FCC Form 481 - Carrier Annual Reporting Data Collection Form

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

<010>	Study Area Code	439048
<015>	Study Area Name	Fidelity Cablevision, Inc.
<020>	Program Year	2018
<030>	Contact Name: Person USAC should contact with questions about this data	Carla Cooper
<035>	Contact Telephone Number: Number of the person identified in data line <030>	5734681218 ext.
<039>	Contact Email Address: Email of the person identified in data line <030>	carla.cooper@fidelitycommunications.com
	Form Type	54.422

(200) Service Outage Reporting (Voice)
Data Collection Form

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

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<030>	Contact Name - Person USAC should contact regarding this data	Carla Cooper
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<039>	Contact Email Address - Email Address of person identified in data line <030>	carla.cooper@fidelitycommunications.com

<210> For the prior calendar year, were there any reportable voice service outages? _____

<220>

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

(300) Unfulfilled Service Request
Data Collection Form

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<039>	Contact Email Address - Email Address of person identified in data line <030>	carla.cooper@fidelitycommunications.com

<300> Unfulfilled service request (voice)

<310> Detail on attempts (voice)

Name of Attached Document

<320> Unfulfilled service request (broadband)

<330> Detail on attempts (broadband)

Name of Attached Document

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

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<039>	Contact Email Address - Email Address of person identified in data line <030>	carla.cooper@fidelitycommunications.com
<400>	Select from the drop-down list to indicate how you would like to report voice complaints (zero or greater) for voice telephony service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize.	
<410>	Complaints per 1000 customers for fixed voice	
<420>	Complaints per 1000 customers for mobile voice	
<430>	Select from the drop-down list to indicate how you would like to report end-user customer complaints (zero or greater) for broadband service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize.	
<440>	Complaints per 1000 customers for fixed broadband	
<450>	Complaints per 1000 customers for mobile broadband	

[500] Compliance With Service Quality Standards and Consumer Protection Rules Data Collection Form

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<039>	Contact Email Address - Email Address of person identified in data line <030>	carla.cooper@fidelitycommunications.com

<500> Certify compliance with applicable service quality standards and consumer protection rules

<510> Descriptive document for Service Quality Standards & Consumer Protection Rules Compliance

<515> Certify compliance with applicable minimum service standards

(600) Functionality In Emergency Situations Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

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<030>	Contact Name - Person USAC should contact regarding this data	Carla Cooper
<035>	Contact Telephone Number - Number of person identified in data line <030>	5734681210 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	carla.cooper@fidelitycommunications.com
<600>	Certify compliance regarding ability to function in emergency situations	
<610>	Descriptive document for Functionality in Emergency Situations	

(700) Price Offerings including Voice Rate Data
Data Collection Form

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<039>	Contact Email Address - Email Address of person identified in data line <030>	carla.cooper@fidelitycommunications.com

<701>	Residential Local Service Charge Effective Date	1/1/2017
<702>	Single State-wide Residential Local Service Charge	

<703>

<a1> State	<a2> Exchange (ILEC)	<a3> SAC (CETC)	<b1> Rate Type	<b2> Residential Local Service Rate	<b3> State Subscriber Line Charge	<b4> State Universal Service Fee	<b5> Mandatory Extended Area Service Charge	<c> Total per line Rates and Fees

(710) Broadbrand Price Offerings
Data Collection Form

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<039>	Contact Email Address - Email Address of person identified in data line <030>	carla.cooper@fidelitycommunications.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 {*select*}

(800) Operating Companies
Data Collection Form

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<810>	Reporting Carrier	Fidelity Cablevision, Inc.
<811>	Holding Company	Fidelity Communications Company
<812>	Operating Company	Fidelity Cablevision, Inc.

<813>

<a1> Affiliates	<a2> SAC	<a3> Doing Business As Company or Brand Designation
Fidelity Networks, Inc.		Fidelity Communications
Fidelity Communications Services I, Inc.	429002	Fidelity Communications
Fidelity Telephone Company	421882	Fidelity Communications
CoBridge Broadband, LLC		Fidelity Communications
CoBridge Telecom, LLC		Fidelity Communications

(900) Tribal Lands Reporting Data Collection Form

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<039>	Contact Email Address - Email Address of person identified in data line <030>	carla.cooper@fidelitycommunications.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)(9) 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.	

(1000) Voice and Broadband Service Rate Comparability Data Collection Form

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<039>	Contact Email Address - Email Address of person identified in data line <030>	carla.cooper@fidelitycommunications.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

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<039>	Contact Email Address - Email Address of person identified in data line <030>	carla.cooper@fidelitycommunications.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 kbps upstream within the supported area pursuant to § 54.313(g).

(1200) Terms and Condition for Lifeline Customers
Lifeline
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
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<039>	Contact Email Address - Email Address of person identified in data line <030>	carla.cooper@fidelitycommunications.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

439048OK1210.pdf

Name of Attached Document

<1220> Link to Public Website HTTP

"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. ☑

Fidelity Cablevision, Inc. (Fidelity)

SAC 439048

Oklahoma

FCC Form 481 – Line 1210

Description of Lifeline Terms and Conditions

1) See attached for Fidelity's Customer Application for Lifeline program.
2) All of Fidelity's Lifeline customers receive unlimited local calling minutes at a rate of $1.00.
3) Fidelity provides toll calling at $.07 per minute or unlimited long distance at $15 a month for all calls within the U.S. outside of the local Fidelity calling area.

Oklahoma Application for the Lifeline Program

Consumers meeting certain eligibility criteria are able to receive monthly discounts for telecommunications service through the Lifeline Program. Lifeline Voice service offers a monthly discount of $18.00 and Lifeline Broadband service offers a monthly discount up to $34.25.

Lifeline Program Eligibility Criteria
To qualify for a discount you must submit this completed and signed application along with proof of eligibility.
_____ Medical Assistance (Medicaid)
_____ Supplemental Nutrition Assistance (Food Stamps)
_____ Supplemental Security Income
_____ Veterans and Survivors Pension Benefit
_____ Federal Public Housing Assistance (Section 8)
_____ 135% of the Federal Poverty Level (See next page for income threshold requirements)
_____ Bureau of Indian Affairs General Assistance
_____ Tribally-administered Temporary Assistance for Needy Families (TANF)
_____ Head Start
_____ Food Distribution Program Indian Reservations

Lifeline Program – Choose ONE service to apply the discount: *(check with provider for availability)*

□ Telephone □ Broadband Internet Access Service ("BIAS") □ Service Bundle (Phone and BIAS)

***APPLICANT* INFORMATION:**					
Full Name:		**Birth Date:**		**Social Security #: LAST 4 DIGITS ONLY**	**DCN #:***
		-	-	*** - ** - ___ ___ ___ ___	
Last Name	*First Name*	*MO*	*DAY* *YR*		***Medicaid/Food Stamps**
Telephone Number:	(_____) _____-_____				

***BENEFIT QUALIFYING PERSON* INFORMATION: IF DIFFERENT FROM APPLICANT**					
Full Name:		**Birth Date:**		**Social Security #: LAST 4 DIGITS ONLY**	**DCN #:***
		-	-	*** - ** - ___ ___ ___ ___	
Last Name	*First Name*	*MO*	*DAY* *YR*		***Medicaid/Food Stamps**

ADDRESS			
Service Address *(No P.O. Box)* **:**			
Street	*City*	*State*	*Zip Code*
Is this address also my billing address? YES NO *(If " NO " please provide billing address below)*			
Street	*City*	*State*	*Zip Code*
Is this address a temporary address? YES NO *(If " YES " then address must be verified every 90 days)*			
Is this address occupied by multiple households? YES NO *(If " YES " or if Lifeline Program records indicate another person at this address is already receiving a LifeLine Program benefit, then you must complete the* ***Lifeline Household Worksheet*** *attached.)*			

I understand the following obligations and provisions about the Lifeline program:

- The Lifeline program is a government benefit program and that willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment or being barred from the program.
- Only one Lifeline service is available per household.
- A household is defined, for purposes of the Lifeline program, as any individual or group of individuals who live together at the same address and share income and expenses.
- A household is not permitted to receive Lifeline benefits from multiple providers or combine Lifeline program benefits.
- Violation of the one-per-household limitation constitutes a violation of rules and will result in the subscriber's de-enrollment from the program.
- The Lifeline program is a non-transferable benefit and the subscriber may not transfer his or her benefit to any other person.

I CERTIFY UNDER PENALTY OF PERJURY EACH OF THE FOLLOWING: Please initial each item below

_____ • I meet the eligibility criteria for the Lifeline program.

_____ • I will provide notification to my telecommunications provider within 30 days if for any reasons I no longer satisfy the criteria for receiving Lifeline benefits including, as relevant, if I no longer meet the income-based or program-based criteria for receiving Lifeline support, I receive more than one Lifeline benefit, or another member of my household is receiving a Lifeline benefit.

_____ • If I move to a new address I will provide that new address to my telecommunications provider within 30 days.

_____ • If I have a temporary residential address then I will be required to verify my address with my telecommunications provider every 90 days.

_____ • My household will receive only one Lifeline service and, to the best of my knowledge, my household is not already receiving a Lifeline service.

_____ • I acknowledge the obligation to re-certify my continued eligibility for Lifeline benefits. I will receive a letter from the Universal Service Administrative Company ('USAC') annually, prior to my anniversary date, and failure to re-certify my continued eligibility will result in de-enrollment and the termination of Lifeline benefits.

_____ • I consent to providing my name, telephone number and address to the Universal Service Administrative Company ('USAC') for the purpose of verifying I do not receive more than one Lifeline benefit. I also consent to sharing my account information with the Federal Communications Commission and the Oklahoma Corporation Commission and their agents and designees who oversee and administer the Lifeline program.

_____ • I certify I have _____ individuals in my household. (Initial and complete only if qualifying under the income threshold)

The information supplied on this form is true and correct.
I acknowledge providing false or fraudulent information to receive Lifeline benefits is punishable by law.

Signature of Customer _____ **Date** _____

Annual Income Thresholds for Meeting 135% of Federal Poverty Level (Based on Household Size)								
1	2	3	4	5	6	7	8	Each additional person:
$16,281	$21,924	$27,567	$33,210	$38,853	$44,496	$50,139	$55,782	+ $5,643/person

Acceptable documentation for meeting the criteria of 135% of the federal poverty level includes: a copy of prior year's state or federal tax return; paycheck stub (three consecutive months); a statement of benefits for Social Security, Veterans Administration, retirement/pension or Unemployment/Workmen's Compensation; or other legal federal tax return; paycheck stub (three consecutive months); a statement of benefits for Social Security, Veterans Administration, retirement/pension or Unemployment/Workmen's Compensation; or other legal documents showing current income (e.g. divorce decree, child support award). Any documentation must cover a full year or three consecutive months within the previous twelve months.

Company Use Only:
I hereby attest the applicant presented acceptable proof of eligibility:

_____ _____ _____
Print name of company official *Signature* *Date*

Lifeline Household Worksheet

Only one Lifeline Program-supported service per household (either wireless or landline telephone, Broadband Internet, or a cell phone data plan) is allowed under Federal law.

Your **household** is everyone who lives together at your address and contributes to, or shares in, the income and expenses of the household. Household expenses include food, health care expenses, and the cost of renting or paying a mortgage on your place of residence and utilities. Income includes salary, public assistance benefits, social security payments, pensions, unemployment compensation, veteran's benefits, inheritances, alimony, child support payments, worker's compensation benefits, gifts, and lottery winnings.

Answer the questions below to determine if there is more than one household living at your address, and if your household already receives a Lifeline Program benefit. Providing false information on this form may result in losing your Lifeline service and/or criminal penalties.

1. Does another adult (age 18 or emancipated minor) live with you AND have a Lifeline-discounted service or a "free" wireless Lifeline service? For example, husband, wife, domestic partner, parent, son, daughter, another relative (such as a sibling, aunt, cousin, grandparent, grandchild, etc.), a roommate, or another person.

_____ **No.** You are ELIGIBLE for Lifeline because no one in your household has Lifeline. Please SIGN below to certify that this is true and complete the rest of this form.

_____ **Yes.** Please answer question 2 below.

2. Do you share expenses for bills, good, or other living expenses AND share income (salary, public assistance benefits, social security payments or other income) with the person in question #1 that has a Lifeline-discounted service?

_____ **No.** You are ELIGIBLE for Lifeline because no one in your household has Lifeline. Please SIGN below to certify that this is true and complete the rest of this form.

_____ **Yes.**

Do NOT complete the rest of this form. You are NOT ELIGIBLE because someone in your household already has Lifeline.

I certify that the information provided above is true and that no one in my household already has Lifeline. I understand that violating the one-per-household requirement is against the Federal Communications Commission's rules and I may lose my Lifeline benefits, and may be prosecuted by the United States government for violating the rules.

Signature of Customer _____ **Date** _____

(2005) Price Cap Carrier Additional Documentation
Data Collection Form
Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

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Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

<2011> 3rd Year Certification 47 CFR §54.313(b)(1)(ii) - Note that for the July 2017 certification, this applies to Round 2 recipients of Incremental Support.

<2022> Recipient certifies, representing year three after filing a notice of acceptance of funding pursuant to 54.312(c), that the locations in question are not receiving support under the Broadband Initiatives Program or the Broadband Technology Opportunities Program for projects that will provide broadband with speeds of at least 4 Mbps/1Mbps - 54.313(b)(2)(i). Round 2 recipients only.

<2023> The attachment on line 2024 includes a statement of the total amount of capital funding expended in the previous year in meeting Connect America Phase I deployment obligations, accompanied by a list of census blocks indicating where funding was spent. This covers year three - 54.313(b)(2)(ii). Round 2 recipients only.

<2024A> Round 2 Recipient of Incremental Support?

<2024B> Attach list of census blocks indicating where funding was spent in year three - 54.313(b)(2)(ii). Round 2 recipients only.

Name of Attached Document Listing Required Information

<2025A> Round 2 Recipient of Incremental Support?

<2025B> Attach geocoded Information for Phase I milestone reports (Round 2 for year three) - Connect America Fund , WC Docket 10-90, Report and Order, FCC 13-73, paragraph 35 (May 22, 2013).

Name of Attached Document Listing Required Information

<2015> 2016 and future Frozen Support Certification 47 CFR § 54.313(c)(4)

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)}

<2017A> Connect America Fund Phase II recipient?

<2017C> Total amount of Phase II support, if any, the price cap carrier used for capital expenditures in 2016.

<2018> Attach the number, names, and addresses of community anchor institutions to which the carrier newly began providing access to broadband service in the preceding calendar year - 54.313(e)(1)(ii)(A)

Name of Attached Document Listing Required Information

<2019> Recipient certifies that it bid on category one telecommunications and Internet access services in response to all FCC Form 470 postings seeking broadband service that meets the connectivity targets for the schools and libraries universal service support program for eligible schools and libraries located within any area in a census block where the carrier is receiving Phase II model-based support, and that such bids were at rates reasonably comparable to rates charged to eligible schools and libraries in urban areas for comparable offerings - 54.313(e)(1)(ii)(C)

(3005) Rate Of Return Carrier Additional Documentation
Data Collection Form

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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.

	Progress Report on 5 Year Plan		
(3009)	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	Name of Attached Document Listing Required Information	
(3012A)	Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))		
(3012B)	Please Provide Attachment	Name of Attached Document Listing Required Information	
(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)	
	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:		
(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 Attached Document Listing Required Information	
(3018)	If the response is no on line 3014, is your company audited?	(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 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 Attached Document Listing Required Information	

(3005) Rate Of Return Carrier Additional Documentation (Continued)

Data Collection Form

FCC Form 481

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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	

Name of Attached Document Listing Required Information

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

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<030>	Contact Name - Person USAC should contact regarding this data	Carla Cooper
<035>	Contact Telephone Number - Number of person identified in data line <030>	5734681210 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	carla.cooper@fidelitycommunications.com

4005 Rural Broadband Experiment

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

Public Interest Obligations – FCC 14-98 (paragraphs 26-29, 78)
Please address Line 4001 regarding compliance with the Commission's public interest obligations. All RBE participants must provide a response to Line 4001.

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

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

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

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

4003b. Provide the number, names and addresses of community anchor institutions to which the recipient newly began providing access to broadband service in the preceding calendar year. — Name of Attached Document Listing Required Information _____

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

4004a. Attach a list of geocoded locations to which broadband has been deployed as of the June 1st immediately preceding the July 1st filing deadline for the FCC Form 481. — Name of Attached Document Listing Required Information _____

4004b. Attach evidence demonstrating that the recipient is meeting the relevant public service obligations for the identified locations. Materials must at least detail the pricing, offered broadband speed and data usage allowances available in the relevant geographic area. — 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	439048
<015>	Study Area Name	Fidelity Cablevision, Inc.
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Carla Cooper
<035>	Contact Telephone Number - Number of person identified in data line <030>	5734681218 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	carla.cooper@fidelitycommunications.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: Fidelity Cablevision, Inc.

Signature of Authorized Officer: CERTIFIED ONLINE Date 06/23/2017

Printed name of Authorized Officer: Carla Cooper

Title or position of Authorized Officer: Vice President of Finance

Telephone number of Authorized Officer: 5734681218 ext.

Study Area Code of Reporting Carrier: 439048 Filing Due Date for this form: 07/03/2017

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	439048
<015>	Study Area Name	Fidelity Cablevision, Inc.
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Carla Cooper
<035>	Contact Telephone Number - Number of person identified in data line <030>	5734681218 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	carla.cooper@fidelitycommunications.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)_____ 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:

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.

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

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: Date:

Name of Authorized Agent Employee:

Title or position of Authorized Agent or Employee of Agent

Telephone number of Authorized Agent or Employee of Agent:

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.