

**Expert Telecom Compliance, Inc.**

1725 Windward Concourse  
Suite 150  
Alpharetta, Georgia 30005

June 26, 2015

**VIA ELECTRONIC DELIVERY**

Steven King  
Executive Director and Secretary  
Washington Utilities and Transportation Commission  
1300 S. Evergreen Park Drive SW  
PO Box 47250  
Olympia, WA 98504

Re: Q Link Wireless, LLC; UT-150063  
ETC annual filings to the FCC pursuant to 47 C.F.R. 54.422 (Form 481)

Dear Mr. King:

Pursuant to 47 C.F.R. § 54.422, attached please find for filing in the above-referenced docket a copy of Q Link Wireless, LLC's FCC Form 481.

If you have any questions or if I may provide you with any additional information, please do not hesitate to contact me at 770-232-7805 or [hkirby@telecomcounsel.com](mailto:hkirby@telecomcounsel.com).

Respectfully submitted,

*/s/ Heather Kirby*

Heather Kirby, Regulatory Specialist  
Expert Telecom Compliance, Inc.

**FCC Form 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  | 529021                      |
| <015> Study Area Name  | Q Link Wireless LLC         |
| <020> Program Year   | 2016                        |
| <030> Contact Name: Person USAC should contact with questions about this data      | Heather Kirby               |
| <035> Contact Telephone Number: Number of the person identified in data line <030> | 7702327805 ext.             |
| <039> Contact Email Address: Email of the person identified in data line <030>     | etclifelineforms@cgminc.com |

|  |                            |                            |
|--|----------------------------|----------------------------|
| <b>ANNUAL REPORTING FOR ALL CARRIERS</b> | <b>54.313</b>              | <b>54.422</b>              |
|  | <b>Completion Required</b> | <b>Completion Required</b> |

|   |  |                          | <i>(check box when complete)</i>    |  |
|---|--|--------------------------|-------------------------------------|--|
| <100> Service Quality Improvement Reporting                                     | <i>(complete attached worksheet)</i>                     | <input type="checkbox"/> | <input checked="" type="checkbox"/> |  |
| <200> Outage Reporting (voice)  | <i>(complete attached worksheet)</i>                     | <input type="checkbox"/> | <input checked="" type="checkbox"/> |  |
| <210> <input checked="" type="checkbox"/> <-- check box if no outages to report |  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |  |
| <300> Unfulfilled Service Requests (voice)                                      | <input type="checkbox"/>                                 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |  |
| <310> Detail on Attempts (voice)  | <input style="width: 300px; height: 40px;" type="text"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <i>(attach descriptive document)</i>             |
| <320> Unfulfilled Service Requests (broadband)                                  | <input type="checkbox"/>                                 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |  |
| <330> Detail on Attempts (broadband)  | <input style="width: 300px; height: 40px;" type="text"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <i>(attach descriptive document)</i>             |
| <400> Number of Complaints per 1,000 customers (voice)                          |  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |  |
| <410> Fixed   | <input type="text" value="0.0"/>                         | <input type="checkbox"/> | <input checked="" type="checkbox"/> |  |
| <420> Mobile  | <input type="text" value="0.0"/>                         | <input type="checkbox"/> | <input checked="" type="checkbox"/> |  |
| <430> Number of Complaints per 1,000 customers (broadband)                      |  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |  |
| <440> Fixed   | <input type="text"/>                                     | <input type="checkbox"/> | <input checked="" type="checkbox"/> |  |
| <450> Mobile  | <input type="text"/>                                     | <input type="checkbox"/> | <input checked="" type="checkbox"/> |  |
| <500> Service Quality Standards & Consumer Protection Rules Compliance          | <i>(check to indicate certification)</i>                 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |  |
| <510> <input type="text" value="Q Link 510 ALL.pdf"/>                           | <i>(attached descriptive document)</i>                   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |  |
| <600> Functionality in Emergency Situations                                     | <i>(check to indicate certification)</i>                 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |  |
| <610> <input type="text" value="Qlink 610 ALL.pdf"/>                            | <i>(attached descriptive document)</i>                   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |  |
| <700> Company Price Offerings (voice)   | <i>(complete attached worksheet)</i>                     | <input type="checkbox"/> | <input checked="" type="checkbox"/> |  |
| <710> Company Price Offerings (broadband)                                       | <i>(complete attached worksheet)</i>                     | <input type="checkbox"/> | <input checked="" type="checkbox"/> |  |
| <800> Operating Companies and Affiliates  | <i>(complete attached worksheet)</i>                     | <input type="checkbox"/> | <input checked="" type="checkbox"/> |  |
| <900> Tribal Land Offerings (Y/N)?  | <input type="radio"/> <input type="radio"/>              | <input type="checkbox"/> | <input checked="" type="checkbox"/> |  |
| <1000> Voice Services Rate Comparability Certification                          | <input type="checkbox"/>                                 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |  |
| <1010> <input style="width: 300px; height: 40px;" type="text"/>                 | <i>(attach descriptive document)</i>                     | <input type="checkbox"/> | <input checked="" type="checkbox"/> |  |
| <1100> Certify whether terrestrial backhaul options exist (Yes or No)           | <input type="radio"/> <input type="radio"/>              | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <i>(if not, check to indicate certification)</i> |
| <1110>  | <i>(complete attached worksheet)</i>                     | <input type="checkbox"/> | <input checked="" type="checkbox"/> |  |
| <1200> Terms and Condition for Lifeline Customers                               | <i>(complete attached worksheet)</i>                     | <input type="checkbox"/> | <input checked="" type="checkbox"/> |  |

**Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet**

|  |  |                          |                                     |
|--|--|--------------------------|-------------------------------------|
| <i>Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers</i> |  |                          |                                     |
| <2000>   | <i>(check to indicate certification)</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <2005>   | <i>(complete attached worksheet)</i>     | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

**Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet**

|        |  |                          |                                     |
|--------|--|--------------------------|-------------------------------------|
| <3000> | <i>(check to indicate certification)</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <3005> | <i>(complete attached worksheet)</i>     | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

|   |  |
|---|--|
| <b>(100) Service Quality Improvement Reporting<br/>Data Collection Form</b> | FCC Form 481<br>OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2013 |
|---|--|

|   |                             |
|---|-----------------------------|
| <010> Study Area Code   | 529021                      |
| <015> Study Area Name   | Q Link Wireless LLC         |
| <020> Program Year  | 2016                        |
| <030> Contact Name - Person USAC should contact regarding this data                 | Heather Kirby               |
| <035> Contact Telephone Number - Number of person identified in data line <030>     | 7702327805 ext.             |
| <039> Contact Email Address - Email Address of person identified in data line <030> | etclifelineforms@cgminc.com |

|   |  |
|---|--|
| <110> Has your company received its ETC certification from the FCC?                                       | (yes / no) <input type="radio"/> <input type="radio"/> |
| If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC? | (yes / no) <input type="radio"/> <input type="radio"/> |

If your answer to Line <111> is yes, then you are required to 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.

<112> 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 company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Name of Attached Document

Please select the appropriate responses below (Yes, No, Not Applicable) to confirm that the attached document(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to §54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

|  |  |  |
|--|--|--|
| <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 improve service quality   |  |  |
| <116> How much (USF) was used to improve service coverage and how support was used to improve service coverage |  |  |
| <117> How much (USF) was used to improve service capacity and how support was used to improve service capacity |  |  |
| <118> Provide an explanation of network improvement targets not met in the prior calendar year.                |  |  |

|  |
|--|
|  |
|  |
|  |
|  |
|  |
|  |

**(200) Service Outage Reporting (Voice)  
Data Collection Form**FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

|       |   |                             |
|-------|---|-----------------------------|
| <010> | Study Area Code   | 529021                      |
| <015> | Study Area Name   | Q Link Wireless LLC         |
| <020> | Program Year  | 2016                        |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Heather Kirby               |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 7702327805 ext.             |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | etclifelineforms@cgminc.com |

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

|   |  |
|---|--|
| <b>(700) Price Offerings including Voice Rate Data Data Collection Form</b> | FCC Form 481<br>OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2013 |
|---|--|

<010> Study Area Code 529021

<015> Study Area Name Q Link Wireless LLC

<020> Program Year 2016

<030> Contact Name - Person USAC should contact regarding this data Heather Kirby

<035> Contact Telephone Number - Number of person identified in data line <030> 7702327805 ext.

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

<701> Residential Local Service Charge Effective Date 

|          |
|----------|
| 1/1/2015 |
|----------|

<702> Single State-wide Residential Local Service Charge 

|  |
|--|
|  |
|--|

|       | <a1>  | <a2>            | <a3>       | <b1>      | <b2>                           | <b3>                         | <b4>                        | <b5>                                   | <c>                           |
|-------|-------|-----------------|------------|-----------|--------------------------------|------------------------------|-----------------------------|--|-------------------------------|
| <703> | State | Exchange (ILEC) | SAC (CETC) | Rate Type | Residential Local Service Rate | State Subscriber Line Charge | State Universal Service Fee | Mandatory Extended Area Service Charge | Total per line Rates and Fees |
|       |       |                 |            |           |                                |                              |                             |  |                               |
|       |       |                 |            |           |                                |                              |                             |  |                               |
|       |       |                 |            |           |                                |                              |                             |  |                               |
|       |       |                 |            |           |                                |                              |                             |  |                               |
|       |       |                 |            |           |                                |                              |                             |  |                               |
|       |       |                 |            |           |                                |                              |                             |  |                               |
|       |       |                 |            |           |                                |                              |                             |  |                               |
|       |       |                 |            |           |                                |                              |                             |  |                               |
|       |       |                 |            |           |                                |                              |                             |  |                               |
|       |       |                 |            |           |                                |                              |                             |  |                               |
|       |       |                 |            |           |                                |                              |                             |  |                               |
|       |       |                 |            |           |                                |                              |                             |  |                               |
|       |       |                 |            |           |                                |                              |                             |  |                               |
|       |       |                 |            |           |                                |                              |                             |  |                               |
|       |       |                 |            |           |                                |                              |                             |  |                               |
|       |       |                 |            |           |                                |                              |                             |  |                               |
|       |       |                 |            |           |                                |                              |                             |  |                               |
|       |       |                 |            |           |                                |                              |                             |  |                               |
|       |       |                 |            |           |                                |                              |                             |  |                               |
|       |       |                 |            |           |                                |                              |                             |  |                               |
|       |       |                 |            |           |                                |                              |                             |  |                               |

|   |  |
|---|--|
| <b>(710) Broadband Price Offerings<br/>Data Collection Form</b> | FCC Form 481<br>OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2013 |
|---|--|

|  |                             |
|--|-----------------------------|
| <b>&lt;010&gt;</b> Study Area Code   | 529021                      |
| <b>&lt;015&gt;</b> Study Area Name   | Q Link Wireless LLC         |
| <b>&lt;020&gt;</b> Program Year  | 2016                        |
| <b>&lt;030&gt;</b> Contact Name - Person USAC should contact regarding this data                 | Heather Kirby               |
| <b>&lt;035&gt;</b> Contact Telephone Number - Number of person identified in data line <030>     | 7702327805 ext.             |
| <b>&lt;039&gt;</b> Contact Email Address - Email Address of person identified in data line <030> | etclifelineforms@cgminc.com |

| <b>&lt;711&gt;</b> | <b>&lt;a1&gt;</b> | <b>&lt;a2&gt;</b>      | <b>&lt;b1&gt;</b>       | <b>&lt;b2&gt;</b>           | <b>&lt;c&gt;</b>           | <b>&lt;d1&gt;</b>                                | <b>&lt;d2&gt;</b>                              | <b>&lt;d3&gt;</b>           | <b>&lt;d4&gt;</b>  |
|--------------------|-------------------|------------------------|-------------------------|-----------------------------|----------------------------|--|--|-----------------------------|--|
|                    | <b>State</b>      | <b>Exchange (ILEC)</b> | <b>Residential Rate</b> | <b>State Regulated Fees</b> | <b>Total Rate and Fees</b> | <b>Broadband Service - Download Speed (Mbps)</b> | <b>Broadband Service - Upload Speed (Mbps)</b> | <b>Usage Allowance (GB)</b> | <b>Usage Allowance Action Taken When Limit Reached {select }</b> |
|                    |                   |                        |                         |                             |                            |  |  |                             |  |
|                    |                   |                        |                         |                             |                            |  |  |                             |  |
|                    |                   |                        |                         |                             |                            |  |  |                             |  |
|                    |                   |                        |                         |                             |                            |  |  |                             |  |
|                    |                   |                        |                         |                             |                            |  |  |                             |  |
|                    |                   |                        |                         |                             |                            |  |  |                             |  |
|                    |                   |                        |                         |                             |                            |  |  |                             |  |
|                    |                   |                        |                         |                             |                            |  |  |                             |  |
|                    |                   |                        |                         |                             |                            |  |  |                             |  |
|                    |                   |                        |                         |                             |                            |  |  |                             |  |
|                    |                   |                        |                         |                             |                            |  |  |                             |  |
|                    |                   |                        |                         |                             |                            |  |  |                             |  |
|                    |                   |                        |                         |                             |                            |  |  |                             |  |
|                    |                   |                        |                         |                             |                            |  |  |                             |  |
|                    |                   |                        |                         |                             |                            |  |  |                             |  |
|                    |                   |                        |                         |                             |                            |  |  |                             |  |
|                    |                   |                        |                         |                             |                            |  |  |                             |  |
|                    |                   |                        |                         |                             |                            |  |  |                             |  |
|                    |                   |                        |                         |                             |                            |  |  |                             |  |
|                    |                   |                        |                         |                             |                            |  |  |                             |  |
|                    |                   |                        |                         |                             |                            |  |  |                             |  |
|                    |                   |                        |                         |                             |                            |  |  |                             |  |
|                    |                   |                        |                         |                             |                            |  |  |                             |  |



**(900) Tribal Lands Reporting  
Data Collection Form**

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

|       |   |                             |
|-------|---|-----------------------------|
| <010> | Study Area Code   | 529021                      |
| <015> | Study Area Name   | Q Link Wireless LLC         |
| <020> | Program Year  | 2016                        |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Heather Kirby               |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 7702327805 ext.             |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | etclifelineforms@cgminc.com |

<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 document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

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

| Select<br>Yes or No or<br>Not Applicable |
|--|
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |



|  |  |
|--|--|
| <b>(1100) No Terrestrial Backhaul Reporting<br/>Data Collection Form</b> | FCC Form 481<br>OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2013 |
|--|--|

|       |   |                             |
|-------|---|-----------------------------|
| <010> | Study Area Code   | 529021                      |
| <015> | Study Area Name   | Q Link Wireless LLC         |
| <020> | Program Year  | 2016                        |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Heather Kirby               |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 7702327805 ext.             |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | etclifelineforms@cgminc.com |

<1120> Please confirm whether terrestrial backhaul options exist within the supported area pursuant to § 54.313(g) (Yes, No).

<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).

|  |  |
|--|--|
| <b>(1200) Terms and Condition for Lifeline Customers</b><br><b>Lifeline</b><br><b>Data Collection Form</b> | FCC Form 481<br>OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2013 |
|--|--|

|       |   |                             |
|-------|---|-----------------------------|
| <010> | Study Area Code   | 529021                      |
| <015> | Study Area Name   | Q Link Wireless LLC         |
| <020> | Program Year  | 2016                        |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Heather Kirby               |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 7702327805 ext.             |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | etclifelineforms@cgminc.com |

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Q Link 1210 WA.pdf

Name of Attached Document

<1220> Link to Public Website

HTTP

---

“Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- <1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,
- <1222> Details on the number of minutes provided as part of the plan,
- <1223> Additional charges for toll calls, and rates for each such plan.

**(2000) Price 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*

July 2013

|       |   |  |
|-------|---|--|
| <010> | Study Area Code   | 529021   |
| <015> | Study Area Name   |  |
| <020> | Program Year  | Q LINK WIRELESS LLC                            |
| <030> | Contact Name - Person USAC should contact regarding this data                 | 2016   |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | Heather Kirby                                  |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | 7702327805 ext.<br>etc11@elineforms@cgminc.com |

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental Connect America Phase I support, 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(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

**Incremental Connect America Phase I reporting**

- <2010> 2nd Year Certification {47 CFR § 54.313(b)(1)i}
- <2011a> 3rd Year Certification {47 CFR § 54.313(b)(1)ii}
- <2011b> Attachment {47 CFR § 54.313(b)(1)iii}

Name of Attached Document(s) Listing Required Information

**Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}**

- <2012> 2013 Frozen Support Calculation {47 CFR § 54.313(c)(1)}
- <2013> 2014 Frozen Support Calculation {47 CFR § 54.313(c)(2)}
- <2014> 2015 Frozen Support Calculation {47 CFR § 54.313(c)(3)}
- <2015> 2016 and future Frozen Support Calculation {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)}**

- <2017> 3rd year Broadband Service Certification
- <2018> 5th year Broadband Service Certification
- <2019> Interim Progress Certification
- <2020> Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

- <2021> Interim Progress Community Anchor Institutions

Name of Attached Document(s) Listing Required Information

|   |   |
|---|---|
| <b>(3000) Rate Of Return Carrier Additional Documentation</b> | FCC Form 481  |
| <b>Data Collection Form</b>                                   | OMB Control No. 3060-0986/OMB Control No. 3060-0819 |
|   | July 2013   |

|  |                             |
|--|-----------------------------|
| <b>&lt;010&gt; Study Area Code</b>   | 529021                      |
| <b>&lt;015&gt; Study Area Name</b>   | O Link Wireless LLC         |
| <b>&lt;020&gt; Program Year</b>  | 2016                        |
| <b>&lt;030&gt; Contact Name - Person USAC should contact regarding this data</b>                       | Heather Kirby               |
| <b>&lt;035&gt; Contact Telephone Number - Number of person identified in data line &lt;030&gt;</b>     | 7702327805 ext.             |
| <b>&lt;039&gt; Contact Email Address - Email Address of person identified in data line &lt;030&gt;</b> | etclifelineforms@cgminc.com |

**CHECK the boxes below to note compliance on its 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.**

(3010) **Progress Report on 5 Year Plan**  
Milestone Certification (47 CFR § 54.313(f)(1)(i))

Name of Attached Document Listing Required Information

(3011) Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

(3012) Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))

Name of Attached Document Listing Required Information

(3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2)) (Yes/No)  Yes  No

(3014) If yes, does your company file the RUS annual report (Yes/No)  Yes  No

Please check these boxes to confirm that the attached document(s), 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) for 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? (Yes/No)  Yes  No

If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains

(3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications

(3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

(3021) Management letter and 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

|   |   |
|---|---|
| <b>(3000) Rate Of Return Carrier Additional Documentation (Continued)</b> | FCC Form 481  |
| <b>Data Collection Form</b>   | OMB Control No. 3060-0986/OMB Control No. 3060-0819 |
|   | July 2013   |

|  |                             |
|--|-----------------------------|
| <b>&lt;010&gt; Study Area Code</b>   | 529021                      |
| <b>&lt;015&gt; Study Area Name</b>   | O Link Wireless LLC         |
| <b>&lt;020&gt; Program Year</b>  | 2016                        |
| <b>&lt;030&gt; Contact Name - Person USAC should contact regarding this data</b>                       | Heather Kirby               |
| <b>&lt;035&gt; Contact Telephone Number - Number of person identified in data line &lt;030&gt;</b>     | 7702327805 ext.             |
| <b>&lt;039&gt; Contact Email Address - Email Address of person identified in data line &lt;030&gt;</b> | etclifelineforms@cgminc.com |

**Financial Data Summary**

|   |   |
|---|---|
| (3027) Revenue                          | <input style="width: 100%; height: 20px;" type="text"/> |
| (3028) Operating Expenses               | <input style="width: 100%; height: 20px;" type="text"/> |
| (3029) Net Income                       | <input style="width: 100%; height: 20px;" type="text"/> |
| (3030) Telephone Plant In Service(TPIS) | <input style="width: 100%; height: 20px;" type="text"/> |
| (3031) Total Assets                     | <input style="width: 100%; height: 20px;" type="text"/> |
| (3032) Total Debt                       | <input style="width: 100%; height: 20px;" type="text"/> |
| (3033) Total Equity                     | <input style="width: 100%; height: 20px;" type="text"/> |
| (3034) Dividends                        | <input style="width: 100%; height: 20px;" type="text"/> |

|   |  |
|---|--|
| <b>Certification - Reporting Carrier<br/>Data Collection Form</b> | FCC Form 481<br>OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2013 |
|---|--|

|   |                             |
|---|-----------------------------|
| <010> Study Area Code   | 529021                      |
| <015> Study Area Name   | Q Link Wireless LLC         |
| <020> Program Year  | 2016                        |
| <030> Contact Name - Person USAC should contact regarding this data                 | Heather Kirby               |
| <035> Contact Telephone Number - Number of person identified in data line <030>     | 7702327805 ext.             |
| <039> Contact Email Address - Email Address of person identified in data line <030> | etclifelineforms@cgminc.com |

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

|   |                                |
|---|--------------------------------|
| <b>Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients</b>   |                                |
| 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:  | Date                           |
| Printed name of Authorized Officer:   |                                |
| Title or position of Authorized Officer:  |                                |
| Telephone number of Authorized Officer:   |                                |
| Study Area Code of Reporting Carrier:   | Filing Due Date for this form: |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.  |                                |

|   |  |
|---|--|
| <b>Certification - Agent / Carrier<br/>Data Collection Form</b> | FCC Form 481<br>OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2013 |
|---|--|

|  |                             |
|--|-----------------------------|
| <b>&lt;010&gt; Study Area Code</b>   | 529021                      |
| <b>&lt;015&gt; Study Area Name</b>   | Q Link Wireless LLC         |
| <b>&lt;020&gt; Program Year</b>  | 2016                        |
| <b>&lt;030&gt; Contact Name - Person USAC should contact regarding this data</b>                       | Heather Kirby               |
| <b>&lt;035&gt; Contact Telephone Number - Number of person identified in data line &lt;030&gt;</b>     | 7702327805 ext.             |
| <b>&lt;039&gt; Contact Email Address - Email Address of person identified in data line &lt;030&gt;</b> | etclifelineforms@cgminc.com |

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

| Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier   |   |
|---|---|
| I certify that (Name of Agent) <u>Expert Telecom Compliance, Inc.</u> is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate. |   |
| Name of Authorized Agent:   | Expert Telecom Compliance, Inc.   |
| Name of Reporting Carrier:  | Q Link Wireless LLC   |
| Signature of Authorized Officer:  | CERTIFIED ONLINE <span style="float: right;">Date: 06/25/2015</span>                |
| Printed name of Authorized Officer:   | Issa Asad   |
| Title or position of Authorized Officer:  | CEO   |
| Telephone number of Authorized Officer:   | 8006101540 ext.   |
| Study Area Code of Reporting Carrier:   | 529021 <span style="float: right;">Filing Due Date for this form: 07/01/2015</span> |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.  |   |

**TO BE COMPLETED BY THE AUTHORIZED AGENT:**

| Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier   |   |
|--|---|
| I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate. |   |
| Name of Reporting Carrier:   | Q Link Wireless LLC   |
| Name of Authorized Agent or Employee of Agent:   | Expert Telecom Compliance, Inc.   |
| Signature of Authorized Agent or Employee of Agent:  | CERTIFIED ONLINE <span style="float: right;">Date: 06/23/2015</span>                |
| Printed name of Authorized Agent or Employee of Agent:   | Expert Telecom Compliance, Inc.   |
| Title or position of Authorized Agent or Employee of Agent:  | Regulatory Specialist   |
| Telephone number of Authorized Agent or Employee of Agent:   | 7702327805 ext.   |
| Study Area Code of Reporting Carrier:  | 529021 <span style="float: right;">Filing Due Date for this form: 07/01/2015</span> |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.   |   |

## Attachments





### **Functionality in Emergency Situations**

As a reseller, the Company relies upon its underlying facilities-based carrier for functionality in emergency situations. Through the Company's agreement with its underlying carrier, Sprint, the Company has the ability to remain functional in emergency situations. The Sprint wireless network has reasonable amounts of back-up power and the ability to reroute traffic around damaged facilities and manage traffic spikes resulting from emergency situations. Each cell site in the Sprint's network is equipped with two to four hours of battery back-up power. Many cell sites in the Sprint network provide overlapping coverage for neighboring areas, ensuring that coverage continues in the event of damage to a particular facility. These neighboring cell sites can be adjusted to provide coverage to a wider service area in the event of an emergency. As an MVNO of Sprint, these capabilities benefit Q Link Wireless customers.

## Lifeline Rates, Terms & Conditions

### Plan 1: 68 Monthly Minutes Plan\*

68 anytime minutes per month (unused minutes rollover)  
(texts are one-third of one minute, i.e. 3 texts = 1 minute)  
Net cost to Lifeline customer: **\$0 (free)**

This package includes:

- Free International Long Distance to countries designated at [www.qlinkwireless.com](http://www.qlinkwireless.com)

### Plan 2: 125 Monthly Minutes Plan\*

125 anytime minutes per month (unused minutes rollover)  
(texts are one minute, i.e. 1 text = 1 minute)  
Net cost to Lifeline customer: **\$0 (free)**

### Plan 3: 250 Monthly Minutes Plan\*

250 anytime minutes per month (unused minutes *do not* rollover)  
(texts are one minute, i.e. 1 text = 1 minute)  
Net cost to Lifeline customer: **\$0 (free)**

### Tribal Plan: 1000 Monthly Minutes Plan\*

1000 anytime minutes per month (unused minutes *do not* rollover)  
(texts are one minute, i.e. 1 text = 1 minute)  
Net cost to Tribal Lifeline customer: **\$0 (free)**

\*All packages include:

- Free handset
- Free calls to Customer Service
- Free calls to 911 emergency services
- Free access to Voicemail, Caller-ID, and Call Waiting features
- Free Domestic Long Distance

---

### Additional Minutes

|                    |                    |                          |
|--------------------|--------------------|--------------------------|
| 50 minutes = \$10  | 150 minutes = \$30 | 500 minutes = \$50       |
| 100 minutes = \$20 | 200 minutes = \$35 | unlimited minutes = \$60 |

Complete program terms and conditions located at [www.qlinkwireless.com](http://www.qlinkwireless.com)

## Service Quality and Consumer Protection

The Company is committed to satisfying all applicable state and federal requirements related to consumer protection and service quality standards.

The Company complies with the Cellular Telecommunications and Internet Association's (CTIA) Consumer Code for Wireless Service.

1. Disclose Rates and Terms of Service – These are fully disclosed in advertising as well as on the Company's website.
2. Make Coverage Maps Available – Coverage maps are available on the Company's website.
3. Provide contract terms – the Company does not employ contracts.
4. Allow a trial service – Since Lifeline customers receive free service, there is no commitment to the service on their part. If the service does not suit their needs, they can cancel service at any time without penalty.
5. Provide Specific Disclosure in advertising – All Company advertising, including its website, fully discloses charges and service parameters.
6. Separately Identify Carrier Charges from Tax on Billing Statements – the Company does not render billing statements to its prepaid customers, but for every transaction they make, service charges vs. taxes are fully described.
7. Provide Customers with the Right to Terminate Service Upon Changes to Their Contract – As mentioned, we don't employ contracts so this provision does not apply. Customers can, however, cancel service at any time without penalty.
8. Provide Ready Access to Customer Service – Customers can call customer service for free by dialing 611 or an 800 number. These numbers are disclosed on the Company's website and in advertising and customer welcome materials. Customers may also access Customer Service online through the Company's website.
9. Promptly Respond to Customer Inquiries and Complaints from Government Agencies – We promptly respond to all complaints. If a customer care representative cannot help a customer, we have an escalation process. The Company is committed to resolving customer questions, concerns and complaints in a swift and satisfactory manner.
10. Privacy Policy – The Company protects the privacy of customer information in accordance with applicable federal and state laws. Our privacy policy is available, via link, on every page of the Company's website.
11. Provide Consumers with Free Notifications for Voice, Data and Messaging Usage, and International Roaming – Because the Company's service is prepaid, customers are not able to incur overage charges. However, the Company provides, at no charge, (a) a notification to consumers of domestic wireless plans that include limited data allowances when consumers approach their allowance for data usage; (b) a notification to consumers of domestic voice and messaging plans that include limited voice and messaging allowances when consumers approach their allowance for those services; and (c) a notification to consumers without an international roaming plan/package whose devices have registered abroad and who may incur charges for international usage. The Company also clearly and conspicuously discloses tools or services that enable consumers to track, monitor and/or set limits on voice, messaging and data usage.

12. Abide by the following principles regarding the ability of customers, former customers, and individual owners of eligible devices to unlock phones and tablets, (“mobile wireless devices”) that are locked by or at the direction of the carrier –

- (1) Disclosure. The Company has posted on its website its clear, concise, and readily accessible policy on postpaid and/or prepaid mobile wireless device unlocking.
- (2) Postpaid Unlocking Policy. Not Applicable.
- (3) Prepaid Unlocking Policy. Upon request, the Company will unlock prepaid mobile wireless devices no later than one year after initial activation, consistent with reasonable time, payment or usage requirements.
- (4) Notice. The Company will clearly notify customers that their devices are eligible for unlocking at the time when their devices are eligible for unlocking or automatically unlock devices remotely when devices are eligible for unlocking, without additional fee. The Company reserves the right to charge non-customers/nonformer-customers with a reasonable fee for unlocking requests. Notice to prepaid customers may occur at point of sale, at the time of eligibility, or through a clear and concise statement of policy on the Company’s website.
- (5) Response Time. Within two business days after receiving a request, the Company will unlock eligible mobile wireless devices or initiate a request to the OEM to unlock the eligible device, or provide an explanation of why the device does not qualify for unlocking, or why the carrier reasonably needs additional time to process the request.
- (6) Deployed Personnel Unlocking Policy. The Company will unlock mobile wireless devices for deployed military personnel who are customers in good standing upon provision of deployment papers.

The Company reserves the right to decline an unlock request if it has a reasonable basis to believe the request is fraudulent or the device is stolen.