FCC For	m 481 - Carrier Annual Reporting Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 December 2020
<010>	Study Area Code	522423	
<015>	Study Area Name	INLAND TEL CO -WA	
<020>	Program Year	2023	
<030>	Contact Name: Person USAC should contact with questions about this data	James Brooks	
<035>	Contact Telephone Number: Number of the person identified in data line <030>	5096492211 ext.5231	
<039>	Contact Email Address: Email of the person identified in data line <030>	jbrooks@inlandnet.com	
	Form Type	54.313 and 54.422	

(200) Service Outage Reporting (Voice)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	December 2020

<010>	Study Area Code	522423
<015>	Study Area Name	INLAND TEL CO -WA
<020>	Program Year	2023
<030>	Contact Name - Person USAC should contact regarding this data	James Brooks
<035>	Contact Telephone Number - Number of person identified in data line <030>	5096492211 ext.5231
<039>	Contact Email Address - Email Address of person identified in data line <030>	jbrooks@inlandnet.com

<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									Did This Outage		
	Reference		Outage Start					911 Facilities	Service Outage	Affect Multiple		
	Number	Date	Time	Date	Time	Customers Affected		Affected	Description (Check		Service Outage	Preventative
							Customers	(Yes / No)	all that apply)	(Yes / No)	Resolution	Procedures
		-										
	L	1				I			I			

(400) Number of Complaints per 1,000 customers	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	December 2020

<010>	Study Area Code	522423		
<015>	Study Area Name INLAND TEL CO -WA			
<020>	Program Year	2023		
<030>	Contact Name - Person USAC should contact regarding this data James Brooks			
<035>	Contact Telephone Number - Number of person identified in data line <030>			
<039>	Contact Email Address - Email Address of person identified in data line jbrooks@inlandnet.com <030>			
<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 December 2020

<010>	Study Area Code	522423
<015>	Study Area Name	INLAND TEL CO -WA
<020>	Program Year	2023
<030>	Contact Name - Person USAC should contact regarding this data	James Brooks
<035>	Contact Telephone Number - Number of person identified in data line <030>	5096492211 ext.5231
<039>	Contact Email Address - Email Address of person identified in data line <030>	jbrooks@inlandnet.com

<515> Certify compliance with applicable minimum service standards

• •	unctionality in Emergency Situations Dilection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 December 2020
<010>	Study Area Code	522423
<015>	Study Area Name	INLAND TEL CO -WA
<020>	Program Year	2023
<030>	Contact Name - Person USAC should contact regarding this data	James Brooks
<035>	Contact Telephone Number - Number of person identified in data line <030>	5096492211 ext.5231
<039>	Contact Email Address - Email Address of person identified in data line <030>	jbrooks@inlandnet.com
<600>	Certify compliance regarding ability to function in emergency situations	Yes
<610>	Descriptive document for Functionality in Emergency Situations	522423 WA FUNCTIONAL IN EMERGENCY CERTIFICATION LN 610.pdf

	erating Companies lection Form				FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 December 2020
<010>	Study Area Code		522423		
<015>	Study Area Name		INLAND TEL CO	-WA	
<020>	Program Year		2023		
<030>		USAC should contact regarding this data	James Brooks		
<035>	Contact Telephone Num	ber - Number of person identified in data line <030>	5096492211 ex	t.5231	
<039>	Contact Email Address -	Email Address of person identified in data line <030>	jbrooks@inlar	ndnet.com	
<810>	Reporting Carrier	Inland Telephone Company			
<811>	Holding Company	Western Elite Incorporated Services			
<812>	Operating Company	Inland Telephone Company			
<813>		<a1></a1>		<a2></a2>	<a3></a3>
		Affiliates		SAC	Doing Business As Company or Brand Designation
			S	ttached works	haat
			See a	ILIACHEU WORK	

	P	
(900) Tribal Lands Reporting Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-09 December 2020	
<010> Study Area Code <015> Study Area Name <020> Program Year <030> Contact Name - Person USAC should contact regarding this data <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>	522423 INLAND TEL CO -WA 2023 James Brooks 5096492211 ext.5231 jbrooks@inlandnet.com No	
<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	
If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(5) includes:	s Select Yes or No or Not Applicable	
 <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions. <922> Feasibility and sustainability planning; <923> Marketing services in a culturally sensitive manner; <924> Compliance with Rights of way processes 		

- Compliance with Land Use permitting requirements <925>
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- Compliance with Cultural Preservation review processes <928>
- Compliance with Tribal Business and Licensing requirements. <929>

Yes or No or Not Applicable	

(1000) Voice and Broadband Service Rate Comparability Data Collection Form

FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 December 2020

<010>	Study Area Code		522423
<015>	Study Area Name		INLAND TEL CO -WA
<020>	Program Year		2023
<030>	Contact Name - Person USAC should contact regarding this data		James Brooks
<035>	Contact Telephone Number - Number of person identified in data line	<030>	5096492211 ext.5231
<039>	Contact Email Address - Email Address of person identified in data line	<030>	jbrooks@inlandnet.com
<1000>	Voice services rate comparability certification	Yes	
<1010>	Attach detailed description for voice services rate comparability compliance	52242	23 WA VOICE RATE COMPARABILITY CERTIFICATION LN 1010.pdf
			Name of Attached Document
<1020>	Broadband comparability certification		- Pricing is no more than the most recent applicable benchmark announced by Wireline Competition Bureau
<1030>	Attach detailed description for broadband comparability compliance	522423	3 WA BROADBAND RATE COMPARABILITY CERTIFICATION LN 1030.pdf
			Name of Attached Document

(1100) No Terrestrial Backhaul Reporting		FCC Form 481
Data Coll	ection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819 December 2020
<010>	Study Area Code	522423
<015>	Study Area Name	INLAND TEL CO -WA
<020>	Program Year	2023
<030>	Contact Name - Person USAC should contact regarding this data	James Brooks
<035>	Contact Telephone Number - Number of person identified in data line <030>	5096492211 ext.5231
<039>	Contact Email Address - Email Address of person identified in data line <030>	jbrooks@inlandnet.com

Yes

<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.

Lifeline	rms and Condition for Lifeline Customers ection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 December 2020
<010>	Study Area Code	522423	
<015>	Study Area Name	INLAND TEL CO -WA	
<020>	Program Year	2023	
<030>	Contact Name - Person USAC should contact regarding this data	James Brooks	
<035>	Contact Telephone Number - Number of person identified in data line <0303		
<039>	Contact Email Address - Email Address of person identified in data line <030	> jbrooks@inlandnet.com	
<1210>	Terms & Conditions of Voice Telephony Lifeline Plans	522423 WA LIFELINE ASSISTANCE I	N 1210.pdf Name of Attached Document
<1220>	Link to Public Website HTTP	inlandnetworks.com	
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 eport:		
<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) P	rice Cap Carrier Additional Documentation		FCC Form 481
Data Collection Form			OMB Control No. 3060-0986/OMB Control No. 3060-0819
Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers			December 2020
<010>	Study Area Code	522423	
<015>	Study Area Name	INLAND TEL CO -WA	
<020>	Program Year	2023	
<030>	Contact Name - Person USAC should contact regarding this data	James Brooks	
<035>	Contact Telephone Number - Number of person identified in data line <030>	5096492211 ext.5231	
<039>	Contact Email Address - Email Address of person identified in data line <030>	jbrooks@inlandnet.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)}

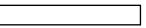
- <2017A> Connect America Fund Phase II recipient?
- <2017C> Total amount of Phase II support, if any, the price cap carrier used for capital expenditures in 2021.
- <2018> Attach the number, names, and addresses of community anchor institutions to which the carrier newly began providing access to broadband service in the preceding calendar year - 54.313(e)(1)(ii)(A)

Connect America Phase II – FCC Form 470 Postings

<2019> For the filing due July 1 following full implementation of this requirement, answer yes, no, or not applicable to this certification request

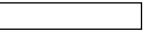
|--|





Name of Attached Document Listing	
Required Information	





(3005) Rate Data Collect	Of Return Carrier Additional Documentation ion Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 December 2020
<010>	Study Area Code	522423
<015>	Study Area Name	INLAND TEL CO -WA
<020>	Program Year	2023
<030>	Contact Name - Person USAC should contact regarding this data	James Brooks
<035>	Contact Telephone Number - Number of person identified in data line <030>	5096492211 ext.5231
<039>	Contact Email Address - Email Address of person identified in data line <030>	jbrooks@inlandnet.com

(3007) Does this filing retain a Cost Consultant and/or Firm, or other Third Party to prepare financial and operations data disclosures submitted to the National Exchange Carrier Association (NECA), USAC, or the Administrator?

No

<010>	Study Area Code	522423
<015>	Study Area Name	INLAND TEL CO -WA
<020>	Program Year	2023
<030>	Contact Name - Person USAC should contact regarding this data	James Brooks
<035>	Contact Telephone Number - Number of person identified in data line <030>	5096492211 ext.5231
<039>	Contact Email Address - Email Address of person identified in data line <030>	jbrooks@inlandnet.com

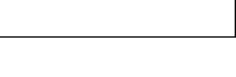
Select from the drop down menu or check the boxes below to note compliance with 54.313(f)(1). Privately held carriers must ensure compliance with the financial reporting requirements set forth in 47 CFR 54.313(f)(2). I further certify that the information reported on this form and in the documents attached 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)}	Yes - Attach Certific	
(3010B)	Please Provide Attachment	Name of Attached Document Listing Required	522423 WA CERTIFICATION OF PUBLIC INTEREST OBLIGATIONS LN 3010B.pdf
. ,	Rate-of-Return Community Anchor Institutions	Information	
(3012A)	Indicate if the carrier newly deployed broadband service to community anchor institution(s) in the previous calendar year.	No - No New Community Anchors	
(3012B)	Please Provide Attachment	Name of Attached Document Listing	
	Using link, download template and list the number, name and address for each community anchor institution. Attach the document which contains the community anchor institution details as required by 47 C.F.R. § 54.313(f)(1)(ii)	Required Information	
(3013)	Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)}	(Yes/No) O	
(3014)	If yes, does your company file the RUS annual report	(Yes/No) 💿 🔿	
	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)		
(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	2021 INLAND RUS 479.pdf
(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 3026 pursuant to § 54.313(f)(2), contains:	(Yes/No)	
(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		
(3020)	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) with 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 OMB Control No. 3060-0986/OMB Control No. 3060-0819

December 2020

<010>	Study Area Code	522423
<015>	Study Area Name	INLAND TEL CO -WA
<020>	Program Year	2023
<030>	Contact Name - Person USAC should contact regarding this data	James Brooks
		James Brooks 5096492211 ext.5231

Financial Data Summary

5424798 (3027) Revenue 5330261 (3028) Operating Expenses -101267 (3029) Net Income (3030) Telephone Plant In Service(TPIS) 37127206 (3031) Total Assets 16471525 (3032) Total Debt 10650454 (3033) Total Equity 8949914 (3034) Dividends 0

FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 December 2020

<010>	Study Area Code	522423
<015>	Study Area Name	INLAND TEL CO -WA
<020>	Program Year	2023
<030>	Contact Name - Person USAC should contact regarding this data	James Brooks 5096492211 ext.5231
<035>	Contact Telephone Number - Number of person identified in data li	
<039>	Contact Email Address - Email Address of person identified in data l	ine <030> jbrooks@inlandnet.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.

RBE Community Anchor Institutions

<4003a> Indicate if the carrier newly deployed broadband service to community anchor institution(s) in the previous calendar year

<4003b> Please Provide Attachment: Using link, download template and list the number, name and address for each community anchor institution. Attach the document which contains the community anchor institution details as required by FCC 14-98 (paragraph 79) Name of Attached Document Listing Required Information

(5005) Alaska Plan Participants Additional Documentation **Data Collection Form**

FCC Form 481

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

December 2020

<010>	Study Area Code	522423
<015>	Study Area Name	INLAND TEL CO -WA
<020>	Program Year	2023
<030>	Contact Name - Person USAC should contact regarding this data	James Brooks
<035>	Contact Telephone Number - Number of person identified in data line <030>	5096492211 ext.5231
<039>	Contact Email Address - Email Address of person identified in data line <030>	jbrooks@inlandnet.com

5005 Alaska Plan

(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 perfomance 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 previoiusly served exclusively by satellite backhaul.	(Yes/No)

<5	01	3>

<5013>	<a>		<c></c>
_	Description Of Backhaul Technology	Date Backhaul Available	Newly Served Locations or Population
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		I	I

Alaska Plan Mobile Carriers' Reasonably Comparable Rate Demonstration

(5014a)	Answer yes or no if mobile carriers receiving support from the Alaska Plan can demonstrate	(Yes/No)
	compliance at the end of the five-year milestone (2022) by showing that your required stand-	
	alone voice plan, and one service plan that offers broadband data services, if you offer such	

plans, are:

• Substantially similar to a service plan offered by at least one mobile wireless service provider in the cellular market area (CMA) for Anchorage, Alaska, and • Offered for the same or a lower rate than the matching plan in the CMA for Anchorage.

Alaska Plan Mobile Carriers' Reasonably Comparable Rate Demonstration Attachment

Name of Attached **Document Listing Required Information**

(5014b) If 'Yes' is selected for 5014a, attach a document demonstrating compliance with the 5-year milestone. If 'No' is selected for 5014a, attach an explanation of non-compliance.

No. 3060-0819

(6005) Phase II Auction Reporting	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control I
	December 2020

<010>	Study Area Code	522423
<015>	Study Area Name	INLAND TEL CO -WA
<020>	Program Year	2023
<030>	Contact Name - Person USAC should contact regarding this data	James Brooks
<035>	Contact Telephone Number - Number of person identified in data line <030>	5096492211 ext.5231
<039>	Contact Email Address - Email Address of person identified in data line <030>	jbrooks@inlandnet.com

<6010> Enter the total amount of Phase II Auction Support, if any, the carrier used for capital expenditures.

Phase II Auction and New York Funds Certification

<6011> Certify (either yes or no) regarding whether the recipient has available funds for all project costs that will exceed the amount of support that will be received for the next calendar year. This certification must be provided (Yes/No) starting the first July 1st after receiving support until the recipient's penultimate year of support.

Phase II Auction Community Anchor Institutions

- <6012a> Indicate if the carrier newly deployed broadband service to community anchor institution(s) in the previous calendar year.
- <6012b> Please Provide Attachment Using link, download template and list the number, name and address for each community anchor institution. Attach the document which contains the community anchor institution details as required by FCC 14-98 (paragraph 79). Name of Attached Document Listing Required

Phase II Auction FCC Form 470 Postings

<6013> For the filing due July 1 following full implementation of this requirement answer yes, no, or not applicable to this certification request.

Phase II Auction Post-Final Deployment Milestone Performance Certification

<6014> Starting the first July 1st after meeting the final service milestone, certify (yes, no, or not applicable) that the Phase II-funded network that the Phase II auction recipient operated in the prior year meets the relevant performance requirements in § 54.309.

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

December 2020

<010>	Study Area Code	522423
<015>	Study Area Name	INLAND TEL CO -WA
<020>	Program Year	2023
<030>	Contact Name - Person USAC should contact regarding this data	James Brooks
<035>	Contact Telephone Number - Number of person identified in data line <030>	5096492211 ext.5231
<039>	Contact Email Address - Email Address of person identified in data line <030>	jbrooks@inlandnet.com

<7010> Phase II Auction recipient performance requirements certification

(Yes/No)

FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 December 2020

<010>	Study Area Code	522423
<015>	Study Area Name	INLAND TEL CO -WA
<020>	Program Year	2023
<030>	Contact Name - Person USAC should contact regarding this data	James Brooks
<035>	Contact Telephone Number - Number of person identified in data line <030>	5096492211 ext.5231
<039>	Contact Email Address - Email Address of person identified in data line <030>	jbrooks@inlandnet.com

<8010> Uniendo a Puerto Rico Stage 2 Fixed – Capital Expenditures

Enter the total amount of Uniendo a Puerto Rico Stage 2 fixed support, if any, the carrier used for capital expenditures.

<8011> Uniendo a Puerto Rico Stage 2 Fixed – Available Funds Certification

Certify (either yes or no) regarding whether the recipient has available funds for all project costs that will exceed the amount of support that will be received for the next calendar year. This certification must be provided starting the first July 1st after receiving support until the recipient's penultimate year of support.

<8012a> Uniendo a Puerto Rico Stage 2 Fixed – Community Anchor Institutions

Indicate if the carrier newly deployed broadband service to community anchor institution(s) in the previous calendar year.

Please Provide Attachment

<8012b> Using link, download template and list the number, name and address for each community anchor institution. Attach the document which contains the community anchor institution details as required by 47 C.F.R. § 54.313(e)(2)(A). Allowable File Types.

Name of Attached Document Listing Required Information

Uniendo a Puerto Rico Stage 2 Fixed – FCC Form 470 Postings

<8013> For the filing due July 1 following full implementation of this requirement answer yes, no, or not applicable to this certification request.

<8014> Uniendo a Puerto Rico Stage 2 Fixed – Post-Final Deployment Milestone Performance Certification

Starting the first July 1st after meeting the final service milestone, certify (yes or no) that the Uniendo a Puerto Rico Stage 2-funded network that the Stage 2 recipient operated in the prior year meets the relevant performance requirements in § 54.309.

<8020> Uniendo a Puerto Rico Stage 2 Fixed – Support Reimbursement Certification

54.313(n): Recipients of Uniendo a Puerto Rico Fund Stage 2 fixed support shall certify that such support was not used for costs that are (or will be) reimbursed by other sources of support, including of federal or local government aid or insurance reimbursements; and that support was not used for other purposes, such as the retirement of company debt unrelated to eligible expenditures, or other expenses not directly related to network restoration, hardening, and expansion consistent with the framework of the Uniendo a Puerto Rico Fund.

<8030> Uniendo a Puerto Rico Stage 2 Fixed – Disaster Preparedness and Response Documentation

54.313(n): Recipients of fixed support from Stage 2 of the Uniendo a Puerto Rico Fund shall certify that they have conducted an annual review of the documentation required by section 54.1515(a)-(c) to determine the need for and to implement changes or revisions to disaster preparation and recovery documentation.

<8040> Uniendo a Puerto Rico Stage 2 Mobile – Support Reimbursement

54.313(n): Recipients of Uniendo a Puerto Rico Fund Stage 2 mobile support shall certify that such support was not used for costs that are (or will be) reimbursed by other sources of support, including of federal or local government aid or insurance reimbursements; and that support was not used for other purposes, such as the retirement of company debt unrelated to eligible expenditures, or other expenses not directly related to network restoration, hardening, and expansion consistent with the framework of the Uniendo a Puerto Rico Fund.

<8050> Uniendo a Puerto Rico Stage 2 Mobile – Disaster Preparedness and Response Documentation

54.313(n): Recipients of mobile support from Stage 2 of the Uniendo a Puerto Rico Fund shall certify that they have conducted an annual review of the documentation required by section 54.1515(a)-(c) to determine the need for and to implement changes or revisions to disaster preparation and recovery documentation

<8060> Uniendo a Puerto Rico Stage 2 Mobile – Mobile Disbursements Certification

54.313(o): Recipients of Uniendo a Puerto Rico Fund Stage 2 mobile support shall certify that they are in compliance with all requirements for receipt of such support to continue receiving Stage 2 mobile disbursements

<010>	Study Area Code	522423
<015>	Study Area Name	INLAND TEL CO -WA
<020>	Program Year	2023
<030>	Contact Name - Person USAC should contact regarding this data	James Brooks
<035>	Contact Telephone Number - Number of person identified in data line <030>	5096492211 ext.5231
<039>	Contact Email Address - Email Address of person identified in data line <030>	jbrooks@inlandnet.com

<9010> Connect USVI Stage 2 Fixed – Capital Expenditures

Enter the total amount of Connect USVI Fund Stage 2 fixed support, if any, the carrier used for capital expenditures.

<9011> Connect USVI Stage 2 Fixed – Available Funds Certification

Certify (either yes or no) regarding whether the recipient has available funds for all project costs that will exceed the amount of support that will be received for the next calendar year. This certification must be provided starting the first July 1st after receiving support until the recipient's penultimate year of support.

<9012a> Connect USVI Stage 2 Fixed – Community Anchor Institutions

Indicate if the carrier newly deployed broadband service to community anchor institution(s) in the previous calendar year.

Please Provide Attachment

<9012b> Using link, download template and list the number, name and address for each community anchor institution. Attach the document which contains the community anchor institution details as required by 47 C.F.R. § 54.313(e)(2)(i)(A).

Name of Attached Document Listing Required Information

Connect USVI Stage 2 Fixed – FCC Form 470 Postings

<9013> For the filing due July 1 following full implementation of this requirement answer yes, no, or not applicable to this certification request.

Connect USVI Stage 2 Fixed – Post-Final Deployment Milestone Performance Certification

<9014> Starting the first July 1st after meeting the final service milestone, certify (yes or no) that the Connect USVI Fund Stage 2-funded network that the Stage 2 recipient operated in the prior year meets the relevant performance requirements in § 54.309.

Connect USVI Stage 2 Fixed – Support Reimbursement Certification

<9020> 54.313(n): Recipients of Connect USVI Fund Stage 2 fixed support shall certify that such support was not used for costs that are (or will be) reimbursed by other sources of support, including of federal or local government aid or insurance reimbursements; and that support was not used for other purposes, such as the retirement of company debt unrelated to eligible expenditures, or other expenses not directly related to network restoration, hardening, and expansion consistent with the framework of the Connect USVI Fund.

Connect USVI Stage 2 Fixed – Disaster Preparedness and Response Documentation

<9030> 54.313(n): Recipients of fixed support from Stage 2 of the Connect USVI Fund shall certify that they have conducted an annual review of the documentation required by section 54.1515(a)-(c) to determine the need for and to implement changes or revisions to disaster preparation and recovery documentation.

Connect USVI Fund Stage 2 Mobile - Support Reimbursement Certification

<9040> 54.313(n): Recipients of Connect USVI Fund Stage 2 mobile support shall certify that such support was not used for costs that are (or will be) reimbursed by other sources of support, including of

federal or local government aid or insurance reimbursements; and that support was not used for other purposes, such as the retirement of company debt unrelated to eligible expenditures, or other expenses not directly related to network restoration, hardening, and expansion consistent with the framework of the Connect USVI Fund. Recipients of mobile support from Stage 2 of the Connect USVI Fund shall certify that they have conducted an annual review of the documentation required by section 54.1515(a)-(c) to determine the need for and to implement changes or revisions to disaster preparation and recovery documentation.

Connect USVI Fund Stage 2 Mobile - Disaster Preparedness and Response Documentation

<9050>

54.313(n): Recipients of mobile support from Stage 2 of the Connect USVI Fund shall certify that they have conducted an annual review of the documentation required by section 54.1515(a)-(c) to determine the need for and to implement changes or revisions to disaster preparation and response documentation.

Connect USVI Fund Stage 2 Mobile - Mobile Disbursements Certification

<9060> 54.313(o): Recipients of Connect USVI Fund Stage 2 mobile support shall certify that they are in compliance with all requirements for receipt of such support to continue receiving Stage 2 mobile disbursements.

<010>	Study Area Code	522423
<015>	Study Area Name	INLAND TEL CO -WA
<020>	Program Year	2023
<030>	Contact Name - Person USAC should contact regarding this data	James Brooks
<035>	Contact Telephone Number - Number of person identified in data line <030>	5096492211 ext.5231
<039>	Contact Email Address - Email Address of person identified in data line <030>	jbrooks@inlandnet.com

RDOF Capital Expenditures

<10010> Starting the first July 1st after receiving support until the July 1st after the recipient's support term has ended, recipients of Rural Digital Opportunity Fund support must submit the total amount of support, if any, the recipient used for capital expenditures in the previous calendar year. This is required by 47 C.F.R. § 54.313(e)(2)(i)(B).

RDOF Available Funds Certification

<10011> Please provide a response (either yes or no) to this certification request for any recipient of Rural Digital Opportunity Fund support that the recipient has available funds for all project costs that will exceed the amount of support that will be received for the next calendar year. This certification must be provided starting the first July 1st after receiving support until the recipient's penultimate year of support, as required by required by 47 C.F.R. § 54.313(e)(2)(ii).

RDOF Community Anchor Institutions

<10012a> Recipients of Rural Digital Opportunity Fund support must attach a list containing the number, names, and addresses of community anchor institutions to which the eligible telecommunications carrier newly began providing access to broadband service in the preceding calendar year. This filing is required by 47 C.F.R. § 54.313(e)(2)(i)(A).

Please Provide Attachment

<10012b> Using link, download template and list the number, name and address for each community anchor institution. Attach the document which contains the community anchor institution details as required by 47 C.F.R. § 54.313(e)(2)(i)(A).

Name of Attached Document Listing Required Information

RDOF FCC Form 470 Postings

<10013> For the filing due July 1st following full implementation of this requirement, please provide a response (either yes, no, or not applicable) to this certification request. Recipients of Rural Digital Opportunity Fund must respond affirmatively that they 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 (as described in § 54.501) located within any area in a census block where the carrier is receiving Rural Digital Opportunity Fund, and that such bids were at rates reasonable comparable to rates charged to eligible schools and libraries in urban areas for Instructions for Completing FCC Form 481 OMB Control No. 3060-0986 (High-Cost) OMB Control No. 3060-0819 (Low-Income) November 2020 Page 44 comparable offerings. This filing is required by 47 C.F.R. § 54.313(e)(2)(i)(C). This certification will not be required until the July 1st following the E-Rate program year that this obligation has been fully implemented. Modernizing the E-Rate Program for Schools and Libraries et al., WC Docket. Nos. 13-184, 10-90, 29 FCC Rcd 15538, 15566-67, para. 72 (2014).

RDOF Post-Final Deployment Milestone Performance Certification

<10014> Starting the first July 1st after a Rural Digital Opportunity Fund recipient meets its final service milestone until the July 1st after the support recipient's support term has ended, please provide a response (either yes, no, or not applicable) that the Rural Digital Opportunity Fund-funded network that the support recipient operated in the prior year meets the relevant performance requirements in 47 C.F.R. § 54.309. This filing is required by 47 C.F.R. § 54.313(e)(2)(iii).

Certification - Reporting Carrier Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 December 2020
<010>	Study Area Code	522423
<015>	Study Area Name	INLAND TEL CO -WA
<020>	Program Year	2023
<030>	Contact Name - Person USAC should contact regarding this data	James Brooks
<035>	Contact Telephone Number - Number of person identified in data line <030>	5096492211 ext.5231
<039>	Contact Email Address - Email Address of person identified in data line <030>	jbrooks@inlandnet.com

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

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: INLAND TEL CO -WA			
Signature of Authorized Officer: Date			
Printed name of Authorized Officer: James Brooks			
Title or position of Authorized Officer: Treasurer			
Telephone number of Authorized Officer: 5096492211 ext.5231			
Study Area Code of Reporting Carrier: 522423	Filing Due Date for this form: 08/01/2022		

	ion - Agent / Carrier ection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 December 2020
<010>	Study Area Code	522423
<015>	Study Area Name	INLAND TEL CO -WA
<020>	Program Year	2023
<030>	Contact Name - Person USAC should contact regarding this data	James Brooks
<035>	Contact Telephone Number - Number of person identified in data line <030>	5096492211 ext.5231
<039>	Contact Email Address - Email Address of person identified in data line <030>	jbrooks@inlandnet.com

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

I certify that (Name of Agent) is authorized to submit the information reported on behalf of the reporting 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 auth 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	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 Re	ecipients 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	t		
Telephone number of Authorized Agent or Employee of Ag	gent:		
Study Area Code of Reporting Carrier:	Filing Due Date for this form:		
Persons willfully making false statements on this form	n can be punished by fine or forfeiture under the Communications 18 of the United States Code, 18 U.S.C. § 1001	s Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 1.	

Certify Filing Data Collecti		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 December 2020
<010>	Study Area Code	522423
<015>	Study Area Name	INLAND TEL CO -WA
<020>	Program Year	2023
<030>	Contact Name - Person USAC should contact regarding this data	James Brooks
<035>	Contact Telephone Number - Number of person identified in data line <030>	5096492211 ext.5231
<039>	Contact Email Address - Email Address of person identified in data line <030>	jbrooks@inlandnet.com

I certify under penalty of perjury that no universal service support has been or will be used to purchase, obtain, maintain, improve, modify, or otherwise support any equipment or services produced or provided by any company designated by the Federal Communications Commission as posing a national security threat to the integrity of communications networks or the communications supply chain since the effective date of the designations.

Please Provide Waiver Document Allowable File Type (pdf only) Name of Attached Document Listing Required Information

I certify that no Federal subsidy made available through a program administered by the Commission that provides funds to be used for the capital expenditures necessary for the provision of advanced communications services has been or will be used to purchase, rent, lease, or otherwise obtain, any covered communications equipment or service, or maintain any covered communications equipment or service previously purchased, rented, leased, or otherwise obtained, as required by 47 C.F.R. § 54.10.

Please Provide Waiver Document Allowable File Type (pdf only) Name of Attached Document Listing Required Information

Attachments

	erating Companies lection Form			FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 December 2020
<010>	Study Area Code		522423	
<015>	Study Area Name		INLAND TEL CO -WA	
<020>	Program Year		2023	
<030>	Contact Name - Person L	ISAC should contact regarding this data	James Brooks	
<035>	Contact Telephone Numl	ber - Number of person identified in data line <030>	5096492211 ext.5231	
<039>	Contact Email Address - I	Email Address of person identified in data line <030>	jbrooks@inlandnet.com	
<810>	Reporting Carrier	Inland Telephone Company		
<811>	Holding Company	Western Elite Incorporated Services		
<812>	Operating Company	Inland Telephone Company		

<813>	<a1></a1>	<a2></a2>	<a3></a3>
	Affiliates	SAC	Doing Business As Company or Brand Designation
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