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JOSHUA T. GUYAN

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NEW YORK, NY
LOS ANGELES, CA
CHICAGO, IL
STAMFORD, CT
PARSIPPANY, NJ
BRUSSELS, BELGIUM

AFFILIATE OFFICES
MUMBAI, INDIA

June 30, 2014

Mr. Gary Widerburg
Commission Administrator
Utah Public Service Commission
160 East 300 South, 4th Floor
Salt Lake City, Utah 84114

via courier

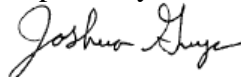
Re: Blue Jay Wireless, LLC Service Copy of FCC Form 481 Filing
for Study Area Code 509011 (Utah)

Dear Mr. Widerburg:

Blue Jay Wireless, LLC ("Blue Jay") has been designated by the Utah Public Service Commission as an Eligible Telecommunications Carrier for provision of wireless Lifeline services.¹ Enclosed, pursuant to FCC Rule § 54.422(c), are an original and five (5) copies of Blue Jay's FCC Form 481 Annual Report submission to the Universal Service Administrative Company and Federal Communications Commission with respect to Lifeline services in Utah. A copy of this report has also been submitted electronically.

Kindly date-stamp the duplicate copy of this filing and return it in the enclosed envelope. Please contact the undersigned at (202) 342-8566 if you have any questions.

Respectfully submitted,



Joshua T. Guyan

Counsel to Blue Jay Wireless, LLC

Enclosure

¹ *Petition of Blue Jay Wireless, LLC for Designation as an Eligible Telecommunications Carrier for the Purpose of Offering Lifeline Service on a Wireless Basis, Docket No. 12-2559-01, Order Approving Settlement Stipulation (issued May 20, 2013).*

**FCC Form 481 - Carrier Annual Reporting
Data Collection Form**

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

Service Copy

| | |
|---|---------------------------|
| <010> Study Area Code | 509011 |
| <015> Study Area Name | Blue Jay Wireless LLC |
| <020> Program Year | 2015 |
| <030> Contact Name: Person USAC should contact with questions about this data | David Wareikis |
| <035> Contact Telephone Number: Number of the person identified in data line <030> | 9727888861 ext. |
| <039> Contact Email Address: Email of the person identified in data line <030> | david@bluejaywireless.com |

| | | |
|--|---|---|
| ANNUAL REPORTING FOR ALL CARRIERS | 54.313 Completion Required | 54.422 Completion Required |
|--|---|---|

(check box when complete)

| | | | | |
|---------------------|--|---|--------------------------|-------------------------------------|
| <100> | Service Quality Improvement Reporting | <i>(complete attached worksheet)</i> | | |
| <200> | Outage Reporting (voice) | <i>(complete attached worksheet)</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| <210> | <input type="checkbox"/> <-- check box if no outages to report | | <input type="checkbox"/> | <input type="checkbox"/> |
| <300> | Unfulfilled Service Requests (voice) | | <input type="checkbox"/> | <input type="checkbox"/> |
| <310> | Detail on Attempts (voice) | <div style="border: 1px solid black; height: 40px; width: 100%;"></div> <i>(attach descriptive document)</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| <320> | Unfulfilled Service Requests (broadband) | | <input type="checkbox"/> | <input type="checkbox"/> |
| <330> | Detail on Attempts (broadband) | <div style="border: 1px solid black; height: 40px; width: 100%;"></div> <i>(attach descriptive document)</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| <400> | Number of Complaints per 1,000 customers (voice) | | <input type="checkbox"/> | <input type="checkbox"/> |
| <410> | Fixed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <420> | Mobile | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <430> | Number of Complaints per 1,000 customers (broadband) | | <input type="checkbox"/> | <input type="checkbox"/> |
| <440> | Fixed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <450> | Mobile | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <500> | Service Quality Standards & Consumer Protection Rules Compliance | <i>(check to indicate certification)</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| <510> | <div style="border: 1px solid black; height: 40px; width: 100%;"></div> | <i>(attached descriptive document)</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| <600> | Functionality in Emergency Situations | <i>(check to indicate certification)</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| <610> | <div style="border: 1px solid black; height: 40px; width: 100%;"></div> | <i>(attached descriptive document)</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| <700> | Company Price Offerings (voice) | <i>(complete attached worksheet)</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| <710> | Company Price Offerings (broadband) | <i>(complete attached worksheet)</i> | <input type="checkbox"/> | <input 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"/> | <i>(if yes, complete attached worksheet)</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| <1000> | Voice Services Rate Comparability | <i>(check to indicate certification)</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| <1010> | <div style="border: 1px solid black; height: 40px; width: 100%;"></div> | <i>(attach descriptive document)</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| <1100> | Terrestrial Backhaul (Y/N)? <input type="radio"/> <input type="radio"/> | <i>(if not, check to indicate certification)</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| <1110> | | <i>(complete attached worksheet)</i> | <input type="checkbox"/> | <input 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

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

| | | | | |
|---------------------|--|--|--------------------------|--------------------------|
| <2000> | | <i>(check to indicate certification)</i> | | |
| <2005> | | <i>(complete attached worksheet)</i> | <input type="checkbox"/> | <input type="checkbox"/> |

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

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

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

| | |
|---|---------------------------|
| <010> Study Area Code | 509011 |
| <015> Study Area Name | Blue Jay Wireless LLC |
| <020> Program Year | 2015 |
| <030> Contact Name - Person USAC should contact regarding this data | David Wareikis |
| <035> Contact Telephone Number - Number of person identified in data line <030> | 9727888861 ext. |
| <039> Contact Email Address - Email Address of person identified in data line <030> | david@bluejaywireless.com |

| | |
|---|--|
| <110> Has your company received its ETC certification from the FCC? If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 | (yes / no) <input type="radio"/> <input type="radio"/> |
| <111> 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 check these boxes below to confirm that the attached documents(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 (USF) was used to improve service quality
- <116> How (USF) was used to improve service coverage
- <117> How (USF) was used to improve service capacity
- <118> Provide an explanation of network improvement targets not met in the prior calendar year.

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(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 | 509011 |
| <015> | Study Area Name | Blue Jay Wireless LLC |
| <020> | Program Year | 2015 |
| <030> | Contact Name - Person USAC should contact regarding this data | David Wareikis |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 9727888861 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | david@bluejaywireless.com |

| <220> | <a> | <b1> | <b2> | <b3> | <b4> | <c1> | <c2> | <d> | <e> | <f> | <g> | <h> |
|-----------------------|-------------------|-------------------|-----------------|-----------------|------------------------------|---------------------------|------------------------------------|---|--|---------------------------|-------------------------|-----|
| NORS Reference Number | Outage Start Date | Outage Start Time | Outage End Date | 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 | Preventative Procedures | |
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| (700) Price Offerings including Voice Rate Data Data Collection Form | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
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|--------------------|---|---------------------------|
| <010> | Study Area Code | 509011 |
| <015> | Study Area Name | Blue Jay Wireless LLC |
| <020> | Program Year | 2015 |
| <030> | Contact Name - Person USAC should contact regarding this data | David Wareikis |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 9727888861 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | david@bluejaywireless.com |

| | | |
|--------------------|--|----------|
| <701> | Residential Local Service Charge Effective Date | 1/1/2014 |
| <702> | Single State-wide Residential Local Service Charge | |

| <703> | <a1> | <a2> | <a3> | <b1> | <b2> | <b3> | <b4> | <b5> | <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 Fees |
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| (710) Broadband Price Offerings Data Collection Form | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|---|--|

| | |
|---|---------------------------|
| <010> Study Area Code | 509011 |
| <015> Study Area Name | Blue Jay Wireless LLC |
| <020> Program Year | 2015 |
| <030> Contact Name - Person USAC should contact regarding this data | David Wareikis |
| <035> Contact Telephone Number - Number of person identified in data line <030> | 9727888861 ext. |
| <039> Contact Email Address - Email Address of person identified in data line <030> | david@bluejaywireless.com |

| <711> | <a1> | <a2> | <b1> | <b2> | <c> | <d1> | <d2> | <d3> | <d4> |
|-------|-------|-----------------|------------------|----------------------|---------------------|---|---|----------------------|---|
| | 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 <i>{select}</i> |
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**(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 | 509011 |
| <015> | Study Area Name | Blue Jay Wireless LLC |
| <020> | Program Year | 2015 |
| <030> | Contact Name - Person USAC should contact regarding this data | David Wareikis |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 9727888861 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | david@bluejaywireless.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 (Yes,No, NA) |
|---------------------------|
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**(1100) No Terrestrial Backhaul Reporting
Data Collection Form**

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

| | | |
|-------|---|---------------------------|
| <010> | Study Area Code | 509011 |
| <015> | Study Area Name | Blue Jay Wireless LLC |
| <020> | Program Year | 2015 |
| <030> | Contact Name - Person USAC should contact regarding this data | David Wareikis |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 9727888861 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | david@bluejaywireless.com |

<1120> Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G)

<1130> Please check this box 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)

| | |
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| (1200) Terms and Condition for Lifeline Customers Lifeline Data Collection Form | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
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| | | |
|-------|---|---------------------------|
| <010> | Study Area Code | 509011 |
| <015> | Study Area Name | Blue Jay Wireless LLC |
| <020> | Program Year | 2015 |
| <030> | Contact Name - Person USAC should contact regarding this data | David Wareikis |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 9727888861 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | david@bluejaywireless.com |

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220> Link to Public Website

HTTP <http://www.bluejaywireless.com/terms/>

“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 | 509011 |
| <015> | Study Area Name | Blue Jay Wireless LLC |
| <020> | Program Year | 2015 |
| <030> | Contact Name - Person USAC should contact regarding this data | David Wareikis |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 9727888861 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | david@bluejaywireless.com |

CHECK the boxes below 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)}

<2011> 3rd Year Certification {47 CFR § 54.313(b)(2)}

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

<2012> 2013 Frozen Support Certification

<2013> 2014 Frozen Support Certification

<2014> 2015 Frozen Support Certification

<2015> 2016 and future Frozen Support Certification

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 Listing Required Information

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

| | |
|--|---------------------------|
| <010> Study Area Code | 509011 |
| <015> Study Area Name | Blue Jay Wireless LLC |
| <020> Program Year | 2015 |
| <030> Contact Name - Person USAC should contact regarding this data | David Wareikis |
| <035> Contact Telephone Number - Number of person identified in data line <030> | 9727888861 ext. |
| <039> Contact Email Address - Email Address of person identified in data line <030> | david@bluejaywireless.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 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

| | |
|---|--|
| 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 | 509011 |
| <015> Study Area Name | Blue Jay Wireless LLC |
| <020> Program Year | 2015 |
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| <035> Contact Telephone Number - Number of person identified in data line <030> | 9727888861 ext. |
| <039> Contact Email Address - Email Address of person identified in data line <030> | david@bluejaywireless.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: | |
| 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. | |

| | |
|---|--|
| 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 | 509011 |
| <015> Study Area Name | Blue Jay Wireless LLC |
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| <035> Contact Telephone Number - Number of person identified in data line <030> | 9727888861 ext. |
| <039> Contact Email Address - Email Address of person identified in data line <030> | david@bluejaywireless.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 | |
|--|---|
| <p>I certify that (Name of Agent) <u>Joshua T. Guyan</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.</p> | |
| Name of Authorized Agent: | Joshua T. Guyan |
| Name of Reporting Carrier: | Blue Jay Wireless LLC |
| Signature of Authorized Officer: | CERTIFIED ONLINE Date: 06/26/2014 |
| Printed name of Authorized Officer: | David Wareikis |
| Title or position of Authorized Officer: | CEO |
| Telephone number of Authorized Officer: | 9727888861 ext. |
| Study Area Code of Reporting Carrier: | 509011 Filing Due Date for this form: 07/01/2014 |
| 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 | |
|---|---|
| <p>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.</p> | |
| Name of Reporting Carrier: | Blue Jay Wireless LLC |
| Name of Authorized Agent or Employee of Agent: | Joshua T. Guyan |
| Signature of Authorized Agent or Employee of Agent: | CERTIFIED ONLINE Date: 06/26/2014 |
| Printed name of Authorized Agent or Employee of Agent: | Joshua T. Guyan |
| Title or position of Authorized Agent or Employee of Agent: | Counsel for Blue Jay Wireless, LLC |
| Telephone number of Authorized Agent or Employee of Agent: | 2023428566 ext. |
| Study Area Code of Reporting Carrier: | 509011 Filing Due Date for this form: 07/01/2014 |
| 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

