FCC Foi	rm 481 - Carrier Annual Reporting Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 December 2020
<010>	Study Area Code	509005	
<015>	Study Area Name	I-Wireless LLC	
<020>	Program Year	2022	
<030>	Contact Name: Person USAC should contact with questions about this data	Sam Bailey	
<035>	Contact Telephone Number: Number of the person identified in data line <030>	5135502755 ext.	
<039>	Contact Email Address: Email of the person identified in data line <030>	sam.bailey@iwirelesshome.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
	December 2020

<010>	Study Area Code	509005
<015>	Study Area Name	I-Wireless LLC
<020>	Program Year	2022
<030>	Contact Name - Person USAC should contact regarding this data	Sam Bailey
<035>	Contact Telephone Number - Number of person identified in data line <030>	5135502755 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	sam.bailey@iwirelesshome.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 Date	Outage Start Time	Outage End Date	Outage End Time	Number of Customers Affected	Total Number of	911 Facilities Affected	Service Outage Description (Check	Did This Outage Affect Multiple Study Areas	Service Outage	Preventative
						Customers	(Yes / No)	all that apply)	(Yes / No)	Resolution	Procedures

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

<010>	Study Area Code 509	005	
<015>	Study Area Name	reless LLC	
<020>	Program Year		
<030>	Contact Name - Person USAC should contact r	egarding this data Sam Bailey	
<035>	Contact Telephone Number - Number of person identified in data line <030> 5135502755 ext.		
<039>	Contact Email Address - Email Address of person identified in data line sam.bailey@iwirelesshome.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		

•	npliance With Service Quality Standards and Consumer Protection Rules ection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 December 2020	
<010>	Study Area Code	509005		
<015>	Study Area Name	I-Wireless LLC		
<020>	Program Year	2022		
<030>	Contact Name - Person USAC should contact regarding this data	Sam Bailey		
<035>	Contact Telephone Number - Number of person identified in data line <030>	5135502755 ext.		
<039>	Contact Email Address - Email Address of person identified in data line <030>	sam.bailey@iwirelesshome.com		
<515>	<515> Certify compliance with applicable minimum service standards			

	Functionality in Emergency Situations	FCC Form 481
Data	Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
		December 2020
<010	> Study Area Code	509005
045		

<010>	Study Area Code	509005
<015>	Study Area Name	I-Wireless LLC
<020>	Program Year	2022
<030>	Contact Name - Person USAC should contact regarding this data	Sam Bailey
<035>	Contact Telephone Number - Number of person identified in data line <030>	5135502755 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	sam.bailey@iwirelesshome.com
<600>	Certify compliance regarding ability to function in emergency situations	
<610>	Descriptive document for Functionality in Emergency Situations	

	erating Companies lection Form			FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 December 2020
<010>	Study Area Code		509005	
<015>	Study Area Name		I-Wireless LLC	
<020>	Program Year		2022	
<030>	Contact Name - Person L	JSAC should contact regarding this data	Sam Bailey	
<035>	Contact Telephone Numl	ber - Number of person identified in data line <030>	5135502755 ext.	
<039>	Contact Email Address - I	Email Address of person identified in data line <030>	sam.bailey@iwirelesshome.com	
<810>	Reporting Carrier	i-wireless, LLC		
<811>	Holding Company	Not Applicable		
<812>	Operating Company	Not Applicable		

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

(900) Tribal Lands Reporting	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	December 2020
<010> Study Area Code	509005
<015> Study Area Name	I-Wireless LLC
<020> Program Year	2022
<030> Contact Name - Person USAC should contact regarding this data	Sam Bailey 5135502755 ext.
<035> Contact Telephone Number - Number of person identified in data line <030>	sam.bailey@iwirelesshome.com
<039> Contact Email Address - Email Address of person identified in data line <030>	Dam Datie (21 12 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
<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	
<927> Compliance with Environmental Neview processes <928> Compliance with Cultural Preservation review processes	
<928> Compliance with Cultural Preservation Teview processes <929> Compliance with Tribal Business and Licensing requirements.	
Compliance with tribal business and Electioning requirements.	

	pice and Broadband Service Rate Comparability lection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 December 2020
<010>	Study Area Code	509005
<015>	Study Area Name	I-Wireless LLC
<020>	Program Year	2022
<030>	Contact Name - Person USAC should contact regarding this data	Sam Bailey
<035>	Contact Telephone Number - Number of person identified in data line <030>	5135502755 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	sam.bailey@iwirelesshome.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 December 2020
<010>	Study Area Code	509005	
<015>	Study Area Name	I-Wireless LLC	
<020>	Program Year	2022	
<030>	Contact Name - Person USAC should contact regarding this data	Sam Bailey	
<035>	Contact Telephone Number - Number of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030>	5135502755 ext. sam.bailey@iwirelesshome.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).	S kbps	
<1140>	Alaska Plan rate-of-return certification (yes, no, or not applicable) of compliance with approved performance plan.		

Lifeline	erms and Condition for Lifeline Customers ection Form			FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 December 2020
<010>	Study Area Code		509005	
<015>	Study Area Name		I-Wireless LLC	
<020>	Program Year			
<030>	Contact Name - Person USAC should contact regarding this data		2022 Sam Bailey	
<035>	Contact Telephone Number - Number of person identified in data lir	ie <030>	-	
<039>	Contact Email Address - Email Address of person identified in data li			om.
<1210>	Terms & Conditions of Voice Telephony Lifeline Plans		IWI 1210 templates_2021_UT_Trik	.bal.pdf
				Name of Attached Document
<1220>	Link to Public Website	HTTP —	https://www.accesswireless.com/s	support/terms-and-conditions
or the we	neck these boxes below to confirm that the attached document(s), on line 12 bsite 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,	V		
<1223>	Additional charges for toll calls, and rates for each such plan.	~		

(2005) Price	Cap Carrier Additional Documentation			FCC Form 481	
Data Collecti	ion Form			OMB Control No.	3060-0986/OMB Control No. 3060-0819
Including Rat	e-of-Return Carriers affiliated with Price Cap Local Exchange Carriers			December 2020	
	udy Area Code	509005			
	udy Area Name	I-Wireless LLC			
	ogram Year	2022			
	ontact Name - Person USAC should contact regarding this data	Sam Bailey 5135502755 ext.			
	ntact Telephone Number - Number of person identified in data line <030>				
<039> Co	entact Email Address - Email Address of person identified in data line <030>	sam.bailey@iwirelesshome	2. COIII		
Select the	e appropriate responses below (Yes, No, Not App	licable) to note com	pliance as a recipient of frozei	n High Cost su	ipport, High Cost support
to offset	access charge reductions, and Connect America P	hase II support as se	et forth in 47 CFR 54.313(c).(d)	.(e). The info	rmation reported on this
	in the documents attached below is accurate.	••			•
.2045	2016 and fature France Courset Contification 47 655) S E 4 242/-\/4\			
<2015	> 2016 and future Frozen Support Certification 47 CFF	(9 54.313(C)(4)			
Price Cap	p Carrier Connect America ICC Support {47 CFR §	54.313(d)}			
		,			
<2016>	> Certification support used to build broadband				
12010	certification support used to build broadband				
Connect	America Phase II Reporting {47 CFR § 54.313(e)}				
<2017A>	Connect America Fund Phase II recipient?				
<2017C>	Total amount of Phase II support, if any, the price cap	carrier used for			
120170		carrier asca ro.			
	capital expenditures in 2018.				
<2018>	Attach the number, names, and addresses of commu	nity anchor	Name of Attached Docum	nent Listing	
	institutions to which the service result have a resulting	~ to	Required Information		
	institutions to which the carrier newly began providin	_	Required information		
	broadband service in the preceding calendar year - 54	313(e)(1)(ii)(A)			
Connec	t America Phase II – FCC Form 470 Postings				
.2040					
<2019>	For the filing due July 1 following full implementation	of this requirement,			
	answer yes, no, or not applicable to this certification r	equest			

(3005) Rate	Of Return Carrier Additional Documentation ion Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 December 2020
<010>	Study Area Code	509005
<015>	Study Area Name	I-Wireless LLC
<020>	Program Year	2022
<030>	Contact Name - Person USAC should contact regarding this data	Sam Bailey
<035>	Contact Telephone Number - Number of person identified in data line <030>	5135502755 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	sam.bailey@iwirelesshome.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

FCC Form 481

Data Collecti	on Form			OMB Control No. 3060-0986/OMB Control No. 3060-0819 December 2020
<010>	Study Area Code		509005	
<015>	Study Area Name		I-Wireless LI	ıC
<020>	Program Year		2022	_
<030>	Contact Name - Person USAC should contact regarding this o	data	Sam Bailey	
<035>	Contact Telephone Number - Number of person identified in	n data line <030>	5135502755 ext.	
<039>	Contact Email Address - Email Address of person identified in	n data line <030>	sam.bailey@iwi	relesshome.com
financial r	m 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)}			
(3010B)	Please Provide Attachment Rate-of-Return Community Anchor Institutions	Name of Attach Information	ed Document Listing Required	I
(3012A)	Indicate if the carrier newly deployed broadband service to community anchor institution(s) in the previous calendar year.			
(3012B)	Please Provide Attachment Using link, download template and list the number, name and address for each community anchor institution. Attach the document which contains the community anchor institution details as required by 47 C.F.R. § 54.313(f)(1)(ii)	Name of Attach Required Inforn	ned Document Listing nation	
3013)	Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)}	(Yes/No)	0 0	
3014)	If yes, does your company file the RUS annual report 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:	(Yes/No)	0 0	
3015)	Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)			
3016)	Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows			
3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	Name of Attach Information	ed Document Listing Required	d
(3018)	If the response is no on line 3014, is your company	(Yes/No)	0 0	
	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:			
3019)	Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers			
3020)	Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows			
(3021)	Management letter and/or audit opinion issued by the independent certified public accountant that performed the company's financial audit. If the response is no on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:			
3022)	Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers			
3023)	Underlying information subjected to a review by an independent certified public accountant			
3024)	Underlying information subjected to an officer certification.			
3025)	Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows			
3026)	Attach the worksheet listing required information	Name of Attac Information	hed Document Listing Require	ed

(3005) Rate Of Return Carrier Additional Documentation

(3005) Rate Of Return Carrier Additional Documentation (Continued)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	December 2020

<010>	Study Area Code	509005
<015>	Study Area Name	I-Wireless LLC
<020>	Program Year	2022
<030>	Contact Name - Person USAC should contact regarding this data	Sam Bailey
<035>	Contact Telephone Number - Number of person identified in data line <030>	5135502755 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	sam.bailey@iwirelesshome.com

Financial Data Summany	
Financial Data Summary	
(3027) Revenue	
(3028) Operating Expenses	
(comp) observed antenness	
(3029) Net Income	
(3030) Telephone Plant In Service(TPIS)	
(3031) Total Assets	
(5051) Total 755615	
(3032) Total Debt	
(3033) Total Equity	
(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
	December 2020

<010>	Study Area Code	509005
<015>	Study Area Name	I-Wireless LLC
<020>	Program Year	2022
<030>	Contact Name - Person USAC should contact regarding this data	Sam Bailey 5135502755 ext.
<035>	Contact Telephone Number - Number of person identified in data li	ne <030>
<039>	Contact Email Address - Email Address of person identified in data l	ine <030> sam.bailey@iwirelesshome.com

4005 Rural Broadband Experiment

Authorized Rural Broadband Experiment (RBE) recipients must address the certification for public interest obligations and provide a list of newly served community anchor institutions.

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

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

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

RBE Community Anchor Institutions

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

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

Name of Attached Document Listing Required Information

(5005) Alaska Plan Participants Additional Documentation	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	December 2020

<010>	Study Area Code	509005
<015>	Study Area Name	I-Wireless LLC
<020>	Program Year	2022
<030>	Contact Name - Person USAC should contact regarding this data	Sam Bailey
<035>	Contact Telephone Number - Number of person identified in data line <030>	5135502755 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	sam.bailey@iwirelesshome.com

5005 Alaska Plan

Please indicate whether any terrestrial backhaul or other satellite backhaul became

(5011) commercially available in the previous calendar year in areas previously served exclusively by performance-limiting satellite backhaul.

(Yes/No)

If the filing carrier identified in its approved perfomance plans that it relies exclusively on (5012) satellite backhaul for a certain poriton of the population in its service area, indicate whether any terrestrial backhaul or other satellite backhaul became commercially available in the previoius calendar year in areas that were previoiusly served exclusively by satellite backhaul.

<5013>	<a>		<c></c>
	Description Of Backhaul Technology	Date Backhaul Available	Newly Served Locations or Population
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=			
-			
_			
-			
=			
-			
=			
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(6005) Phase II Auction Reporting	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	December 2020

<010>	Study Area Code	509005
<015>	Study Area Name	I-Wireless LLC
<020>	Program Year	2022
<030>	Contact Name - Person USAC should contact regarding this data	Sam Bailey
<035>	Contact Telephone Number - Number of person identified in data line <030>	5135502755 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	sam.bailey@iwirelesshome.com

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

Phase II Auction and New York Funds Certification

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

(Yes/No)

Phase II Auction Community Anchor Institutions

<6012a> Indicate if the carrier newly deployed broadband service to community anchor institution(s) in the previous calendar year

<6012b> Please Provide Attachment Using link, download template and list the number, name and address for each community anchor institution. Attach the document which contains the community anchor institution details as required by FCC 14-98 (paragraph 79)

Name of Attached Document Listing Required Information

Phase II Auction FCC Form 470 Postings

<6013> For the filing due July 1 following full implementation of this requirement answer yes or no to this certification request

Phase II Auction Post-Final Deployment Milestone Performance Certification

<6014> Starting the first July 1st after meeting the final service milestone, certify (yes or no) that the Phase II-funded network that the Phase II auction recipient operated in the prior year meets the relevant performance requirements in § 54.309

(7005) Phase-Down Support Reporting	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	December 2020

<010>	Study Area Code	509005
<015>	Study Area Name	I-Wireless LLC
<020>	Program Year	2022
<030>	Contact Name - Person USAC should contact regarding this data	Sam Bailey
<035>	Contact Telephone Number - Number of person identified in data line <030>	5135502755 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	sam.bailey@iwirelesshome.com

<7010> Phase II Auction recipient performance requirements certification (Yes/No)

(8005) Uniedo a Puerto Rico Fixed and Mobile Funds Certification	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	December 2020

<010>	Study Area Code	509005
<015>	Study Area Name	I-Wireless LLC
<020>	Program Year	2022
<030>	Contact Name - Person USAC should contact regarding this data	Sam Bailey
<035>	Contact Telephone Number - Number of person identified in data line <030>	5135502755 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	sam.bailey@iwirelesshome.com

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

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

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

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

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

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

Please Provide Attachment

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

Name of Attached Document Listing Required Information

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(9005) Connect USVI Fixed and Mobile Funds Certification	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	December 2020

<010>	Study Area Code	509005
<015>	Study Area Name	I-Wireless LLC
<020>	Program Year	2022
<030>	Contact Name - Person USAC should contact regarding this data	Sam Bailey
<035>	Contact Telephone Number - Number of person identified in data line <030>	5135502755 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	sam.bailey@iwirelesshome.com

<9010> Connect USVI Stage 2 Fixed – Capital Expenditures

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

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

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

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

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

Please Provide Attachment

<9020>

<9030>

<9060>

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

Name of Attached Document Listing Required Information

Connect USVI Stage 2 Fixed - FCC Form 470 Postings

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

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

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

Connect USVI Stage 2 Fixed – Support Reimbursement Certification

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

Connect USVI Stage 2 Fixed – Disaster Preparedness and Response Documentation

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

Connect USVI Fund Stage 2 Mobile - Support Reimbursement Certification

<9040> 54.313(n): Recipients of Connect USVI Fund Stage 2 mobile support shall certify that such support was not used for costs that are (or will be) reimbursed by other sources of support, including of federal or local government aid or insurance reimbursements; and that support was not used for other purposes, such as the retirement of company debt unrelated to eligible expenditures, or other expenses not directly related to network restoration, hardening, and expansion consistent with the framework of the Connect USVI Fund. Recipients of mobile support from Stage 2 of the Connect USVI Fund shall certify that they have conducted an annual review of the documentation required by section 54.1515(a)-(c) to determine the need for and to implement changes or revisions to disaster preparation and recovery documentation.

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

<9050>
54.313(n): Recipients of mobile support from Stage 2 of the Connect USVI Fund shall certify that they have conducted an annual review of the documentation required by section 54.1515(a)-(c) to determine the need for and to implement changes or revisions to disaster preparation and response documentation.

Connect USVI Fund Stage 2 Mobile - Mobile Disbursements Certification

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

Certification - Reporting Carrier	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	December 2020

<010>	Study Area Code	509005
<015>	Study Area Name	I-Wireless LLC
<020>	Program Year	2022
<030>	Contact Name - Person USAC should contact regarding this data	Sam Bailey
<035>	Contact Telephone Number - Number of person identified in data line <030>	5135502755 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	sam.bailey@iwirelesshome.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.

	tion - Agent / Carrier lection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 December 2020
<010>	Study Area Code	509005
<015>	Study Area Name	I-Wireless LLC
<020>	Program Year	2022
<030>	Contact Name - Person USAC should contact regarding this data	Sam Bailey
<035>	Contact Telephone Number - Number of person identified in data line <030>	5135502755 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	sam.bailey@iwirelesshome.com

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

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier				
I certify that (Name of Agent) Expert Telecom Compliance is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.				
Name of Authorized Agent: Expert Telecom Compliance				
Name of Reporting Carrier: I-Wireless LLC				
Signature of Authorized Officer: CERTIFIED ONLINE	Date: 06/18/2021			
Printed name of Authorized Officer: Sean Cullen				
Title or position of Authorized Officer: CFO				
Telephone number of Authorized Officer: 8598028421 ext.				
Study Area Code of Reporting Carrier: 509005	Filing Due Date for this form: 07/01/2021			
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 Authorize	ed to File Annual Reports for CAF or Li	Recipients on Behalf of R	eportin	g Carrier
as agent for the reporting carrier, certify that I am authorized to s le data reported herein based on data provided by the reporting c	•	• • • • • • • • • • • • • • • • • • • •		• , ,
ame of Reporting Carrier: I-Wireless LLC				
ame of Authorized Agent Firm: Expert Tel	lecom Compliance			
gnature of Authorized Agent or Employee of Agent: CERTIFIE	D ONLINE		Date:	06/17/2021
ame of Authorized Agent Employee: Maddy	Roberts			
tle or position of Authorized Agent or Employee of Agent Regul	atory Specialist			
elephone number of Authorized Agent or Employee of Agent: 770	2329200 ext.			
	Filing Due Date for this form:	07/01/2021		

ertify Filing		FCC Form 481
Pata Collection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819 December 2020
<010>	Study Area Code	509005
<015>	Study Area Name	I-Wireless LLC
<020>	Program Year	2022
<030>	Contact Name - Person USAC should contact regarding this data	Sam Bailey
<035>	Contact Telephone Number - Number of person identified in data line <030>	5135502755 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	sam.bailey@iwirelesshome.com

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

Yes

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



i-wireless, LLC's "Access Wireless" Lifeline

(Effective December 1, 2020)

Γ	Non-Tribal		
	Voice Bundle grandfathered*	Broadband Bundle	Tribal Plan
National Plan Voice Minutes (non-rollover)	1,250	1,000	Unlimited
Text	Unlimited	Unlimited	Unlimited
Data	500 MB	4.5 GB	5.5 GB
Additional Airtime	Available	with purchase of Top Up	o Card
5 - Conship Posica	.,	, ,	.,
Free Data-Capable Device	Х	Х	Х
Local Calls	Х	Χ	Х
Nationwide Long Distance	Χ	Χ	Χ
Voicemail, Caller ID, Call Waiting	Х	Χ	Х
Free 911	Χ	Χ	Х
Free 611	Χ	Х	Х
Balance Inquiries	Χ	X	Х
Text Included	Χ	Χ	Х
Data Allowance	Х	Х	Х
Participation in Kroger Wireless	Х	Х	Х
		, ,	,
Retail Price	n/a	n/a	n/a
Federal Subsidy	\$5.25	\$9.25	\$34.25

Retail Price	n/a	n/a	n/a
Federal Subsidy	\$5.25	\$9.25	\$34.25
Lifeline Consumer Price	\$0	\$0	\$0

st Grandfathered for existing customers without a smartphone prior to 12/1/20

ACCESS WIRELESS TOP UP CARDS***

Non-Tribal	Purchased Minutes	Text (SMS/MMS)	Data
\$5 Card	250	Unlimited	250 MB
\$10 Card	500	Unlimited	500 MB
\$25 Card	Unlimited	Unlimited	2 GB
\$35 Card	Unlimited	Unlimited	3 GB
\$50 Card	Unlimited	Unlimited	10 GB

Tribal	Purchased Minutes	Text (SMS/MMS)	Data
\$5 Card	Unlimited	Unlimited	500 MB
\$10 Card	Unlimited	Unlimited	1 GB
\$25 Card	Unlimited	Unlimited	7.5 GB
\$35 Card	Unlimited	Unlimited	8.5 GB
\$50 Card	Unlimited	Unlimited	10 GB

^{**} Unlimited minutes and texts expire after 30 days from the date the funds were applied to the account; limited minute and data allotments do not expire.