| FCC Foi | rm 481 - Carrier Annual Reporting<br>Data Collection Form                       |                        | FCC Form 481<br>OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2018 |
|---------|---|------------------------|--|
| <010>   | Study Area Code   | 509004                 |  |
| <015>   | Study Area Name   | TracFone Wireless Inc. |  |
| <020>   | Program Year  | 2020                   |  |
| <030>   | Contact Name: Person USAC should contact with questions about this data         | Janet Morejon          |  |
| <035>   | Contact Telephone Number:<br>Number of the person identified in data line <030> | 3057156522 ext.        |  |
| <039>   | Contact Email Address:<br>Email of the person identified in data line <030>     | jmorejon@tracfone.com  |  |
|         | Form Type   | 54.422                 |  |

| (200) Service Outage Reporting (Voice) | FCC Form 481  |
|--|---|
| Data Collection Form                   | OMB Control No. 3060-0986/OMB Control No. 3060-0819 |
|  | July 2018   |

| <010> | Study Area Code   | 509004                 |  |  |
|-------|---|------------------------|--|--|
| <015> | Study Area Name   | TracFone Wireless Inc. |  |  |
| <020> | Program Year  | 2020                   |  |  |
| <030> | Contact Name - Person USAC should contact regarding this data                       | Janet Morejon          |  |  |
| <035> | Contact Telephone Number - Number of person identified in data line <030>           | 3057156522 ext.        |  |  |
| <039> | Contact Email Address - Email Address of person identified in data line <030>       | jmorejon@tracfone.com  |  |  |
| <210> | <210> For the prior calendar year, were there any reportable voice service outages? |                        |  |  |

| <220> | <a></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 |         |         |

| <a></a>   | <b1></b1>    | <b2></b2>    | <b3></b3>  | <b4></b4>  | <c1></c1>                 | <c2></c2>              | <d></d>        | <e></e>            | <f></f>         | <g></g>        | <h>&gt;</h>  |
|-----------|--------------|--------------|------------|------------|---------------------------|------------------------|----------------|--------------------|-----------------|----------------|--------------|
| NORS      |              |              |            |            |                           |                        |                |                    | Did This Outage |                |              |
| Reference | Outage Start | Outage Start | Outage End | Outage End | Number of                 |                        | 911 Facilities | Service Outage     | Affect Multiple |                |              |
| Number    | Date         | Time         | Date       | Time       | <b>Customers Affected</b> | <b>Total Number of</b> | Affected       | Description (Check |                 | Service Outage | Preventative |
|           |              |              |            |            |                           | Customers              | (Yes / No)     | all that apply)    | (Yes / No)      | Resolution     | Procedures   |
|           |              |              |            |            |                           |                        |                |                    | •               |                |              |
|           |              |              |            |            |                           |                        |                |                    |                 |                |              |
|           |              |              |            |            |                           |                        |                |                    |                 |                |              |
|           |              |              |            |            |                           |                        |                |                    |                 |                |              |
|           |              |              |            |            |                           |                        |                |                    |                 |                |              |
|           |              |              |            |            |                           |                        |                |                    |                 |                |              |
|           |              |              |            |            |                           |                        |                |                    |                 |                |              |
|           |              |              |            |            |                           |                        |                |                    |                 |                |              |
|           |              |              |            |            |                           |                        |                |                    |                 |                |              |
|           |              |              |            |            |                           |                        |                |                    |                 |                |              |
|           |              |              |            |            |                           |                        |                |                    |                 |                |              |
|           |              |              |            |            |                           |                        |                |                    |                 |                |              |
|           |              |              |            |            |                           |                        |                |                    |                 |                |              |
|           |              |              |            |            |                           |                        |                |                    |                 |                |              |
|           |              |              |            |            |                           |                        |                |                    |                 |                |              |
|           |              |              |            |            |                           |                        |                |                    |                 |                |              |
|           |              |              |            |            |                           |                        |                |                    |                 |                |              |
|           |              |              |            |            |                           |                        |                |                    |                 |                |              |
|           |              |              |            |            |                           |                        |                |                    |                 |                |              |
|           |              |              |            |            |                           |                        |                |                    |                 |                |              |
|           |              |              |            |            |                           |                        |                |                    |                 |                |              |
| -         | 1            |              |            |            |                           |                        |                |                    |                 |                |              |
| -         | -            |              |            |            |                           |                        |                |                    |                 |                |              |
|           |              |              |            |            |                           |                        |                |                    |                 |                |              |

| (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 2018   |

| <010> | Study Area Code 509004   |  |  |
|-------|--|--|--|
| <015> | Study Area Name TracFone Wireless Inc.   |  |  |
| <020> | Program Year 2020  |  |  |
| <030> | Contact Name - Person USAC should contact regarding this data  Janet Morejon   |  |  |
| <035> | Contact Telephone Number - Number of person identified in data line <030>  |  |  |
| <039> | Contact Email Address - Email Address of person identified in data line jmorejon@tracfone.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 Pata Collection Form |   |                        | FCC Form 481<br>OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2018 |
|---|---|------------------------|--|
| <010>   | Study Area Code   | 509004                 |  |
| <015>   | Study Area Name   | TracFone Wireless Inc. |  |
| <020>   | Program Year  | 2020                   |  |
| <030>   | Contact Name - Person USAC should contact regarding this data                 | Janet Morejon          |  |
| <035>   | Contact Telephone Number - Number of person identified in data line <030>     | 3057156522 ext.        |  |
| <039>   | Contact Email Address - Email Address of person identified in data line <030> | jmorejon@tracfone.com  |  |
|   |   |                        |  |
| <515>   | Certify compliance with applicable minimum service standards                  |                        |  |

| Da | ta Collection Form  | OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2018 |
|----|---|--|
|    | 10> Study Area Code   |  |
| -  | 10> Study Area Code<br>15> Study Area Name  | TracFone Wireless Inc.   |
| <  | 20> Program Year  | 2020   |
| <  | 30> Contact Name - Person USAC should contact regarding this data                 | Janet Morejon  |
| <  | 35> Contact Telephone Number - Number of person identified in data line <030>     | 3057156522 ext.  |
| <  | 39> Contact Email Address - Email Address of person identified in data line <030> | jmorejon@tracfone.com  |
| <( | 00> Certify compliance regarding ability to function in emergency situations      |  |
| <( | 10> Descriptive document for Functionality in Emergency Situations                |  |

FCC Form 481

(600) Functionality in Emergency Situations

| (800) Op | erating Companies   |                        | FCC Form 481   |
|----------|---|------------------------|--|
| Data Col | lection Form  |                        | OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2018 |
|          |   |                        |  |
| <010>    | Study Area Code   | 509004                 |  |
| <015>    | Study Area Name   | TracFone Wireless Inc. |  |
| <020>    | Program Year  | 2020                   |  |
| <030>    | Contact Name - Person USAC should contact regarding this data                 | Janet Morejon          |  |
| <035>    | Contact Telephone Number - Number of person identified in data line <030>     | 3057156522 ext.        |  |
| <039>    | Contact Email Address - Email Address of person identified in data line <030> | jmorejon@tracfone.com  |  |

| <810> | Reporting Carrier | TracFone Wireless Inc |
|-------|-------------------|-----------------------|
| <811> | Holding Company   | Not Applicable        |
| <812> | Operating Company | TracFone Wireless Inc |

| <813> | <a1></a1>  | <a2></a2>    | <a3></a3>                                      |
|-------|------------|--------------|--|
|       | Affiliates | SAC          | Doing Business As Company or Brand Designation |
| -     |            |              |  |
| -     |            |              |  |
| -     |            |              |  |
| -     |            |              |  |
| -     |            |              |  |
| -     | See attacl | ned workshee |  |
| -     |            |              |  |
| -     |            |              |  |
| -     |            |              |  |
| -     |            |              |  |
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| -     |            |              |  |
| -     |            |              |  |
| -     |            |              |  |
| -     |            |              | _  |
| -     |            |              |  |
| -     |            |              |  |
|       |            |              |  |

| (900) Tribal Lands Reporting   | FCC Form 481  |
|--|---|
| Data Collection Form   | OMB Control No. 3060-0986/OMB Control No. 3060-0819 |
|  | July 2018   |
|  |   |
| <010> Study Area Code  | 509004  |
| <015> Study Area Name  | TracFone Wireless Inc.                              |
| <020> Program Year   | 2020  |
| <030> Contact Name - Person USAC should contact regarding this data  | Janet Morejon<br>3057156522 ext.                    |
| <035> Contact Telephone Number - Number of person identified in data line <030>  | jmorejon@tracfone.com                               |
| <039> Contact Email Address - Email Address of person identified in data line <030>  | Julore Jonetracrone. Com                            |
| <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: | 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  |   |
| <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.  |   |

|        |   |                           |   | rageo                     |
|--------|---|---------------------------|---|---------------------------|
|        | oice and Broadband Service Rate Comparability<br>ection Form                  |                           | FCC Form 481<br>OMB Control No. 3060-0986/<br>July 2018 | OMB Control No. 3060-0819 |
| <010>  | Study Area Code   | 509004                    |   |                           |
| <015>  | Study Area Name   | TracFone Wireless Inc.    |   |                           |
| <020>  | Program Year  | 2020                      |   |                           |
| <030>  | Contact Name - Person USAC should contact regarding this data                 | Janet Morejon             |   |                           |
| <035>  | Contact Telephone Number - Number of person identified in data line <030>     | 3057156522 ext.           |   |                           |
| <039>  | Contact Email Address - Email Address of person identified in data line <030> | jmorejon@tracfone.com     |   |                           |
| <1000> | Voice services rate comparability certification                               |                           |   |                           |
| <1010> | Attach detailed description for voice services rate comparability compliance  |                           |   |                           |
|        |   | Name of Attached Document |   |                           |
| <1020> | Broadband comparability certification   |                           |   |                           |
| <1030> | Attach detailed description for broadband comparability compliance            |                           |   |                           |
|        |   | Name of Attached Document |   | -                         |

| (1100) No Terrestrial Backhaul Reporting Data Collection Form |  |                        | FCC Form 481  OMB Control No. 3060-0986/OMB Control No. 3060-0819  July 2018 |
|---|--|------------------------|--|
| <010>   | Study Area Code  | 509004                 |  |
| <015>   | Study Area Name  | TracFone Wireless Inc. |  |
| <020>   | Program Year   | 2020                   |  |
| <030>   | Contact Name - Person USAC should contact regarding this data  | Janet Morejon          |  |
| <035>   | Contact Telephone Number - Number of person identified in data line <030>  | 3057156522 ext.        |  |
| <039>   | Contact Email Address - Email Address of person identified in data line <030>  | jmorejon@tracfone.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                   |  |
| <1140>  | Alaska Plan rate-of-return certification (yes, no, or not applicable) of compliance with approved performance plan.  |                        |  |
|   |  |                        |  |

| (1200) Te | erms and Condition for Lifeline Customers  |                          | FCC Form 481  |
|-----------|--|--------------------------|---|
| Lifeline  |  |                          | OMB Control No. 3060-0986/OMB Control No. 3060-0819 |
| Data Coll | ection Form  |                          | July 2018   |
|           |  |                          |   |
| <010>     | Study Area Code  | 509004                   |   |
| <015>     | Study Area Name  | TracFone Wireless Inc.   |   |
| <020>     | Program Year   | 2020                     |   |
| <030>     | Contact Name - Person USAC should contact regarding this data  | Janet Morejon            |   |
| <035>     | Contact Telephone Number - Number of person identified in data line <03  | 0> 3057156522 ext.       |   |
| <039>     | Contact Email Address - Email Address of person identified in data line <03  | 0> jmorejon@tracfone.com |   |
| <1210>    | Terms & Conditions of Voice Telephony Lifeline Plans   |                          |   |
|           |  |                          | Name of Attached Document                           |
| <1220>    | Link to Public Website HTTP  | www.safelink.com         |   |
| or the we | heck these boxes below to confirm that the attached document(s), on line 1210, obsite 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) Price (<br>Data Collection | Cap Carrier Additional Documentation   |                        |                          | CC Form 481<br>OMB Control No. 30 | 60-0986/OMB Control No. 3060-0819 |
|-----------------------------------|--|------------------------|--------------------------|-----------------------------------|-----------------------------------|
| Including Rate                    | e-of-Return Carriers affiliated with Price Cap Local Exchange Carriers                               |                        | J                        | uly 2018                          |                                   |
| <010> Stu                         | udy Area Code  | 509004                 |                          |                                   |                                   |
|                                   | udy Area Name  | TracFone Wireless Inc. |                          |                                   |                                   |
|                                   | ogram Year   | 2020                   |                          |                                   |                                   |
|                                   | ntact Name - Person USAC should contact regarding this data  | Janet Morejon          |                          |                                   |                                   |
|                                   | ntact Telephone Number - Number of person identified in data line <030>                              | 3057156522 ext.        |                          |                                   |                                   |
| <039> Coi                         | entact Email Address - Email Address of person identified in data line <030>                         | jmorejon@tracfone.com  |                          |                                   |                                   |
|                                   | e appropriate responses below (Yes, No, Not Appl<br>access charge reductions, and Connect America Pl | _                      | -                        |                                   |                                   |
| form and                          | in the documents attached below is accurate.   |                        |                          |                                   | -                                 |
| <2015>                            | > 2016 and future Frozen Support Certification 47 CFR  | § 54.313(c)(4)         |                          |                                   |                                   |
|                                   | •  |                        |                          |                                   |                                   |
| Price Car                         | p Carrier Connect America ICC Support {47 CFR § 5  | i4.313(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 of   | carrier used for       |                          |                                   |                                   |
|                                   | capital expenditures in 2018.  |                        |                          | <u> </u>                          |                                   |
| <2018>                            | Attach the number, names, and addresses of commun  | ity anchor             | Name of Attached Documer | nt Listing                        |                                   |
|                                   | institutions to which the carrier newly began providing  | access to              | Required Information     | ·                                 |                                   |
|                                   | broadband service in the preceding calendar year - 54.   |                        | ·                        |                                   |                                   |
|                                   | , ,  |                        |                          | L                                 |                                   |
| <2019>                            | Recipient certifies that it bid on category one telecomn   | nunications and        |                          |                                   |                                   |
| 2019/                             |  |                        |                          |                                   |                                   |
|                                   | Internet access services in response to all FCC Form 47  |                        |                          |                                   |                                   |
|                                   | broadband service that meets the connectivity targets  |                        |                          |                                   |                                   |
|                                   | libraries universal service support program for eligible   | schools and            |                          |                                   |                                   |
|                                   | libraries located within any area in a census block whe  | re the carrier is      |                          |                                   |                                   |
|                                   | receiving Phase II model-based support, and that such  |                        |                          |                                   |                                   |
|                                   | reasonably comparable to rates charged to eligible sch   |                        |                          |                                   |                                   |
|                                   | urban areas for comparable offerings - 54.313(e)(1)(ii)(   |                        |                          |                                   |                                   |
|                                   | arban areas for comparable offerings - 54.513(e)(1)(ii)(   | (C)                    |                          |                                   |                                   |

| (3005) Rate Of Return Carrier Additional Documentation  Data Collection Form |   | FCC Form 481<br>OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2018 |
|--|---|--|
| <010>  | Study Area Code   | 509004   |
| <015>  | Study Area Name   | TracFone Wireless Inc.   |
| <020>  | Program Year  | 2020   |
| <030>  | Contact Name - Person USAC should contact regarding this data                 | Janet Morejon  |
| <035>  | Contact Telephone Number - Number of person identified in data line <030>     | 3057156522 ext.  |
| <039>  | Contact Email Address - Email Address of person identified in data line <030> | jmorejon@tracfone.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?

| (3007a)            | (3007b)                             |
|--------------------|-------------------------------------|
| Name of Consultant | Name of Consultant Firm/Third Party |
|                    |                                     |
|                    |                                     |
|                    |                                     |
|                    |                                     |
|                    |                                     |

**CAF BLS Reporting** 

| (3008A)  | Please indicate whether new locations were deployed during the prior calendar year.   |  |  |
|----------|---|--|--|
| (3008B)  | Please enter the number of new locations deployed in the prior calendar year associated with each of the following speed tiers. |  |  |
| (3008B1) | Number of newly built locations with access to broadband speeds of at least 10/1 Mbps but less than 25/3 Mbps.                  |  |  |
| (3008B2) | Number of newly built locations with access to broadband speeds of 25/3 Mbps or higher.   |  |  |
| (3008C)  | Please provide the percentage of deployment across the entire study area.   |  |  |

| (3005) Rate Of Return Carrier Additional Documentation | FCC Form 481  |
|--|---|
| Data Collection Form                                   | OMB Control No. 3060-0986/OMB Control No. 3060-0819 |
|  | July 2018   |

| <010> | Study Area Code   | 509004                 |
|-------|---|------------------------|
| <015> | Study Area Name   | TracFone Wireless Inc. |
| <020> | Program Year  | 2020                   |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Janet Morejon          |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 3057156522 ext.        |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | jmorejon@tracfone.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.

|         | Dragrass Danart on E Voor Dlan  |                            |                       |  |
|---------|---|----------------------------|-----------------------|--|
| (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)}   |                            | Г                     |  |
| (3010B) | Please Provide Attachment   | Name of Attached Docui     | ment Listing Required |  |
| (3012A) | Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}   | inormation.                | Г                     |  |
| (3012B) | Please Provide Attachment   | Name of Attached Docui     | ment Listing Required |  |
| (3013)  | Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)}  | (Yes/No)                   |                       |  |
| (3014)  | If yes, does your company file the RUS annual report  | (Yes/No)                   | 0 0                   |  |
| (3015)  | Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:  Electronic copy of their annual RUS reports (Operating Report for Telecommunications  |                            |                       |  |
| (3016)  | 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   | Name of Attached Documents | ment Listing Required |  |
| (3018)  | documentation If the response is no on line 3014, is your company audited? If the response is yes on line 3018, please check the boxes below to confirm your submission on line   | (Yes/No)                   | 0 0                   |  |
| (3019)  | 3026 pursuant to § 54.313(f)(2), contains:  Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers Document(s) for Balance Sheet, Income Statement   |                            |                       |  |
| (3021)  | and Statement of Cash Flows  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 Documents | ment Listing Required |  |

| (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 2018   |

| <015> Study Area Name   TracFone Wireless Inc.   <020> Program Year   2020     <030> Contact Name - Person USAC should contact regarding this data   Janet Morejon   <035> Contact Telephone Number - Number of person identified in data line <030> 3057156522 ext.   <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365     <0365 | <010> | Study Area Code   | 509004                 |
|--|-------|---|------------------------|
| <030> Contact Name - Person USAC should contact regarding this data  | <015> | Study Area Name   | TracFone Wireless Inc. |
|  | <020> | Program Year  | 2020                   |
| <035> Contact Telephone Number - Number of person identified in data line <030> 3057156522 ext.  | <030> | Contact Name - Person USAC should contact regarding this data                 | Janet Morejon          |
|  | <035> | Contact Telephone Number - Number of person identified in data line <030>     | 3057156522 ext.        |
| <039> Contact Email Address - Email Address of person identified in data line <030> imorejon@tracfone.com  | <039> | Contact Email Address - Email Address of person identified in data line <030> | jmorejon@tracfone.com  |

| 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                        |  |
|   |  |

| (4005) Rural Broadband Experiment Additional Documentation | FCC Form 481  |
|--|---|
| Data Collection Form                                       | OMB Control No. 3060-0986/OMB Control No. 3060-0819 |
|  | July 2018   |

| <010> | Study Area Code   | 509004                          |
|-------|---|---------------------------------|
| <015> | Study Area Name   | TracFone Wireless Inc.          |
| <020> | Program Year  | 2020                            |
| <030> | Contact Name - Person USAC should contact regarding this data         | Janet Morejon                   |
| <035> | Contact Telephone Number - Number of person identified in data li     | ne <030> 3057156522 ext.        |
| <039> | Contact Email Address - Email Address of person identified in data li | ine <030> jmorejon@tracfone.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.

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

**4003**a. 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.

| (5005) Alaska Plan Participants Additional Documentation | FCC Form 481  |
|--|---|
| Data Collection Form                                     | OMB Control No. 3060-0986/OMB Control No. 3060-0819 |
|  | July 2018   |

| <010> | Study Area Code   | 509004                 |
|-------|---|------------------------|
| <015> | Study Area Name   | TracFone Wireless Inc. |
| <020> | Program Year  | 2020                   |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Janet Morejon          |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 3057156522 ext.        |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | jmorejon@tracfone.com  |

5005 Alaska Plan

| (5010) | Do you participate in the Alaska plan?  | (Yes/No) |
|--------|---|----------|
| (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 previous calendar year in areas that were previously served exclusively by satellite backhaul. | (Yes/No) |

| _      |                                    |                         |                                      |
|--------|------------------------------------|-------------------------|--------------------------------------|
| <5013> | <a>&gt;</a>                        | <b></b>                 | <c></c>                              |
| _      | Description Of Backhaul Technology | Date Backhaul Available | Newly Served Locations or Population |
| _      |                                    |                         |                                      |
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| Certification - Reporting Carrier | FCC Form 481  |
|-----------------------------------|---|
| Data Collection Form              | OMB Control No. 3060-0986/OMB Control No. 3060-0819 |
|                                   | July 2018   |

| <010> | Study Area Code   | 509004                 |
|-------|---|------------------------|
| <015> | Study Area Name   | TracFone Wireless Inc. |
| <020> | Program Year  | 2020                   |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Janet Morejon          |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 3057156522 ext.        |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | jmorejon@tracfone.com  |

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

#### Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.

Name of Reporting Carrier: TracFone Wireless Inc.

Signature of Authorized Officer: CERTIFIED ONLINE Date 06/27/2019

Printed name of Authorized Officer: Javier Rosado

Title or position of Authorized Officer: Sr. Officer, Alternative Business Channels

Telephone number of Authorized Officer: 3057156575 ext.

Study Area Code of Reporting Carrier: 509004 Filing Due Date for this form: 07/01/2019

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

| Certification - Agent / Carrier<br>Data Collection Form |   | FCC Form 481<br>OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2018 |
|---|---|--|
| <010>   | Study Area Code   | 509004   |
| <015>   | Study Area Name   | TracFone Wireless Inc.   |
| <020>   | Program Year  | 2020   |
| <030>   | Contact Name - Person USAC should contact regarding this data             | Janet Morejon  |
| <035>   | Contact Telephone Number - Number of person identified in data line <030> | 3057156522 ext.  |

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

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

|   | is authorized to submit the information reported on behalf of the reporting car my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorid 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 | an 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 Recipient  | s 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:  | ignature of Authorized Agent or Employee of Agent: Date:   |   |  |
| Name of Authorized Agent Employee:   |  |   |  |
| Title or position of Authorized Agent or Employee of Agen  | Title or position of Authorized Agent or Employee of Agent   |   |  |
| Telephone number of Authorized Agent or Employee of A  | 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 Act of 193<br>18 of the United States Code, 18 U.S.C. § 1001. | 14, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title |  |



TRACFONE WIRELESS INC 2019 FCC FORM 481 SPIN: 143030103

# RESPONSE TO (400) COMPLAINTS PER 1000 CUSTOMERS

| (010) | Study Area Code: 509004  |
|-------|--|
| (015) | Study Area Name: Utah  |
| (020) | Program Year: 2020   |
| (030) | Contact name: Janet Morejon  |
| (035) | Contact Telephone Number: 305-715-6522   |
| (039) | Contact Email Address: jmorejon@tracfone.com   |
| (420) | Number of Complaints (per 1,000 customers) Mobile Voice Telephony Service for the period |
|       | 01/01/2017 - 12/31/2018  |

0.51

TRACFONE WIRELESS INC 2019 FCC FORM 481 SPIN: 143030103

(039)

## **RESPONSE TO (610) FUNCTIONALITY IN EMERGENCY SITUATIONS:**

| (010) | Study Area Code: 509004                |  |
|-------|--|--|
| (015) | Study Area Name: Utah                  |  |
| (020) | Program Year: 2020                     |  |
| (030) | Contact name: Janet Morejon            |  |
| (035) | Contact Telephone Number: 305-715-6522 |  |

Contact Email Address: jmorejon@tracfone.com

## Certification that the ETC is able to function in emergency situations

network providers are able to do so. TracFone provides service using the networks from several of the leading wireless companies in the nation, including Verizon Wireless, AT&T Mobility, and T-Mobile. TracFone relies on those networks' reliability in all situations, including emergency situations. Each of those companies complies with applicable requirements for emergency service, including available power supplies. Those network operators have implemented state-of-the-art network reliability standards, which TracFone and its customers benefit from their high standards.

TracFone will be able to function in emergency situations to the extent that its underlying

| (800) Operating Companies | FCC Form 481  |
|---------------------------|---|
| Data Collection Form      | OMB Control No. 3060-0986/OMB Control No. 3060-0819 |
|                           | July 2018   |

| <010> | Study Area Code           |  | 509004                 |
|-------|---------------------------|--|------------------------|
| <015> | Study Area Name           |  | TracFone Wireless Inc. |
| <020> | Program Year              |  | 2020                   |
| <030> | Contact Name - Person US  | SAC should contact regarding this data               | Janet Morejon          |
| <035> | Contact Telephone Numb    | er - Number of person identified in data line <030>  | 3057156522 ext.        |
| <039> | Contact Email Address - E | mail Address of person identified in data line <030> | jmorejon@tracfone.com  |
|       |                           |  |                        |
| <810> | Reporting Carrier         | TracFone Wireless Inc                                |                        |
| <811> | Holding Company           | Not Applicable                                       |                        |
| <812> | Operating Company         | TracFone Wireless Inc                                |                        |

| <813>    | <a1></a1>             | <a2></a2> | <a3></a3>                                      |
|----------|-----------------------|-----------|--|
|          | Affiliates            | SAC       | Doing Business As Company or Brand Designation |
| -        | TracFone Wireless Inc | 509004    | SafeLink Wireless                              |
| <u>-</u> |                       |           |  |
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