REDACTED - FOR PUBLIC INSPECTION



| | | |
|---|---|---|
| <010> | Study Area Code | 679000 |
| <015> | Study Area Name | AST TELECOM, LLC DBA BLUE SKY COMMUNICATIONS |
| <020> | Program Year | 2017 |
| <030> | Contact Name: Person USAC should contact with questions about this data | Filifotu Vaai |
| <035> | Contact Telephone Number: Number of the person identified in data line <030> | 6846992759 ext. |
| <039> | Contact Email Address: Email of the person identified in data line <030> | fvaai@blueskypacificgroup.com |
| | Form Type | 54.313 and 54.422 |

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

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

| | | |
|---|---|---|
| <010> | Study Area Code | 679000 |
| <015> | Study Area Name | AST TELECOM, LLC DBA BLUE SKY COMMUNICATIONS |
| <020> | Program Year | 2017 |
| <030> | Contact Name - Person USAC should contact regarding this data | Filifotu Vaai |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 6846992759 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | fvaai@blueskypacificgroup.com |

| | | |
|---|---|---|
| <110> | Has your company received its ETC certification from the FCC? | (yes / no ) ○ ● |
| <111> | 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. |

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

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

| | | |
|---|---|---|
| <010> | Study Area Code | 679000 |
| <015> | Study Area Name | AST TELECOM, LLC DBA BLUE SKY COMMUNICATIONS |
| <020> | Program Year | 2017 |
| <030> | Contact Name - Person USAC should contact regarding this data | Filifotu Vaai |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 6846992759 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | fvaai@blueskypacificgroup.com |

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

<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 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | |

-- See attached worksheet --

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**(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 | 679000 |
| <015> | Study Area Name | AST TELECOM, LLC DBA BLUE SKY COMMUNICATIONS |
| <020> | Program Year | 2017 |
| <030> | Contact Name - Person USAC should contact regarding this data | Filifotu Vaai |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 6846992759 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | fvaai@blueskypacificgroup.com |

<300> Unfulfilled service request (voice): 0

<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

| | | |
|---|---|---|
| <010> | Study Area Code | 679000 |
| <015> | Study Area Name | AST TELECOM, LLC DBA BLUE SKY COMMUNICATIONS |
| <020> | Program Year | 2017 |
| <030> | Contact Name - Person USAC should contact regarding this data | Filifotu Vaai |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 6846992759 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | fvaai@blueskypacificgroup.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 | 679000 |
| <015> | Study Area Name | AST TELECOM, LLC DBA BLUE SKY COMMUNICATIONS |
| <020> | Program Year | 2017 |
| <030> | Contact Name - Person USAC should contact regarding this data | Filifotu Vaai |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 6846992759 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | fvaai@blueskypacificgroup.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 | 679000AS510.pdf |

**(600) Functionality in Emergency Situations**
**Data Collection Form**

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

| | | |
|---|---|---|
| <010> | Study Area Code | 679000 |
| <015> | Study Area Name | AST TELECOM, LLC DBA BLUE SKY COMMUNICATIONS |
| <020> | Program Year | 2017 |
| <030> | Contact Name - Person USAC should contact regarding this data | Filifotu Vaai |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 6846992759 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | fvaai@blueskypacificgroup.com |
| <600> | Certify compliance regarding ability to function in emergency situations | Yes |
| <610> | Descriptive document for Functionality in Emergency Situations | 679000AS610.pdf |

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

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

| | | |
|---|---|---|
| <010> | Study Area Code | 679000 |
| <015> | Study Area Name | AST TELECOM, LLC DBA BLUE SKY COMMUNICATIONS |
| <020> | Program Year | 2017 |
| <030> | Contact Name - Person USAC should contact regarding this data | Filifotu Vaai |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 6846992759 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | fvaai@blueskypacificgroup.com |

| | | |
|---|---|---|
| <701> | Residential Local Service Charge Effective Date | 1/1/2016 |
| <702> | Single State-wide Residential Local Service Charge | |

<703>

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

-- See attached worksheet --

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**(710) Broadbrand Price Offerings**
**Data Collection Form**

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

| | | |
|---|---|---|
| <010> | Study Area Code | 679000 |
| <015> | Study Area Name | AST TELECOM, LLC DBA BLUE SKY COMMUNICATIONS |
| <020> | Program Year | 2017 |
| <030> | Contact Name - Person USAC should contact regarding this data | Filifotu Vaai |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 6846992759 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | fvaai@blueskypacificgroup.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*}** |
| | | | | | | | | |
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**(800) Operating Companies**
**Data Collection Form**

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

| | | |
|---|---|---|
| <010> | Study Area Code | 679000 |
| <015> | Study Area Name | AST TELECOM, LLC DBA BLUE SKY COMMUNICATIONS |
| <020> | Program Year | 2017 |
| <030> | Contact Name - Person USAC should contact regarding this data | Filifotu Vaai |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 6846992759 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | fvaai@blueskypacificgroup.com |

| | | |
|---|---|---|
| <810> | Reporting Carrier | AST Telecom, LLC |
| <811> | Holding Company | Not Applicable |
| <812> | Operating Company | AST Telecom, LLC dba BlueSky Communications |

| **<813>** | <a1> | <a2> | <a3> |
|---|---|---|---|
| | **Affiliates** | **SAC** | **Doing Business As Company or Brand Designation** |

**(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 | 679000 |
| <015> | Study Area Name | AST TELECOM, LLC DBA BLUE SKY COMMUNICATIONS |
| <020> | Program Year | 2017 |
| <030> | Contact Name - Person USAC should contact regarding this data | Filifotu Vaai |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 6846992759 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | fvaai@blueskypacificgroup.com |

<900> Does the filing entity offer tribal land services? (Y/N) No

<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 document(s), 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**

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

| | | |
|---|---|---|
| <010> | Study Area Code | 679000 |
| <015> | Study Area Name | AST TELECOM, LLC DBA BLUE SKY COMMUNICATIONS |
| <020> | Program Year | 2017 |
| <030> | Contact Name - Person USAC should contact regarding this data | Filifotu Vaai |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 6846992759 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | fvaai@blueskypacificgroup.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

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**(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 | 679000 |
| <015> | Study Area Name | AST TELECOM, LLC DBA BLUE SKY COMMUNICATIONS |
| <020> | Program Year | 2017 |
| <030> | Contact Name - Person USAC should contact regarding this data | Filifotu Vaai |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 6846992759 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | fvaai@blueskypacificgroup.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). | |

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**(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

| | | |
|---|---|---|
| <010> | Study Area Code | 679000 |
| <015> | Study Area Name | AST TELECOM, LLC DBA BLUE SKY COMMUNICATIONS |
| <020> | Program Year | 2017 |
| <030> | Contact Name - Person USAC should contact regarding this data | Filifotu Vaai |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 6846992759 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | fvaai@blueskypacificgroup.com |

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

679000AS1200.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. ✔

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**(2000) Price Cap Carrier Additional Documentation**
**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

| | | |
|---|---|---|
| <010> | Study Area Code | 679000 |
| <015> | Study Area Name | AST TELECOM, LLC DBA BLUE SKY COMMUNICATIONS |
| <020> | Program Year | 2017 |
| <030> | Contact Name - Person USAC should contact regarding this data | Filifotu Vaai |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 6846992759 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | fvaai@blueskypacificgroup.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

<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

<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.

<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.

<2024A> Round 2 Recipient of Incremental Support?

<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

<2025A> Round 1 or Round 2 Recipient of Incremental Support?

<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

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

**(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 cap carrier used for capital expenditures in 2015.

Name of Attached Document Listing Required Information

<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 | 679000 |
| <015> | Study Area Name | AST TELECOM, LLC DBA BLUE SKY COMMUNICATIONS |
| <020> | Program Year | 2017 |
| <030> | Contact Name - Person USAC should contact regarding this data | Filifotu Vaai |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 6846992759 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | fvaai@blueskypacificgroup.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.

| | | | |
|---|---|---|---|
| | Progress Report on 5 Year Plan | | |
| (3009) | 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 | |

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

**Data Collection Form**

FCC Form 481

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

July 2013

| | | |
|---|---|---|
| <010> | Study Area Code | 679000 |
| <015> | Study Area Name | AST TELECOM, LLC DBA BLUE SKY COMMUNICATIONS |
| <020> | Program Year | 2017 |
| <030> | Contact Name - Person USAC should contact regarding this data | Filifotu Vaai |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 6846992759 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | fvaai@blueskypacificgroup.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 | |

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**

| | | |
|---|---|---|
| <010> | Study Area Code | 679000 |
| <015> | Study Area Name | AST TELECOM, LLC DBA BLUE SKY COMMUNICATIONS |
| <020> | Program Year | 2017 |
| <030> | Contact Name - Person USAC should contact regarding this data | Filifotu Vaai |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 6846992759 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | fvaai@blueskypacificgroup.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 _____

REDACTED - FOR PUBLIC INSPECTION

| **Certification - Reporting Carrier Data Collection Form** | FCC Form 481<br>OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>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:**

**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:

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.

REDACTED - FOR PUBLIC INSPECTION

**Certification - Agent / Carrier**
**Data Collection Form**

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OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

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| <035> | Contact Telephone Number - Number of person identified in data line <030> | 6846992759 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | fvaai@blueskypacificgroup.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)** Lukas, Nace, Gutierrez & Sachs, LLP **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: Lukas, Nace, Gutierrez & Sachs, LLP

Name of Reporting Carrier: AST TELECOM, LLC DBA BLUE SKY COMMUNICATIONS

Signature of Authorized Officer: CERTIFIED ONLINE Date: 06/30/2016

Printed name of Authorized Officer: Adolfo Montenegro

Title or position of Authorized Officer: President & CEO

Telephone number of Authorized Officer: 6846992759 ext.1016

Study Area Code of Reporting Carrier: 679000 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.

**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: AST TELECOM, LLC DBA BLUE SKY COMMUNICATIONS

Name of Authorized Agent Firm: Lukas, Nace, Gutierrez & Sachs, LLP

Signature of Authorized Agent or Employee of Agent: CERTIFIED ONLINE Date: 06/30/2016

Name of Authorized Agent Employee: Steven M. Chernoff

Title or position of Authorized Agent or Employee of Agent Principal

Telephone number of Authorized Agent or Employee of Agent: 7035848670 ext.

Study Area Code of Reporting Carrier: 679000 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.

REDACTED - FOR PUBLIC INSPECTION

Attachments

**LINE 200 – SERVICE OUTAGE REPORTING (VOICE)**

**REDACTED FOR PUBLIC INSPECTION**

**[This attachment is withheld in its entirety pursuant to the company's request for confidential treatment.]**

REDACTED - FOR PUBLIC INSPECTION

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

The FCC's rules require that an ETC provide a "[c]certification that it is complying with applicable service quality standards and consumer protection rules[.]"[1] For wireless ETCs, the FCC has held that a commitment to abide by the CTIA – The Wireless Association® Consumer Code for Wireless Service ("CTIA Code") is sufficient to meet this requirement.[2]

AST Telecom, LLC d.b.a. Bluesky Communications ("AST Telecom") 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 these practices ensure that AST Telecom:

(1) Discloses rates and terms of its voice and broadband services to customers.
(2) Makes available maps showing where voice and broadband services are generally available.
(3) Provides contract terms to customers and confirms changes in voice or broadband service.
(4) Allows a trial period for new voice or broadband service.
(5) Provides specific disclosures in advertising.
(6) Separately identifies carrier charges from taxes on billing statements.
(7) Provides customers the right to terminate voice or broadband service for changes to contract terms.

[1] 47 C.F.R. § 54.313(a)(5).
[2] *Connect America Fund et al.*, WC Docket No. 10-90 *et al*., Report and Order *et al*., 26 FCC 17663, 17852 (para. 580 n.956) (2011), *aff'd In re: FCC 11-161*, 753 F.3d 1015 (10th Cir. 2014); *Federal-State Joint Board on Universal Service, Report and Order*, 20 FCC Red 6371, 6383 (2005).



PO Box 478
Pago Pago, American Samoa
**M:** 1-684-699-2759
**W:** www.bluesky.as

**LINE 610 – FUNCTIONALITY IN EMERGENCY SITUATIONS**

**REDACTED FOR PUBLIC INSPECTION**

**[This attachment is withheld in its entirety pursuant to the company's request for confidential treatment.]**

REDACTED - FOR PUBLIC INSPECTION

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

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July 2013

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| | | |
|---|---|---|
| <701> | Residential Local Service Charge Effective Date | 1/1/2016 |
| <702> | Single State-wide Residential Local Service Charge | |

<703>

| <a1> | <a2> | <a3> | <b1> | <b2> | <b3> | <b4> | <b5> | <c> |
|---|---|---|---|---|---|---|---|---|
| **State** | **Exchange (ILEC)** | **SAC (CETC)** | **Rate Type** | **Residential Local Service Rate** | **State Subscriber Line Charge** | **State Universal Service Fee** | **Mandatory Extended Area Service Charge** | **Total per line Rates and Fees** |
| AS | 679000 | | FR | 20.0 | 0.0 | 0.0 | 0.0 | 20.0 |
| AS | 679000 | | FR | 50.0 | 0.0 | 0.0 | 0.0 | 50.0 |
| AS | 679000 | | FR | 75.0 | 0.0 | 0.0 | 0.0 | 75.0 |
| AS | 679000 | | FR | 100.0 | 0.0 | 0.0 | 0.0 | 100.0 |

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**AST Telecom, LLC d.b.a. Bluesky Communications**
**Line 1210 – Terms and Conditions for Lifeline Customers**

<1211>: Terms & Conditions

- Enrolled customers will receive allotted Lifeline minutes within three working days of eligible enrollments.
- The customer understands that, for free service plans where service is not billed, if customer does not use service for consecutive 60 days, the lifeline service shall be subject to service termination.
- The customer understands that Lifeline can only be applied to one wireline or wireless phone per household and that Lifeline benefits will be discontinued when the customer no longer meets the eligibility requirements or when proof of eligibility is not received.
- The customer understands that Lifeline can only be applied through one of the eligible telecommunication carriers (ETCs) and that receiving Lifeline from another provider violates the Federal Communications Commission's rules.
- The customer also understands that the allotted Lifeline minutes must be used within the calendar month as any unused Lifeline minutes will not roll over into the new month. Use it or Lose it. (This is not the case with the minutes you purchase – expiration will be based on the denomination used for recharge).

<1222> Included Bluesky to Bluesky minutes, SMS, Data

1. 200 minutes per month, $0.00 Annual

Bundled Lifeline Plans

2. 200 minutes, 50 SMS, per month, $24.00 Annual
3. 200 minutes, 100 SMS, 50 MB Data per month, $108 Annual

<1223> Additional charges for toll calls, and rates for each such plan.

Long Distance Charges: N/A
(Toll blocked; long distance available as separate service)



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