

June 28, 2017

Utah Public Service Commission Heber M. Wells Building 160 East 300 South Salt Lake City, UT 84114

Docket No. 17-999-14

RE: Docket No. 17-999-14 - FCC Form 481 - Carrier Annual Reporting Telrite Corporation d/b/a Life Wireless - Docket 12-2553-01

Dear Commission,

Pursuant to 47 C.F.R. § 54.422, enclosed please find for filing in the above-referenced docket an original and five (5) copies of Telrite Corporation's FCC Form 481 – Carrier Annual Reporting.

An extra copy of this letter is enclosed to be date-stamped and returned to us in the self- addressed, postage-paid envelope.

If you have any questions regarding this filing, please contact me at (407) 260-1011 or regulatory@csilongwood.com.

Respectfully submitted,

Mark Lammert Attorney-in-Fact

Telrite Corporation d/b/a Life Wireless

Enclosures

CC For	m 481 - Carrier Annual Reporting Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/QMB Control No. 3060-0819 July 2013
<010>	Study Area Code	509010	
<015>	Study Area Name	Telrite Corporation	
<020>	Program Year	2018	
<030>	Contact Name: Person USAC should contact with questions about this data	Mark Lammert	
<035>	Contact Telephone Number: Number of the person identified in data line <030>	4072601011 ext.	
<039>	Contact Email Address: Email of the person identified in data line <030>	regulatory@csilongwood.com	
	Form Type	54.422	

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

<010>	Study Area Code	509010
<015>	Study Area Name	Telrite Corporation
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Mark Lammert
<035>	Contact Telephone Number - Number of person identified in data line <030>	4072601011 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	regulatory@csilongwood.com

<a>>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<c1></c1>	<c2></c2>	<d></d>	<e></e>	<f></f>	<g></g>	<h></h>
NORS Reference Number		Outage Start Time		Outage End Time	Number of Customers Affected	Total Number of Customers	911 Facilities Affected (Yes / No)	Service Outage Description (Check all that apply)	Did This Outage Affect Multiple Study Areas (Yes / No)	Service Outage Resolution	Preventat Procedur
							1102 -				

	fulfilled Service Request ection Form		FCC Form 483 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	509010	
<015>	Study Area Name	Telrite Corporation	
<020>	Program Year	2018	
<030>	Contact Name - Person USAC should contact regarding this data	Mark Lammert	
<035>	Contact Telephone Number - Number of person identified in data line <030>	4072601011 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	regulatory@csilongwood.com	
<300> L	infulfilled service request (voice)		
<310>	Detail on attempts (voice)		
<320>	Name Unfulfilled service request (broadband)	of Attached Document	
<330>	Detail on attempts (broadband)	ame of Attached Document	

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

<010>	Study Area Code 509010			
<015>	Study Area Name Telrite Corperation			
<020>	Program Year 2014			
<030>	Contact Name - Person USAC should contact regarding this data			
<035>	Contact Telephone Number - Number of person identified in data line			
<039>	Contact Email Address - Email Address of person identified in data line regulatory@ceiloogwood.oum <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			
<430>	Select from the drop-down list to indicate how you would like to report end-user customer complaints (zero or greater) for broadband 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.			
<440>	Complaints per 1000 customers for fixed broadband			
<450>	Complaints per 1000 customers for mobile broadband			

-	npliance With Service Quality Standards and Consumer Protection Rules action Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2018		
<010>	Study Area Code	509010			
<015>	Study Area Name	Telrite Corporation			
<020>	Program Year	2018			
<030>	Contact Name - Person USAC should contactive, ardin, this data	Mark Lanmer,			
<035>	Contact Telephone Number - Number of Jerson Identified in data line <030>	4072601011 ext.			
<039>	Contact Email Address - Email Address of person identified in data line <030>	regulatory%csilongwood.com			
<500>	D> Certify compliance with applicable service quality standards and consumer protection rules				
<510>	Descriptive document for Service Quality Standards & Consumer Protection Ru	iles Compliance			
<515>	Certify compliance with applicable minimum service standards				

	nctionality in Emergency Situations Ilection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	509010	
<015>	Study Area Name	Strate Secondition	
<020>	Program Year	1011	
<030>	Contact Name - Person USAC should contact regarding this data	Mark Lammer:	
<035>	Contact Telephone Number - Number of person identified in data line <030>	4072601011 exc.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	regulatory@ceilongwood.com	
<600>	Certify compliance regarding ability to function in emergency situations		

	ice Offerings including Voice Rate Data llection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	509010	
<015>	Study Area Name	Telrite Corporation	
<020>	Program Year	2018	
<030>	Contact Name - Person USAC should contact regarding this data	Mark Lammert	
<035>	Contact Telephone Number - Number of person identified in data	line <030> 4072601011 ext.	
<039>	Contact Email Address - Email Address of person identified in data	line <030> regulatory@csilongwood.com	
<701>	Residential Local Service Charge Effective Date 1/1/2017 Single State-wide Residential Local Service Charge		

	<a1></a1>	<a2></a2>	<a3> .</a3>	<b1></b1>	<b2></b2>	 ti3>	<p4><p4><</p4></p4>	<bs><</bs>	<c></c>
	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 Fe
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F									
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-									
-	_								

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

<010>	Study Area Code 5	09010
<015>	Study Area Name	Telrite Corporation
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Mark Lammert
<035>	Contact Telephone Number - Number of person identified in data line <030>	4072601011 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	regulatory@csilongwood.com

1>	Q 1>	<a2></a2>	<01>	45>	<	<d1></d1>	<d2></d2>	<d!></d!>	<d4></d4>
L	State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rate and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached (select
\vdash									
\vdash									
\vdash									
\vdash									

(800) Operating Companies	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-081.9
	July 2013

<010>	Study Area Code		509010	
<015>	Study Area Name		Telrite Comporation	
<020>	Program Year		2018	
<030>	Contact Name - Person	USAC should contact regarding this data	Mask Lammert	
<035>	Contact Telephone Nun	nber - Number of person identified in data line <030>	4072601011 ext.	
<039>	Contact Email Address -	Email Address of person identified in data line <030>	re-ulator csilon cod.com	
<810>	Reporting Carrier	Telrite Corporation dba Life Wireless		
<811>	Holding Company	Not Applicable		
<812>	Operating Company	Life Wireless Holdings, LLC		

Q1>	(92)	<a>3>
Affiliates	SAC	Doing Business As Company or Brand Designation
		30.25

<015> St <020> Pt <030> Co	tudy Area Code tudy Area Name		
<015> St <020> Pt <030> Cd		509010	
<020> Pr		Telrite Corporation	
<030> C	rogram Year	2018	
<035> C	Contact Name - Person USAC should contact regarding this data	Mark Lammert	
1035r C	ontact Telephone Number - Number of person identified in data line <030>	4072601011 ext.	
<03.9> Co	Contact Email Address - Email Address of person identified in data line <030>	regulatory@csilongwood.com	
<900> [Does the filing entity offer tribal land services? (Y/N)		
<910> Tı	ribal Land(s) on which ETC Serves		
<920> T	ribal Government Engagement Obligation	Name of Attached	Document
If your corr	npany serves Tribal lands, please select (Yes,No, NA) for each these boxes		
	the status described on the attached PDF, on line 920,	-	
	ates coordination with the Tribal government pursuant to	Select	
)(9) includes:	Yes or No or	
<921> N	Needs assessment and deployment planning with a focus on Tribal community anchor institutions.	Not Applicable	
	easibility and sustainability planning;		
	Marketing services in a culturally sensitive manner;		
	Compliance with Rights of way processes		
	Compliance with Land Use permitting requirements		
	Compliance with Facilities Siting rules		
	Compliance with Environmental Review processes		
	Compliance with Cultural Preservation review processes		
	Compliance with Tribal Business and Licensing requirements.		

(1000) Voice and Broadband Service Rate Comparability Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	509010
<015>	Study Area Name	Telrite Corpoxation
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Mark Lammert
<035>	Contact Telephone Number - Number of person identified in data line <030>	4072601011 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	regulatory@csilongwood.com
<1010>	·	
<1010>	Attach detailed description for voice services rate comparability compliance	
<1010>		Name of Attached Document
<1010> <1020>	comparability compliance	Name of Attached Document
<1020>	comparability compliance Broadband comparability certification	Name of Attached Document
	comparability compliance Broadband comparability certification	Name of Attached Document

A 44000 TO 100	o Terrestrial Backhaul Reporting Jection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	509010	
<015>	Study Area Name	Telrite Corporation	
<020>	Program Year	2018	
<030>	Contact Name - Person USAC should contact regarding this data	Mark Lammert	
<035>	Contact Telephone Number - Number of person identified in data line <030>	4072601011 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	regulatory@csilongwood.com	
<1100>	Certify whether terrestrial backhaul options exist {Y/N}		
<1130>	Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 upstream within the supported area pursuant to § 54.313(g).	kbps	

Lifeline	erms and Condition for Lifeline Customers lection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	509010
<015>	Study Area Name	Telrite Corporation
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Mark Lammert
<035>	Contact Telephone Number - Number of person identified in data line <030>	4072601011 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	regulator@@csilongwood.com
<1210>	Terms & Conditions of Voice Telephony Lifeline Plans	Name of Attached Document
<1220>	Link to Public Website HTTP ht	ps://www.lifewireless.com/
or the we	heck these boxes below to confirm that the attached document(s), on line 1210, ebsite listed, on line 1220, contains the required information pursuant to (a)(2) annual reporting for ETCs receiving low-income support, carriers must report:	
<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	
<1222>	Details on the number of minutes provided as part of the plan,	
<1223>	Additional charges for toll calls, and rates for each such plan.	

(2005) P	rice Cap Carrier Additional Documentation	10/1 V	FCC Form 481
Data Col	lection Form		OMB Centrol No. 3060-0986/OMB Control No. 3060-0819
Including Rate-of-Return Carriers of iliated with Price Cap Local Exchange Carriers			July 2013
<010>	Study Area Code	509010	
<015>	Study Area Name	Telrite Corporation	
<020>	Program Year	2018	
<030>	Contact Name - Person USAC should contact regarding this data	Mark Lammert	
<035>	Contact Telephone Number - Number of person identified in data line <030>	4071601011 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	regulatory@csilongwood.com	

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental 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

<2011>	3rd Year Certification 47 CFR §54.313(b)(1)(ii) - Note that for the July 2017 certification, this applies to Round 2 recipients of Incremental Support.		
<2022>	Recipient certifies, representing year three after filing a notice of acceptance of funding pursuant to 54.312(c), that the locations in question are not receiving support under the Broadband Initiatives		
<2023>	Program or the Broadband Technology Opportunities Program for projects that will provide broadband with speeds of at least 4 Mbps/1Mbps - 54.313(b)(2)(i). Round 2 recipients only. The attachment on line 2024 includes a statement of the total amount of capital funding expended in the previous year in meeting Connect America Phase I deployment obligations, accompanied by a list of census blocks indicating where funding was spent. This covers		
<2024A>	year three - 54.313(b)(2)(ii). Round 2 recipients only. Round 2 Recipient of Incremental Support?		
<2024B>	Attach list of census blocks indicating where funding was spent in year three - 54.313(b)(2)(ii). Round 2 recipients only.	Name of Attached Document Listing Required Information	
<2025A>	Round 2 Recipient of Incremental Support?		
<2025B>	Attach geocoded Information for Phase I milestone reports (Round 2 for year three) - Connect America Fund , WC Docket 10-90, Report and Order, FCC 13-73, paragraph 35 (May 22, 2013).	Name of Attached Document Listing Required Information	
<2015>	2016 and future Frozen Support Certification 47 CFR § 54.313(c)(4)		

ata Collection F	Carrier Additional Documentation form -Return Carriers affiliated with Price Cap Local Exchange Carriers	FCC Form 481 OMB Control No July 2013	3060-0986/OMB Control No 3060-0819
<2016>	p Carrier Connect America ICC Support {47 CFR § 54.313(d)} Certification support used to build broadband America Phase II Reporting {47 CFR § 54.313(e)}		
<2017A>	Connect America Fund Phase II recipient?		
<2017C>	Total amount of Phase II support, if any, the price cap carrier used for capital expenditures in 2016.		
<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)	Name of Attached Document Listing Required Information	
<2019>	Recipient certifies that it bid on category one telecommunications and Internet access services in response to all FCC Form 470 postings seeking broadband service that meets the connectivity targets for the schools and libraries universal service support program for eligible schools and libraries located within any area in a census block where the carrier is receiving Phase II model-based support, and that such bids were at rates reasonably comparable to rates charged to eligible schools and libraries in urban areas for comparable offerings - 54.313(e)(1)(ii)(C)		

(3005) Rate C Data Collecti	Of Return Cerner Additional Documentation on Form		ONE Appropriet Annual Committee for A control of		FQC Form 481 OMB Control No. 3060-0986/OM8 Control No. 3060-0819 July 2013	
240						
<610>	Study Area Code		509010		·	
<015>	Study Area Name			Corporat	tion	
<030>	Program Year		2018			
	Contact Name - Person USAC should contact regarding this d		Mark Lat			
<035>	Contact Telephone Number - Number of person identified in	data line <030>	40726010			
<039>	Contact Email Address - Email Address of person identified in	data line <030>	regulatory@csilongwood.com			
financial r	in the drop down menu or check the boxes below to eporting requirements set forth in 47 CFR 54.313(f)(pelow 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}}					
(30108)	Please Provide Attachment		hed Document Lis	ting Required		
3012A)	Community Anchor Institutions [47 CFR §	Information			0	
3012B)	54.313(f)(1)(ii)) Please Provide Attachment	Name of Attack	hed Document Lis	sting Required		
3013)	Is your company a Privately Held ROR Carrier (47 CFR	Information (Yes/No)	0	O		
(3014)	§ 54.313(f)(2)) If yes, does your company file the RUS annual report	(Yes/No)	\circ	\circ		
3015) (3016)	Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires: Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers) 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 Attack	hed Document Us	sting Required		
(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)	0		
(3019)	Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS					
3020)	Operating Report for Telecommunications Borrowers Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows					
(3021)	Management letter and/or audit opinion issued by the independent certified public accountant that performed the company's financial audit. If the response is no on line 3018, please check the boxes below to confirm your submission on line					
(3022)	3026 pursuant to § 54.313(f)(2), contains: 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					

Name of Attached Document Listing Required

Information

(3026)

Attach the worksheet listing required information

(3005) Rate Of Return Carrier Additional Documentation (Continued)		FCC Form 481	
Data Collection Form		OMB Control No 3060-0986/OMB Control No 3060-0819	
		July 2013	
<010> Study Area Code	509010		
<015> Study Area Name	Telrite Corporation		
<020> Program Year	2018		

regulatory cs long and co

Mark Lammert 4072601011 ext.

FCC Form 481

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

<030> Contact Name - Person USAC should contact regarding this data <035>
 Contact Telephone Number - Number of person identified in data line <030>
 Contact Email Address - Email Address of person identified in data line <030>

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

<010>	Study Area Code	509010
<015>	Study Area Name	Telrite Corporation
<020>	Program Year	2019
<030>	Contact Name - Person USAC should contact regarding this data	Mark Lammert
<035>	Contact Telephone Number - Number of person identified in data line <030> 4072601811 exc.	
<039>	Contact Email Address - Email Address of person identified in data line < 030> regulatory@csilongwood.com	

4005 Rural Broadband Experiment

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

Public Interest Obligations - FCC 14-98 (paragraphs 26-29, 78)

Please address Line 4001 regarding compliance with the Commission's public interest obligations. All RBE participants must provide a response to line 4001.

4001. Recipient certifies that it is offering broadband to the identified locations meeting the requisite public interest obligations consistent with the category for which they were selected, including broadband speed, latency, usage capacity, and rates that are reasonably comparable to rates for comparable offerings in urban areas?

Community Anchor Institutions - FCC 14-98 (paragraph 79)

4003a. RBE participants must provide the number, names, and addresses of community anchor institutions to which they newly deployed broadband service in the preceding calendar year. On this line, please respond (yes – attach new community anchors, no – no new anchors) to indicate whether this list will be provided.

If yes to 4003A, please provide a response for 4003B.

4003b. Provide the number, names and addresses
of community anchor institutions to which the
recipient newly began providing access to
broadband service in the preceding calendar year.

Broadband Deployment Locations - FCC 14-98 (paragraph 80)

4004a. Attach a list of geocoded locations to which broadband has been deployed as of the June 1st immediately preceding the July 1st filing deadline for the FCC Form 481.

Name of Attached Document Listing Required Information

4004b. Attach evidence demonstrating that the recipient is meeting the relevant public service obligations for the identified locations. Materials must at least detail the pricing, offered broadband speed and data usage allowances available in the relevant geographic area.

must at least detail the pricing, offered broadband Name of Attached Document Listing Required Information

Certification - Reporting Carrier Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	509010
<015>	Study Area Name	Telrite Corporation
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Mark Lammert
<035>	Contact Telephone Number - Number of person identified in data line <030>	4072601011 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	re wlator @csilon wood.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: Telrite Corporation		
Signature of Authorized Officer: CERTIFIED ONLINE		Date 06/19/2017
Printed name of Authorized Officer: Kelly Jesel		
Title or position of Authorized Officer; CFO		
Telephone number of Authorized Officer: 6782021294 ext.		
Study Area Code of Reporting Carrier: 509010	Filing Due Date for this form: 07/03/2017	

Certification - Agent / Carrier Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	509010
<015>	Study Area Name	Telrite Corporation
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Mark Lammert
<035>	Contact Telephone Number - Number of person identified in data line <030>	4072601011 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	regulatory@csilongwood.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 carrier.	
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:		
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:	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent i	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 reciplents 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;		
Fitle or position of Authorized Agent or Employee of Agent		
Telephone number of Authorized Agent or Employee of Ag	gent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form	n: