

FCC 395	<b>FEDERAL COMMUNICATIONS COMMISSION</b> Washington, DC 20554  <b>COMMON CARRIER ANNUAL EMPLOYMENT REPORT</b> <small>[Please read Instructions before completing and for Notice regarding public burden.]</small>			Approved by OMB 3060-0076 Est. time per response: 1 hour											
<b>SECTION 1 - General Information</b>															
1 Name and Mailing Address of Respondent :															
<b>United States Cellular Operating Company of Chicago, LLC</b> 8410 Bryn Mawr Ave Chicago, Illinois 60631  <i>Internal Company Codes(s): 0883, 0884</i>															
<b>FRN: 8295842</b>	2. Year Report Filed	3. Reporting Period (Ending Date of Pay Period Covered by Report)	4 Number of Full-Time Employees during Selected Reporting Period (check one)												
	2018	3/15/2018 to 3/31/2018	a. <input checked="" type="checkbox"/> Fewer than 16 (complete Sections 1, IV, and V only) b. <input type="checkbox"/> 16 or more (complete all sections)												
<b>SECTION II - Full Time Employees.</b>															
		<b>Number of Employees</b> (Report employees in only one category)													
		Race/Ethnicity													
<b>Job Categories</b>	Hispanic or Latino		Not-Hispanic or Latino					Total Columns A-N							
			Male												
			Female												
	Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
Executive/Senior Level Officials and Managers 1.1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers 1.2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Professionals 2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians 3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers 4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers 5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers 6	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives 7	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers 8	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers 9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>TOTAL</b> 10	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>PREVIOUS YEAR TOTAL</b> 11	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

**Number of Employees**  
(Report employees in only one category)

[illegible]

☒ This is to advise the Commission that no complaints regarding violations of the equal employment provisions of Federal, state, territorial, or local statutes have been filed against this company before any body having competent jurisdiction in such matters during the calendar year covered by this report

☐ This is to advise the Commission that the following complaints alleging violations of the provisions of any equal employment opportunity statute have been filed against this company (Attach a list indicating parties involved, date filed, courts or agencies before which the matter has been heard, file number or other designation, and current status or disposition

I certify that to the best of my knowledge, information, and belief, all statements in this report are true and correct.

Date	5/15/2018	Typed or Printed Name of Person Signing	Gina M. Cozzone	Signature		Telephone No	773 399-7047
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Title of Person Signing	
Government Compliance Diversity Manager	<p>WILLFULLY FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (18 U.S.C. 1003) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (47 U.S.C. 312 (A)(1) AND/OR FORFEITURE (47 U.S.C. 503)</p>