Information

if same as above, indicate in this box



Table with 3 columns: Field ID, Field Name, and Value. Fields include Name (Stephanie Cassioppi), Filing Carrier Name (United States Cellular Corporation), Street Address (8410 West Bryn Mawr), City (Chicago), State (IL), Zip-Code (60631), Telephone Number (7733997940 ext.), Fax Number (7733998959), and Email Address (Stephanie.Cassioppi@USCellular.com).

Authorized Agent Information

if no agent, indicate in this box



Table with 3 columns: Field ID, Field Name, and Value. Fields include Name, Company, Street Address, City, State, Zip-Code, Telephone Number, Fax Number, and Email Address, all of which are currently blank.

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(060) Coverage and Performance Report

FCC Form 690
 Approved by OMB
 OMB Control No. 3060-1185
 Page 3 of 8

<010>	Study Area Code	528007
<015>	Study Area Name	United States Cellular Corporation
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Stephanie Cassioppi
<035>	Contact Telephone Number - Number of person identified in data line <030>	7733997940 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Stephanie.Cassioppi@USCellular.com
<140>	Coverage and Performance Report Year	01/2017 - 12/2017

Coverage and Performance attachments

Form690_Ln_140.zip

<141>	<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

Percentage of Total Road Miles covered by Service

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(070) Urban Rate Comparability Certification Compliance	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 4 of 8
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<010> Study Area Code	528007
<015> Study Area Name	United States Cellular Corporation
<020> Program Year	2018
<030> Contact Name - Person USAC should contact regarding this data	Stephanie Cassioppi
<035> Contact Telephone Number - Number of person identified in data line <030>	7733997940 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	Stephanie.Cassioppi@USCellular.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)	
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:	United States Cellular Corporation
Signature of Authorized Officer:	CERTIFIED ONLINE Date 06/22/2018
Printed name of Authorized Officer:	John Gockley
Title or position of Authorized Officer:	VP-Legal and Regulatory Affairs
Telephone number of Authorized Officer:	7738643167 ext.
Study Area Code of Reporting Carrier:	528007 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.	

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 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:

Certification of Agent Authorized to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	
Name of Authorized Agent 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.	

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(080) Tribal Lands Reporting

FCC Form 690
Approved by OMB
OMB Control No. 3060-1185
Page 5 of 8

<010>	Study Area Code	528007
<015>	Study Area Name	United States Cellular Corporation
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Stephanie Cassioppi
<035>	Contact Telephone Number - Number of person identified in data line <030>	7733997940 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Stephanie.Cassioppi@USCellular.com

<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:

		Select (Yes, No, Not Applicable)
<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.	

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(090) Project Update Information

FCC Form 690

Approved by OMB

OMB Control No. 3060-1185

Page 6 of 8

<010>	Study Area Code	528007
<015>	Study Area Name	United States Cellular Corporation
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Stephanie Cassioppi
<035>	Contact Telephone Number - Number of person identified in data line <030>	7733997940 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Stephanie.Cassioppi@USCellular.com

<200>	Date Authorized to Receive Support	<input type="text" value="06/24/2013"/>
<201>	Targeted Completion Date	<input type="text" value="08/25/2017"/>
<202>	Total Mobility Fund Support Awarded	<input type="text"/>
<203>	Total Mobility Fund Support Disbursed	<input type="text"/>

<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> Network will Support 3G/4G Mobile Service ? 3G 4G

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(101) Certification - Reporting Carrier

FCC Form 690
Approved by OMB
OMB Control No. 3060-1185
Page 7 of 8

<010>	Study Area Code	528007
<015>	Study Area Name	United States Cellular Corporation
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Stephanie Cassioppi
<035>	Contact Telephone Number - Number of person identified in data line <030>	7733997940 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Stephanie.Cassioppi@USCellular.com

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: United States Cellular Corporation

Signature of Authorized Officer: CERTIFIED ONLINE Date 06/22/2018

Printed name of Authorized Officer: John Gockley

Title or position of Authorized Officer: VP-Legal and Regulatory Affairs

Telephone number of Authorized Officer: 7738643167 ext.

Study Area Code of Reporting Carrier: 528007 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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(102) Certification - Agent / Carrier

FCC Form 690
Approved by OMB
OMB Control No. 3060-1185
Page 8 of 8

<010>	Study Area Code	528007
<015>	Study Area Name	United States Cellular Corporation
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Stephanie Cassioppi
<035>	Contact Telephone Number - Number of person identified in data line <030>	7733997940 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Stephanie.Cassioppi@USCellular.com

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

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

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File for Mobility Fund Recipients on Behalf of Reporting Carrier	
<p>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.</p>	
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:
<p>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.</p>	

Attachments

PUBLIC REFERENCE COPY

(060) Coverage and Performance Report

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

<010> Study Area Code 528007
<015> Study Area Name United States Cellular Corporation
<020> Program Year 2018
<030> Contact Name - Person USAC should contact regarding this data Stephanie Cassioppi
<035> Contact Telephone Number - Number of person identified in data line <030> 7733997940 ext.
<039> Contact Email Address - Email Address of person identified in data line <030> Stephanie.Cassioppi@USCellular.com
<140> Coverage and Performance Report Year 01/2017 - 12/2017

<141> Table with 10 columns: <a1>, <a2>, <a3>, <b1>, <b2>, <b3>, <c1>, <c2>, <c3>, <d>. Headers: 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). Data row: WA, Skamania, 53059950500, 0, 0, 0, 48.95, [Redacted], [Redacted], Yes.

Percentage of Total Population Reached by Service [Redacted]

Percentage of Total Road Miles covered by Service [Redacted]

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FCC Form 690

Mobility Fund Phase 1 - §54.1009 Annual Reporting

Line 041: Description of documents filed with Form 481 SAC 529001

The documents filed with FCC Form 481 for SAC 529001 in its annual report include:

- 529001WA610 Functionality in Emergency Situations
- 529001WA920 Tribal Government Engagement Obligation

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FCC FORM 690 LINE 211: PROJECT STATUS DESCRIPTION

Pending Payments 2 and 3

Winning Bid Census Tract No. T53059950500 (Skamania, WA)

SAC 528007

Total Bid Amount: \$1,211,411.82

I. Project Summary

United States Cellular Corporation (“Applicant”) currently provides wireless services in Washington. Applicant operates a 3G/4G wireless voice and data network incorporating state-of-the-art technologies including CDMA [REDACTED] and 4G LTE (Long Term Evolution). For this particular winning bid census tract, Applicant constructed [REDACTED] cell sites in order to provide coverage to the unserved qualifying roads in the eligible census blocks within the winning bid census tract.

Applicant uses [REDACTED] 4G LTE technology to provide the required service. LTE incorporates Multiple In Multiple Out (MIMO) technology, the Orthogonal Frequency Division Multiple Access (OFDMA) air interface in the downlink and Single Carrier FDMA in the uplink. This combination provides high levels of spectral efficiency and network performance, coupled with high network capacity and low latency [REDACTED].

Installation of new cell sites enables Applicant to meet its public interest obligations to provide rural citizens with access to advanced telecommunications and information technologies that are reasonably comparable to those available in urban areas.

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Construction, installation and testing is complete and the actual date of network deployment was [REDACTED]. The information provided in this 690 filing proves that the Applicant has achieved, and continues to achieve, 75% or greater coverage.