

REDACTED – FOR PUBLIC INSPECTION

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LNGS | LUKAS,
NACE,
GUTIERREZ
& SACHS, LLP

June 30, 2016

VIA ECFS

Marlene H. Dortch
Secretary
Federal Communications Commission
445 12th Street, S.W., Room TW-A306
Washington, D.C. 20554

**Re: Nsighttel Wireless LLC (SAC 339015)
FCC Form 481 – Carrier Annual Report due July 1, 2016
WC Docket No. 14-58**

Dear Secretary Dortch:

On behalf of Nsighttel Wireless LLC (“Nsighttel”), SAC 339015 in Wisconsin, enclosed is a redacted public version of Nsighttel’s FCC Form 481 Carrier Annual Report submitted pursuant to Sections 54.313 and 54.422 of the Commission’s Rules (“Form 481 Report”). The enclosed redacted version of the Form 481 Report has been marked **“REDACTED – FOR PUBLIC INSPECTION.”**

The Report has been submitted to the Universal Service Administrative Company.

Nsighttel is also submitting, under separate cover, a confidential copy of the Form 481 Report. The confidential version has been marked **“CONFIDENTIAL – NOT FOR PUBLIC INSPECTION.”**

Please contact the undersigned if any questions arise concerning the above-referenced Report or if you require any additional information.

Sincerely,



David Nace
Robert S. Koppel

Counsel to:
Nsighttel Wireless LLC

Enclosure

**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	339015
<015> Study Area Name	NSIGHTTEL WIRELESS, LLC
<020> Program Year	2017
<030> Contact Name: Person USAC should contact with questions about this data	Larry L. Lueck
<035> Contact Telephone Number: Number of the person identified in data line <030>	9206177175 ext.
<039> Contact Email Address: Email of the person identified in data line <030>	larry.lueck@nsight.com
Form Type	54.313 and 54.422

**(100) Service Quality Improvement Reporting
 Data Collection Form**

<010>	Study Area Code	339015
<015>	Study Area Name	NSIGHTTEL WIRELESS, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Larry L. Lueck
<035>	Contact Telephone Number - Number of person identified in data line <030>	9206177175 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	larry.lueck@nsight.com

<110> Has your company received its ETC certification from the FCC? (yes / no)

If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC? (yes / no)

If your answer to Line <111> is yes, please 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 select the appropriate responses below (Yes, No, Not Applicable) to confirm that the attached document(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 much (USF) was used to improve service quality and how support was used to improve service quality
- <116> How much (USF) was used to improve service coverage and how support was used to improve service coverage
- <117> How much (USF) was used to improve service capacity and how support was used to improve service capacity
- <118> Provide an explanation of network improvement targets not met in the prior calendar year.

**(300) Unfulfilled Service Request
Data Collection Form**

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

<010> Study Area Code	339015
<015> Study Area Name	NSIGHTTEL WIRELESS, LLC
<020> Program Year	2017
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<039> Contact Email Address - Email Address of person identified in data line <030>	larry.lueck@nsight.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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<010> Study Area Code 339015

<015> Study Area Name NSIGHTTEL WIRELESS, LLC

<020> Program Year 2017

<030> Contact Name - Person USAC should contact regarding this data Larry L. Lueck

<035> Contact Telephone Number - Number of person identified in data line <030> 9206177175 ext.

<039> Contact Email Address - Email Address of person identified in data line <030> larry.lueck@nsight.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. Offered only mobile voice

<410> Complaints per 1000 customers for fixed voice

<420> Complaints per 1000 customers for mobile voice 0.0

<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**

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

<010>	Study Area Code	339015
<015>	Study Area Name	NSIGHTTEL WIRELESS, LLC
<020>	Program Year	2017
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<035>	Contact Telephone Number - Number of person identified in data line <030>	9206177175 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	larry.lueck@nsight.com
<500>	Certify compliance with applicable service quality standards and consumer protection rules	Yes
<510>	Descriptive document for Service Quality Standards & Consumer Protection Rules Compliance	339015wi510.pdf

(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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<010>	Study Area Code	339015
<015>	Study Area Name	NSIGHTTEL WIRELESS, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Larry L. Lueck
<035>	Contact Telephone Number - Number of person identified in data line <030>	9206177175 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	larry.lueck@nsight.com
<600>	Certify compliance regarding ability to function in emergency situations	Yes
<610>	Descriptive document for Functionality in Emergency Situations	339015wi610.pdf

**(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	339015
<015> Study Area Name	NSIGHTTEL WIRELESS, LLC
<020> Program Year	2017
<030> Contact Name - Person USAC should contact regarding this data	Larry L. Lueck
<035> Contact Telephone Number - Number of person identified in data line <030>	9206177175 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	larry.lueck@nsight.com

<900> Does the filing entity offer tribal land services? (Y/N) Yes

<910> Tribal Land(s) on which ETC Serves

Bad River Band of Lake Superior Tribe
Forest County Potawatomi Community
Lac du Flambeau Band of Lake Superior Chippewa Indians of the Lac du Flambeau Reservation of Wisconsin
Menominee Indian Tribe of Wisconsin
Oneida Tribe of Indians of Wisconsin
Sokaogon Chippewa Community
Stockbridge Munsee Community

<920> Tribal Government Engagement Obligation

339015wi920.pdf

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 or No or Not Applicable
Yes
Yes

(1000) Voice and Broadband Service Rate Comparability Data Collection Form	FCC Form 481
	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	339015
<015>	Study Area Name	NSIGHTTEL WIRELESS, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Larry L. Lueck
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<039>	Contact Email Address - Email Address of person identified in data line <030>	larry.lueck@nsight.com

<1000> Voice services rate comparability certification Not Applicable

<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
July 2013

<010>	Study Area Code	339015
<015>	Study Area Name	NSIGHTTEL WIRELESS, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Larry L. Lueck
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<039>	Contact Email Address - Email Address of person identified in data line <030>	larry.lueck@nsight.com

<1100> Certify whether terrestrial backhaul options exist (Y/N)

Yes

<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 July 2013
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<010>	Study Area Code	339015
<015>	Study Area Name	NSIGHTTEL WIRELESS, LLC
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<039>	Contact Email Address - Email Address of person identified in data line <030>	larry.lueck@nsight.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

339015wi1210.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.

(2000) Price Cap Carrier Additional Documentation	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
<i>Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers</i>	July 2013

<010>	Study Area Code	339015
<015>	Study Area Name	NSIGHTTEL WIRELESS, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Larry L. Lueck
<035>	Contact Telephone Number - Number of person identified in data line <030>	9206177175 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	larry.lueck@nsightt.com

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

<2010> 2nd Year Certification 47 CFR § 54.313(b)(1)(i) - Note that for the July 1 2016 certification, this applies to Round 2 recipients of Incremental Support	<input style="width: 100%;" type="text"/>	
<2011> 3rd Year Certification 47 CFR § 54.313(b)(1)(ii) - Note that for the July 1 2016 certification, this applies to Round 1 recipients of Incremental Support	<input style="width: 100%;" type="text"/>	
<2022> Recipient certifies, representing year two 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.	<input style="width: 100%;" type="text"/>	
<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 two - 54.313(b)(2)(ii). Round 2 recipients only.	<input style="width: 100%;" type="text"/>	
<2024A> Round 2 Recipient of Incremental Support?	<input style="width: 100%;" type="text"/>	<input style="width: 100%; height: 40px;" type="text"/>
<2024B> Attach list of census blocks indicating where funding was spent in year two - 54.313(b)(2)(ii). Round 2 recipients only.	Name of Attached Document Listing Required Information	<input style="width: 100%; height: 40px;" type="text"/>
<2025A> Round 1 or Round 2 Recipient of Incremental Support?	<input style="width: 100%;" type="text"/>	
<2025B> Attach geocoded Information for Phase I milestone reports (Round 1 for year three and Round 2 for year two) - Connect America Fund , WC Docket 10-90, Report and Order, FCC 13-	Name of Attached Document Listing Required Information	<input style="width: 100%; height: 40px;" type="text"/>
<2015> 2016 and future Frozen Support Certification 47 CFR § 54.313(c)(4)		<input style="width: 100%;" type="text"/>

(2000) Price Cap Carrier Additional Documentation (Continued)

Data Collection Form

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

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

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?

<2017B> Attach information for Phase II - 54.313(e)(1) - list of geocoded locations already meeting the 54.309 public interest obligations at the end of calendar year 2015 and total amount of Phase II support, if any, the price

Name of Attached Document Listing
Required Information

cap carrier used for capital expenditures in 2015.

<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)(2)(ii)

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)(2)(v)

<2020> Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 40% of its supported locations in the state on December 31, 2017 - 54.313(e)(3)

<2021> Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 60% of its supported locations in the state on December 31, 2018 - 54.313(e)(4)

<2026> Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 80% of its supported locations in the state on December 31, 2019 - 54.313(e)(5)

<2027> Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 100% of its supported locations in the state on December 31, 2020 - 54.313(e)(6)

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

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

<010>	Study Area Code	339015
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<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Larry L. Lueck
<035>	Contact Telephone Number - Number of person identified in data line <030>	9206177175 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	larry.lueck@nsight.com

Complete the items below to note compliance with 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.

(3009) Progress Report on 5 Year Plan
Carrier certifies to 54.313(f)(1)(iii)

(3010A) Milestone Certification {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) for 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)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010> Study Area Code	339015
<015> Study Area Name	NSIGHTTEL WIRELESS, LLC
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<030> Contact Name - Person USAC should contact regarding this data	Larry L. Lueck
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<039> Contact Email Address - Email Address of person identified in data line <030>	larry.lueck@nsight.com

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	

**(4005) Rural Broadband Experiment Additional Documentation
Data Collection Form**

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

<010>	Study Area Code	339015
<015>	Study Area Name	NSIGHTTEL WIRELESS, LLC
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<039>	Contact Email Address - Email Address of person identified in data line <030>	larry.lueck@nsight.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
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<039>	Contact Email Address - Email Address of person identified in data line <030>	larry.lueck@nsight.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:	NSIGHTTEL WIRELESS, LLC
Signature of Authorized Officer:	CERTIFIED ONLINE Date 06/20/2016
Printed name of Authorized Officer:	Mark Naze
Title or position of Authorized Officer:	Treasurer
Telephone number of Authorized Officer:	9206177000 ext.
Study Area Code of Reporting Carrier:	339015 Filing Due Date for this form: 07/01/2016
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
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<039> Contact Email Address - Email Address of person identified in data line <030>	larry.lueck@nsight.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) _____ 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:	
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:
<small>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.</small>	

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:	
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:
<small>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.</small>	

Attachments

**Line 510 – Compliance with Service Quality Standards and
Consumer Protection**

Nsighttel Wireless, LLC, d/b/a Cellcom, hereby certifies that it has reviewed its service quality and consumer protection practices, which it follows in connection with its provision of voice and broadband services, and that it is in compliance with all applicable service quality standards and consumer protection rules. Cellcom is a signatory to the CTIA–The Wireless Association[®] (“CTIA”) Consumer Code for Wireless Service (“CTIA Code”) as currently in effect. Cellcom follows the service quality and consumer protection practices found in the CTIA Code.

Line 610 – Functionality in Emergency Situations

Section 54.202(a)(2) of the Commission’s Rules requires that each eligible telecommunications carrier (“ETC”) must “[d]emonstrate its ability to remain functional in emergency situations, including a demonstration that it has a reasonable amount of back-up power to ensure functionality without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations.”¹ Section 54.313(a)(6) requires ETCs to certify that they are “able to function in emergency situations as set forth in §54.202(a)(2)”² in connection with their provision of voice and broadband services.

Nsighttel Wireless, LLC, d/b/a Cellcom, (“Cellcom”) has deployed sufficient power generators throughout its network and also has the capability to deploy temporary microwave facilities quickly to the extent necessary for Cellcom’s network to remain functional during emergencies. These generators and microwave facilities ensure that (1) a reasonable amount of back-up power will be available to ensure functionality without an external power source; (2) Cellcom will be able to reroute voice and broadband traffic around damaged facilities; and (3) Cellcom will be capable of managing spikes in voice and broadband traffic resulting from emergency situations.

¹ 47 C.F.R. § 54.202(a).

² 47 C.F.R. § 54.313(a)(6).

Line 920 – Tribal Government Engagement Obligation

Pursuant to the Federal Communications Commission's rules¹, in calendar year 2015, Nsighttel Wireless, LLC, d/b/a Cellcom, ("Cellcom") sent letters to the Tribal governments for all Tribal entities whose boundaries are within Cellcom's study area. Several Tribal governments responded to those letters, and Cellcom has begun to exchange information with those Tribal entities. Cellcom expects to continue the dialogue throughout 2016.

Cellcom's engagement efforts addressed the following information:

- (a) Assessing communications needs, including the needs of key community anchor institutions;
- (b) Assessing the feasibility and sustainability of network investments;
- (c) Marketing services in an appropriate and effective manner;
- (d) Obtaining rights of way, land use permitting, facilities sighting and obtaining environmental and cultural preservation assessments and approvals; and
- (e) Complying with local business and licensing requirements.

This certification should not be interpreted as Cellcom making any representations, express or implied, regarding compliance with any Tribal laws or regulations. That is outside the scope of this filing and this certification.

¹ *Connect America Fund*, Report and Order and Further Notice of Proposed Rulemaking, WC Docket No. 10-90, FCC 11-161, ¶ 604 (rel. Nov. 18, 2011) ("*Order*").

Lifeline Calling Plan Application



Application Information and Instructions

In these uncertain economic times Cellcom believes it is more important than ever to stay connected. Cellcom offers affordable and reliable wireless service through Lifeline.

What is Lifeline Service?

Lifeline calling plans offer qualified customers a discount on their monthly bill. This is not a free service. To continue to receive service, you are responsible for paying all monthly access charges and fees incurred during each billing period. Your wireless service will be terminated if you do not pay your monthly bill on time.

Who's Eligible for Lifeline Calling Plan Service?

Eligible wireless subscribers must be at least 18 years of age, have a physical address and reside in Cellcom's Wisconsin licensed markets. Only one federally subsidized Lifeline service is available per household. Additional lines of service are not eligible to receive the Lifeline calling plan discount. Applicants must participate in one of the following programs:

- Badger Care
- Food Stamps
- Low-income Home Energy Assistance Program (LIHEAP)
- Medical Assistance (MA)
- Supplemental Security Income (SSI)
- Wisconsin Homestead Credit
- Wisconsin Work
- Supplemental Nutrition
- Medicaid
- Temporary Assistance for Needy Families
- Head Start
- National School Lunch Program (NSLP)
- Federal Housing Public Assistance
- Bureau of Indian Affairs General Assistance
- Tribally Administered Temporary Assistance for Needy Families (TANF)

It is the responsibility of the Lifeline participant to advise Cellcom when you are no longer eligible for at least one of the above programs. Lifeline service will terminate upon loss of eligibility. For continuous eligibility for Lifeline, the participant may be required to re-verify his/her eligibility on an annual basis.

Lifeline Assistance is a federally subsidized program which provides a reduced price on your monthly calling plan to qualified low-income individuals. ***This is not a free service.***

For more information about Cellcom's Local Lifeline Calling Plan call 877-477-5222



Application for Lifeline/Link Up Service Assistance Program

Initial Enrollement

Recertification of Enrollment

SECTION 1 - APPLICANT (Please Print)

Name: _____ Social Security #: _____
 (Last Name) (First Name) (Middle Initial)

Billing Address: _____ Date of Birth (MM/DD/YYYY): ____ / ____ / ____
 (May contain a P.O. Box) (City) (State) (Zip)

Residence Address: _____
 (Street address is required for Lifeline verification) (Apt. # or Unit #)

Address: _____
 (City) (State) (Zip) (County)

Select if your address is temporary. If temporary, you must re-verify eligibility every 90 days.

My residence address is located on federally-recognized Tribal lands. Yes No

Place of Employment: _____
 (Name) (Length of Employment)

Employer's Address: _____
 (Street) (City)

Phone number (if existing service) or for messages: (_____) _____

If applying on behalf of a child that is eligible for Lifeline/Linkup program, please provide the following information about the child:

Name: _____ Social Security #: _____
 (Last Name) (First Name) (Middle Initial) Date of Birth (MM/DD/YYYY): ____ / ____ / ____

SECTION 2 - ELIGIBILITY FOR LIFELINE ASSISTANCE (CHECK ALL THAT APPLY)

- 1.) I am applying for: Lifeline or Link Up monthly wireless service discount
 Link-Up wireless activation charge discount-waiving activation charge

2.) I am currently eligible to receive benefits from one or more of the following public assistance program(s):

- Badger Care Supplemental Security Income (SSI)
 Food Stamps Wisconsin Homestead Tax Credit
 Low-income Home Energy Assistance Program (LIHEAP) Wisconsin Works
 Medical Assistance (MA)

Programs listed below require documentation proving participation in program at time of application. Documentation will be reviewed and security retained but is not returned or shared with others.

- Supplemental Nutrition Medicaid
 Bureau of Indian Affairs General Assistance Temporary Assistance for Needy Families
 Head Start (must satisfy income qualifying standard) Tribally Administered Temporary Assistance for Needy Families (TANF)
 National School Lunch Program's Free Lunch Program Federal Housing Public Assistance (Section 8)

OR

- My total household income is at or below 135% of the Federal Poverty Guidelines.*
 _____ Number of people in household

135% OF THE FEDERAL POVERTY GUIDELINES - 2016	
Persons in Family or Household	48 Contiguous States and D.C.
1	\$16,038
2	\$21,627
3	\$27,216
4	\$32,805
5	\$38,394
6	\$43,983
7	\$49,586
8	\$55,202
For Each Additional Person	Add \$5,616

**To apply using income eligibility, you are required to provide documentation proving you meet the income eligibility requirements at the time of application. The documentation is reviewed and securely retained but is not returned to you or shared with others. Acceptable documents to demonstrate proof of income for entire household include: prior year's state or federal tax return, current income statement from employer, Social Security statement of benefits, or retirement/pension statement of benefits.*

_____ (Must initial)

INTERNAL USE ONLY - SALES

Address Searched: YES or NO

*Program Document Rec'd: YES or NO

MDN: _____

MIN: _____

Date Assigned: _____

Personnel: _____

Faxed Provisioning on: _____

INTERNAL USE ONLY - PROVISIONING

Eligible: YES or NO

Documentation Verified (description): _____

Provisioning Rep: _____

Date Info Received: _____

SECTION 3 - APPLICANT CERTIFICATION AND AGREEMENT

Calling Plan & Feature Options: Please select the monthly service you wish to receive.

- \$19.95/mo., Cellcom's Lifeline Calling Plan
- \$14.95/mo., Cellcom's Tribal Lifeline Calling Plan (Includes: Voicemail and Caller ID)
- \$19.95/mo., Cellcom's Lifeline Limited Calling Plan
- \$14.95/mo., Cellcom's Tribal Lifeline Limited Calling Plan (Includes: Voicemail and Caller ID)

Available Services for an additional monthly fee: (Not available in Cellcom's Lifeline Limited calling plan.)

- | | |
|--|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Voicemail \$4.95/mo. <input type="checkbox"/> Caller ID \$3.95/mo. <input type="checkbox"/> Nquire/411 Directory Assistance \$1.99/use <input type="checkbox"/> Tier 1 Handset Protection (\$50 deductible per occurrence) \$4.99/mo. <input type="checkbox"/> Tier 2 Handset Protection (\$100 deductible per occurrence, \$50 extended warranty deductible per occurrence) \$6.99/mo. | <p>Quik/TxT Pricing- please choose a package</p> <ul style="list-style-type: none"> <input type="checkbox"/> \$3.95/mo. (100 outgoing messages) <input type="checkbox"/> \$5.95/mo. (300 outgoing messages) <input type="checkbox"/> \$9.95/mo. (unlimited outgoing messages) <p><small>(If you have not added the text messaging feature, you will not be able to send text messages on your phone.)</small></p> |
|--|--|

I AGREE to pay 2-year retail price + tax, and the cost of the first month's service.

I ALSO HEREBY CERTIFY, UNDER PENALTY OF PERJURY, THAT;

- I acknowledge that Lifeline is a federal government benefit and that willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment or being barred from the program.
- I acknowledge that only one Lifeline service is available per household, and that, to the best of my knowledge, no other person in my household is receiving a Lifeline service. (For purposes of Lifeline, a "household" is any individual or group of individuals who live together at the same address and share income and expenses.)
- I acknowledge that a household is not permitted to receive Lifeline benefits from multiple providers and that violation of this limitation constitutes a violation of the rules of the Federal Communications Commission and will result in de-enrollment from the Lifeline program.
- If I am participating in another Lifeline program at the time I apply for Cellcom Lifeline service, I agree to cancel that Lifeline service with any other provider.
- I acknowledge that Lifeline is non-transferable and that I may not transfer my benefit to any other person.
- I acknowledge that providing false or fraudulent information to receive Lifeline benefits is punishable by law.
- I will notify Cellcom within 30 days if for any reason I no longer satisfy the criteria for receiving Lifeline services, such as no longer participating in any of the qualifying programs, or if I or a member of my household receives another Lifeline benefit.
- I acknowledge that I may be required to re-certify to my continued eligibility for Lifeline at any time, and that my failure to re-certify will result in de-enrollment and termination of my Lifeline benefits.
- If I move to a new address, I will provide the new address to Cellcom within 30 days.
- If I provided a temporary address, I will be required to verify my temporary address every 90 days. If I do not provide verification within 30 days, I will be de-enrolled from the Lifeline program.
- I acknowledge I meet the income-based or program-based eligibility criteria for receiving Lifeline.
- I acknowledge that I qualify for Lifeline as an eligible resident of Tribal lands, living on Tribal lands.
- I acknowledge the information contained in this application is true and correct to the best of my knowledge

_____ (Must initial)

I ACKNOWLEDGE THAT IN ORDER TO CONTINUE RECEIVING A REDUCED CALLING PLAN ON THE LIFELINE PROGRAM, I AM RESPONSIBLE FOR PAYING ALL MONTHLY ACCESS CHARGES AND FEES INCURRED DURING EACH BILLING PERIOD.

I UNDERSTAND COMPLETION OF THIS APPLICATION DOES NOT CONSTITUTE IMMEDIATE ACCEPTANCE INTO THIS PROGRAM. I AUTHORIZE CELLCOM OR ITS' DULY APPOINTED REPRESENTATIVE TO ACCESS ANY RECORDS NECESSARY TO VERIFY THESE STATEMENTS TO CONFIRM MY CONTINUED PARTICIPATION IN THE ABOVE PROGRAMS. I AUTHORIZE REPRESENTATIVES OF THE ABOVE PROGRAMS, IF REQUESTED, TO DISCUSS WITH AND/OR PROVIDE COPIES TO CELLCOM TO VERIFY MY PARTICIPATION IN THE ABOVE PROGRAMS AND ELIGIBILITY FOR LIFELINE OR LINK-UP SERVICE. I FURTHER AGREE UPON REQUEST FROM CELLCOM TO PROVIDE DOCUMENTATION OF ELIGIBILITY.

I CERTIFY UNDER PENALTY OF PERJURY THAT ALL OF THE INFORMATION PROVIDED IS TRUE AND CORRECT, AND I AGREE TO COMPLY WITH ALL REQUIREMENTS OF THE LIFELINE/LINKUP ASSISTANCE PROGRAMS.

Printed Name: _____

Applicant's Signature: _____

Date: ____ / ____ / ____

Please return application to:

**Cellcom Lifeline Program
P.O. Box 5370
De Pere, WI 54115**

or take your completed application to a Cellcom retail location nearest you.



Your location is set to **Adams, WI**. Change location.

Lifeline

Cellcom wants to help you stay connected no matter the circumstances. That's why Cellcom offers the Lifeline calling plan - a federally subsidized program that provides basic wireless services to qualified low-income individuals. This is not a free service. But Lifeline customers do receive a reduced rate on their monthly calling plan. To better assist customers with managing their monthly wireless bills, a limited calling plan is also available. Customers selecting the limited option will not be allowed to roam outside the home area or add additional monthly features. For more information about Lifeline Assistance, from Cellcom call (877) 477-5222 or stop by a Cellcom retail location.

Lifeline Application

Consent for Benefit Transfer

Check Your Coverage.

Included Features

There are no included features with this plan.

Monthly Anytime Minutes	Night & Weekend Minutes	Nationwide Long Distance (per minute)	Nationwide Roaming (per minute)	Cellcom-To-Cellcom Minutes	Additional Airtime (per minute)	Monthly Charge
350	3000	\$0.09	\$0.69	-	\$0.39	\$19.95

Important Information

An E911-compliant CDMA tri-mode phone, compatible with Cellcom's network, is required. Voice calls originating from or terminating to broadband or tablet devices are billed at a rate of \$.69 per minute. Airtime is billed in 60 second increments. Plan minutes only apply when you are in your calling plan's designated home area. Calls originating and terminating in the home area are toll free. Calls originating in the home area and terminating outside the home area may be subject to long distance charges. Calls originating outside of the home area are subject to roaming and long distance charges. Cellcom reserves the right to deactivate any mailbox that has not been initialized within 60 days of activation or any mailbox that has not had any messages deposited for over 60 days. Minutes used checking voicemail are deducted from Nationwide Minutes while within the Cellcom designated area. Call Forwarding includes 60 minutes of forwarding to a non-Cellcom exchange per month. Voice services, including 911, are not available on mobile broadband nor tablet devices. See sales representative for details.

Cellcom reserves the right, without notice, to change rates and coverage areas that do not adversely impact the consumer. In all other situations, a notice will be given. Rate maps indicate where rates apply and may not depict actual service availability or wireless coverage. Coverage areas depicted are approximate. To inquire about specific service availability in a geographical area, contact Cellcom's customer service at 800-236-0055. Geographic terrain, weather conditions, and type of equipment may affect cellular coverage. Wireless service is subject to technological limitations, including capacity and tower availability.

Prices do not include taxes, fees, or other charges. Taxes on monthly access, airtime, equipment, and long distance may apply. A \$25 line set-up fee will be charged on all new line activations. A Regulatory and Other Recovery Fee will be charged on all rate plans. This charge is associated with the cost of administering and complying with government-mandated programs such as Wireless Number Pooling, TTY (Text Telephone), CALEA (Communication Assistance for Law Enforcement Act) and Wireless Number Portability. A USF (Universal Service Fund) will be charged on all service lines. An E911 or Police and Fire Protection fee will be charged on all service lines. The amount or range of taxes, fees and surcharges vary and are subject to change without notice. See a Cellcom retail location or www.cellcom.com/fees for details.