

FCC Form 481 - Carrier Annual Reporting Data Collection Form	FCC Form 481 OMB 3060-0986 OMB 3060-0819 Avg. Burden Estimate per Respondent: 20 Hours
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<010>	Study Area Code	449047
<015>	Study Area Name	Express Cash and Phone Inc
<020>	Program Year	2017
<030>	Contact Name: Person USAC should contact with questions about this data	Brian Young
<035>	Contact Telephone Number: Number of the person identified in data line <030>	817-703-8430
<039>	Contact Email: Email of the person identified in data line <030>	brian.young@ystas.com

ANNUAL REPORTING FOR ALL CARRIERS			54.313 Completion Required	54.422 Completion Required
<i>(check box when complete)</i>				
<100>	Service Quality Improvement Reporting	<i>(complete attached worksheet)</i>	<input type="checkbox"/>	
<200>	Outage Reporting (voice)	<i>(complete attached worksheet)</i>	<input type="checkbox"/>	x
<210>	<input checked="" type="checkbox"/> <-- check box if no outages to report			
<300>	Unfulfilled Service Requests (voice)		<input type="checkbox"/>	
<310>	Detail on Attempts (voice)	<i>(attach descriptive document)</i>	<input type="checkbox"/>	
<320>	Unfulfilled Service Requests (broadband)		<input type="checkbox"/>	
<330>	Detail on Attempts (broadband)	<i>(attach descriptive document)</i>	<input type="checkbox"/>	
<400>	Number of Complaints per 1,000 customers (voice)		<input type="checkbox"/>	x
<410>	Fixed	<input type="text" value="0"/>		
<420>	Mobile	<input type="text" value="0"/>		
<440>	Number of Complaints per 1,000 customers (broadband)		<input type="checkbox"/>	
<450>	Fixed	<input type="text"/>		
<450>	Mobile	<input type="text"/>		
<500>	Service Quality Standards & Consumer Protection Rules Compliance	<i>(check to indicate certification)</i>	<input type="checkbox"/>	
<510>	Functionality in Emergency Situations	<i>(attached descriptive document)</i>	<input type="checkbox"/>	
<600>	Functionality in Emergency Situations	<i>(check to indicate certification)</i>	<input type="checkbox"/>	
<610>	Functionality in Emergency Situations	<i>(attached descriptive document)</i>	<input type="checkbox"/>	
<700>	Company Price Offerings (voice)	<i>(complete attached worksheet)</i>	<input type="checkbox"/>	
<710>	Company Price Offerings (broadband)	<i>(complete attached worksheet)</i>	<input type="checkbox"/>	
<800>	Operating Companies and Affiliates	<i>(complete attached worksheet)</i>	<input type="checkbox"/>	x
<900>	Tribal Land Offerings (Y/N)?	<i>(if yes, complete attached worksheet)</i>	<input type="checkbox"/>	
<1000>	Voice Services Rate Comparability	<i>(check to indicate certification)</i>	<input type="checkbox"/>	
<1010>	Voice Services Rate Comparability	<i>(attach descriptive document)</i>	<input type="checkbox"/>	
<1100>	Terrestrial Backhaul (Y/N)?	<i>(if not, check to indicate certification)</i>	<input type="checkbox"/>	
<1110>	Terrestrial Backhaul (Y/N)?	<i>(complete attached worksheet)</i>	<input type="checkbox"/>	
<1200>	Terms and Condition for Lifeline Customers	<i>(complete attached worksheet)</i>	<input type="checkbox"/>	x

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

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

<2000>		<i>(check to indicate certification)</i>	<input type="checkbox"/>	
<2005>		<i>(complete attached worksheet)</i>	<input type="checkbox"/>	

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000>		<i>(check to indicate certification)</i>	<input type="checkbox"/>	
<3005>		<i>(complete attached worksheet)</i>	<input type="checkbox"/>	

(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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<039> Contact Email Address - Email Address of person identified in data line <030>	brian.young@vstas.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans _____
 Name of attached document (.pdf)

<1220> Link to Public Website HTTP _____

Please check these boxes below to confirm that the attached PDF, 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.

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

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: Express Cash and Phone Inc
Signature of Authorized Officer: _____ Date 7/1/2016
Printed name of Authorized Officer: Brian Young
Title or position of Authorized Officer: Manager
Telephone number of Authorized Officer: 817-703-8430
Study Area Code of Reporting Carrier: 449047 Filing Due Date for this form: 7/1/2016
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>	brian.young@ystas.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) Patrick Hardy 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: Brian Young	
Name of Reporting Carrier: Express Cash and Phone Inc	
Signature of Authorized Officer:	Date: 7/1/2016
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier: 449047	Filing Due Date for this form: 7/1/2016
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.	

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: Express Cash and Phone Inc	
Name of Authorized Agent or Employee of Agent:	
Signature of Authorized Agent or Employee of Agent:	Date:
Printed name of Authorized Agent or Employee of Agent:	
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: 449047	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.	