Mobility Fund
Phase 1 - §54.1009 Annual Reporting
Data Collection Form

FCC Form
Approved by OMB
OMB 3060-1185
Avg. Burden Estimate per Respondent: 18 Hours

<010>	Study Area Code	618350
<015>	Study Area Name	GCI Communication Corp.
<020>	Program Year	2017
<030>	Contact Name: Person USAC should contact with questions about this data	Emily Thatcher
<035>	Contact Telephone Number: Number of the person identified in data line <030>	9078685643 ext.
<039>	Contact Email: Email of the person identified in data line <030>	ethatcher@gci.com

<040> **Has the information required pursuant to §54.1009 been provided with a Form 481 filing (Y/N)** <040> ● ○

<041> Attach a description of the documents filed with the Form 481 reporting <041> Form481GCICommunicationsCorp618350.pdf

<042> Cite the Study Area Code (SAC) for the Form 481 reporting <042> 619014

<080> **Tribal Lands Reporting (y/n?)** *(Does this study area cover tribal lands? Yes or No)* ● ○

Notice to Individuals Required by the Paperwork Reduction Act of 1995
OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements)
Notice to Individuals Required by the Paperwork Reduction Act of 1995
Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.
THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

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Reporting Carrier / Mobility Fund Phase 1 Winning Bidder

<110>	FCC Registration Number	1568880
<111>	Filing Carrier Name	GCI Communication Corp
<112>	Winning Bidder Carrier Name	GCI Communication Corp
<113>	Street Address (or PO Box)	2550 Denali St, Suite 1000
<114>	City	Anchorage
<115>	State	AK
<116>	Zip-Code	99503
<117>	Telephone Number	9078685643 ext.
<118>	Fax Number	9078689817
<119>	Email Address	ethatcher@gci.com

Contact Information

if same as above, indicate in this box ☐

<120>	Name (First, MI, Last, Suffix)	Chris Nierman
<121>	Filing Carrier Name	GCI Communication Corp
<122>	Street Address (or PO Box)	1900 L St NW, Suite 700
<123>	City	Washington
<124>	State	DC
<125>	Zip-Code	20036
<126>	Telephone Number	2024578815 ext.
<127>	Fax Number	9078689817
<128>	Email Address	cnierman@gci.com

Authorized Agent Information

if no agent, indicate in this box ☑

<130>	Name (First, MI, Last, Suffix)	
<131>	Company	
<132>	Street Address (or PO Box)	
<133>	City	
<134>	State	
<135>	Zip-Code	
<136>	Telephone Number	
<137>	Fax Number	
<138>	Email Address	

06/06/2017

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<140> Coverage and Performance Report Year 01/2016 - 12/2016

Coverage and Performace attachments: 618350_CPRd_AK.zip

<141>

<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<c1>	<c2>	<c3>	<d>
State	**County**	**Census Block**	**Resident Population per Census Block**	**Resident Population Newly Reached by Service**	**Total Resident Population Reached by Service**	**Road Miles per Census Block**	**Road Miles per Census Block Newly Reached**	**Total Road Miles covered per Census Block**	**Certify that Coverage and Performance data is uploaded (Yes/no)**
			-- See attached worksheet						
			--						

Percentage of Total Population Reached by Service: 0

Percentage of Total Road Miles covered by Service: 0

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

Certification of Officer or Employee as to Compliance with 47 CFR §54.1009(a)(4)

I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this form and in any attachments is accurate.

Name of Reporting Carrier: GCI Communication Corp.

Signature of Authorized Officer: CERTIFIED ONLINE Date 06/29/2017

Printed name of Authorized Officer: Lynda Tarbath

Title or position of Authorized Officer: VP CAO

Telephone number of Authorized Officer: 9088685638 ext.

Study Area Code of Reporting Carrier: 618350 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.

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

Certification of Officer or Employee to authorize an Agent to file Compliance with 47 CFR §54.1009(a)(4) 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 or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported 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 or Employee: Date:

Printed name of Authorized Officer or Employee:

Title or position of Authorized Officer or Employee:

Telephone number of Authorized Officer or Employee:

Study Area Code of Reporting Carrier: Filing Due Date for this form:

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TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier

I, as agent for the reporting carrier, certify that I am authorized to submit the certification 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:

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<142> State

AK

Wade Hampton Census Area

<143> County

Alaska

<144> Tribal Land(s) on which ETC Serves

<145> Tribal Government Engagement Obligation

618350_TLRa5_AK.pdf

Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes, No, Not Applicable) for each of these boxes to confirm the status described on the attached PDF, on line 145, demonstrates coordination with the Tribal government pursuant to § 54.1004 includes:

		Select (Yes, No, Not Applicable)
<146>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions;	Yes
<147>	Feasibility and sustainability planning;	Yes
<148>	Marketing services in a culturally sensitive manner;	Yes
<149>	Compliance with Rights of way processes	Yes
<150>	Compliance with Land Use permitting requirements	Yes
<151>	Compliance with Facilities Siting rules	Yes
<152>	Compliance with Environmental Review processes	Yes
<153>	Compliance with Cultural Preservation review processes	Yes
<154>	Compliance with Tribal Business and Licensing requirements.	Yes

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<200>	Date Authorized to Receive Support	03/13/2015
<201>	Targeted Completion Date	03/14/2017
<202>	Total Mobility Fund Support Awarded	134070.00
<203>	Total Mobility Fund Support Disbursed	44690.00
<210>	Actual Completion Date	
<211>	Project Status Description (attached)	618350_PSD_AK.pdf *{Name of PDF attached}*

Please check these boxes below to confirm that the attached PDF, on line 211, contains a project status pursuant to §54.1005(b)(2)(v). The information shall be submitted as appropriate.

<212>	Status of Network Deployment - Network Design	✔
<213>	Status of Network Deployment - Construction	✔
<214>	Status of Network Deployment - Deployment	✔
<215>	Status of Network Deployment - Maintenance	✔
<216>	Project Budget Status	✔
<217>	Project Plan Status	✔

<218> Network will Support 3G/4G Mobile Service ? (●) 3G ( ) 4G

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

Certification of Officer as to the Accuracy of the Data Reported for Mobility Fund Recipients

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

Name of Reporting Carrier: GCI Communication Corp.

Signature of Authorized Officer: CERTIFIED ONLINE Date 06/29/2017

Printed name of Authorized Officer: Lynda Tarbath

Title or position of Authorized Officer: VP CAO

Telephone number of Authorized Officer: 9088685638 ext.

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

Certification of Officer to Authorize an Agent to File for Mobility Fund 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 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 for Mobility Fund Recipients on Behalf of Reporting Carrier

I, as agent for the reporting carrier, certify that I am authorized to submit the reports for Mobility Fund 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.

Attachments

(060) Coverage and Performance Report

FCC Form 690
Approved by OMB
OMB Control No. 3060-1185

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<140>	Coverage and Performance Report Year	01/2016 - 12/2016

<141>

<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<c1>	<c2>	<c3>	<d>
State	**County**	**Census Block**	**Resident Population per Census Block**	**Resident Population Newly Reached by Service**	**Total Resident Population Reached by Service**	**Road Miles per Census Block**	**Road Miles per Census Block Newly Reached**	**Total Road Miles covered per Census Block**	**Certify that Coverage and Performacne data is uploaded (yes/no)**
AK	Wade Hampton Census	022700001003101	6	0	0	0.89	0.0	0.0	Yes
AK	Wade Hampton Census	022700001003102	103	0	0	1.98	0.0	0.0	Yes

Percentage of Total Population Reached by Service	0	Percentage of Total Road Miles covered by Service	0