# 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 | 469017 |
| <015> | Study Area Name | Q Link Wireless LLC |
| <020> | Program Year | 2017 |
| <030> | Contact Name: Person USAC should contact with questions about this data | Heather Kirby |
| <035> | Contact Telephone Number: Number of the person identified in data line <030> | 7702327805 ext. |
| <039> | Contact Email Address: Email of the person identified in data line <030> | etclifelineforms@cgminc.com |
| | Form Type | 54.422 |

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

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

| | | |
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| <020> | Program Year | 2017 |
| <030> | Contact Name - Person USAC should contact regarding this data | Heather Kirby |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 7702327805 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | etclifelineforms@cgminc.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. |

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

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| <039> | Contact Email Address - Email Address of person identified in data line <030> | etclifelineforms@cgminc.com |

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

<220>

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

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July 2013

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|---|---|---|
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| <035> | Contact Telephone Number - Number of person identified in data line <030> | 7702327805 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | etclifelineforms@cgminc.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**

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July 2013

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|---|---|---|
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| <035> | Contact Telephone Number - Number of person identified in data line <030> | 7702327805 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | etclifelineforms@cgminc.com |
| <400> | Select from the drop-down list to indicate how you would like to report voice complaints (zero or greater) for voice telephony service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize. | |
| <410> | Complaints per 1000 customers for fixed voice | |
| <420> | Complaints per 1000 customers for mobile voice | |
| <430> | Select from the drop-down list to indicate how you would like to report end-user customer complaints (zero or greater) for broadband service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize. | |
| <440> | Complaints per 1000 customers for fixed broadband | |
| <450> | Complaints per 1000 customers for mobile broadband | |

**(500) Compliance With Service Quality Standards and Consumer Protection Rules**
**Data Collection Form**

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| <039> | Contact Email Address - Email Address of person identified in data line <030> | etclifelineforms@cgminc.com |

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

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

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

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| <039> | Contact Email Address - Email Address of person identified in data line <030> | etclifelineforms@cgminc.com |
| <600> | Certify compliance regarding ability to function in emergency situations | |
| <610> | Descriptive document for Functionality in Emergency Situations | |

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

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July 2013

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| <039> | Contact Email Address - Email Address of person identified in data line <030> | etclifelineforms@cgminc.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** |
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**(710) Broadbrand Price Offerings**
**Data Collection Form**

FCC Form 481
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July 2013

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| <015> | Study Area Name | Q Link Wireless LLC |
| <020> | Program Year | 2017 |
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| <035> | Contact Telephone Number - Number of person identified in data line <030> | 7702327805 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | etclifelineforms@cgminc.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**

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July 2013

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| <030> | Contact Name - Person USAC should contact regarding this data | Heather Kirby |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 7702327805 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | etclifelineforms@cgminc.com |

| | | |
|---|---|---|
| <810> | Reporting Carrier | Q Link Wireless LLC |
| <811> | Holding Company | QUADRANT HOLDINGS GROUP LLC |
| <812> | Operating Company | Q Link Wireless LLC |

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

**(900) Tribal Lands Reporting**
**Data Collection Form**

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July 2013

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| <010> | Study Area Code | 469017 |
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| <030> | Contact Name - Person USAC should contact regarding this data | Heather Kirby |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 7702327805 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | etclifelineforms@cgminc.com |

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

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

<920> Tribal Government Engagement Obligation

Name of Attached Document

If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached 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**

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July 2013

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| <035> | Contact Telephone Number - Number of person identified in data line <030> | 7702327805 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | etclifelineforms@cgminc.com |

<1000> Voice services rate comparability certification

<1010> Attach detailed description for voice services rate comparability compliance

Name of Attached Document

<1020> Broadband comparability certification

<1030> Attach detailed description for broadband comparability compliance

Name of Attached Document

**(1100) No Terrestrial Backhaul Reporting Data Collection Form**

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July 2013

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| <030> | Contact Name - Person USAC should contact regarding this data | Heather Kirby |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 7702327805 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | etclifelineforms@cgminc.com |

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

<1130> Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(g).

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

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| <030> | Contact Name - Person USAC should contact regarding this data | Heather Kirby |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 7702327805 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | etclifelineforms@cgminc.com |

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Q Link CO 1210.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**
**Data Collection Form**
*Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers*

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| <039> | Contact Email Address - Email Address of person identified in data line <030> | etclifelineforms@cgminc.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*

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## 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**

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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 | |

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

**Data Collection Form**

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| <039> | Contact Email Address - Email Address of person identified in data line <030> | etclifelineforms@cgminc.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<br>Data Collection Form | FCC Form 481<br>OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2013 |
|---|---|

| | | |
|---|---|---|
| <010> | Study Area Code | 469017 |
| <015> | Study Area Name | Q Link Wireless LLC |
| <020> | Program Year | 2017 |
| <030> | Contact Name - Person USAC should contact regarding this data | Heather Kirby |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 7702327805 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | etclifelineforms@cgminc.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**<br>**Data Collection Form** | FCC Form 481<br>OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2013 |
|---|---|

| | | |
|---|---|---|
| <010> | Study Area Code | 469017 |
| <015> | Study Area Name | Q Link Wireless LLC |
| <020> | Program Year | 2017 |
| <030> | Contact Name - Person USAC should contact regarding this data | Heather Kirby |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 7702327805 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | etclifelineforms@cgminc.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:

Signature of Authorized Officer: CERTIFIED ONLINE Date 06/27/2016

Printed name of Authorized Officer: Issa Asad

Title or position of Authorized Officer: CEO

Telephone number of Authorized Officer: 8006101540 ext.

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.

| **Certification - Agent / Carrier Data Collection Form** | FCC Form 481<br>OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2013 |
|---|---|

| | | |
|---|---|---|
| <010> | Study Area Code | 469017 |
| <015> | Study Area Name | Q Link Wireless LLC |
| <020> | Program Year | 2017 |
| <030> | Contact Name - Person USAC should contact regarding this data | Heather Kirby |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 7702327805 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | etclifelineforms@cgminc.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)** Expert Telecom Compliance, Inc **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: Expert Telecom Compliance, Inc

Name of Reporting Carrier: Q Link Wireless LLC

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: 469017 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: Q Link Wireless LLC

Name of Authorized Agent Firm: Expert Telecom Compliance, Inc

Signature of Authorized Agent or Employee of Agent: Date: 06/23/2016

Name of Authorized Agent Employee: Heather Kirby

Title or position of Authorized Agent or Employee of Agent Regulatory Specialist

Telephone number of Authorized Agent or Employee of Agent: 7702327805 ext.

Study Area Code of Reporting Carrier: 469017 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.

Attachments

**(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 | 469017 |
| <015> | Study Area Name | Q Link Wireless LLC |
| <020> | Program Year | 2017 |
| <030> | Contact Name - Person USAC should contact regarding this data | Heather Kirby |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 7702327805 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | etclifelineforms@cgminc.com |

| | | |
|---|---|---|
| <810> | Reporting Carrier | Q Link Wireless LLC |
| <811> | Holding Company | QUADRANT HOLDINGS GROUP LLC |
| <812> | Operating Company | Q Link Wireless LLC |

<813>

| <a1> | <a2> | <a3> |
|---|---|---|
| **Affiliates** | **SAC** | **Doing Business As Company or Brand Designation** |
| N/A | 469017 | Q LINK WIRELESS |

# Service Quality and Consumer Protection

The Company is committed to satisfying all applicable state and federal requirements related to consumer protection and service quality standards.

The Company complies with the Cellular Telecommunications and Internet Association's (CTIA) Consumer Code for Wireless Service.

1. Disclose Rates and Terms of Service – These are fully disclosed in advertising as well as on the Company's website.
2. Make Coverage Maps Available –Coverage maps are available on the Company's website.
3. Provide contract terms – the Company does not employ contracts.
4. Allow a trial service – Since Lifeline customers receive free service, there is no commitment to the service on their part. If the service does not suit their needs, they can cancel service without penalty.
5. Provide Specific Disclosure in advertising – All Company advertising, including its website, fully discloses charges and service parameters.
6. Separately Identify Carrier Charges from Tax on Billing Statements – the Company does not render billing statements to its prepaid customers, but for every transaction they make, service charges vs. taxes are fully described.
7. Provide Customers with the Right to Terminate Service Upon Changes to Their Contract – As mentioned, we don't employ contracts so this provision does not apply. Customers can, however, cancel service without penalty.
8. Provide Ready Access to Customer Service – Customers can call customer service for free by dialing 611 or a toll free number. These numbers are disclosed on the Company's website and in advertising and customer welcome materials. Customers may also access Customer Service online through the Company's website.
9. Promptly Respond to Customer Inquiries and Complaints from Government Agencies – We promptly respond to all complaints. If a customer care representative cannot help a customer, we have an escalation process. The Company is committed to resolving customer questions, concerns and complaints in a swift and satisfactory manner.
10. Privacy Policy – The Company protects the privacy of customer information in accordance with applicable federal and state laws. Our privacy policy is available, via link, on every page of the Company's website.
11. Provide Consumers with Free Notifications for Voice, Data and Messaging Usage, and International Roaming – Because the Company's service is prepaid, customers are not able to incur overage charges. However, the Company provides, at no charge, (a) a notification to consumers of domestic wireless plans that include limited data allowances when consumers approach their allowance for data usage; (b) a notification to consumers of domestic voice and messaging plans that include limited voice and messaging allowances when consumers approach their allowance for those services; and (c) a notification to consumers without an international roaming plan/package whose devices have registered abroad and who may incur charges for international usage. The Company also clearly and conspicuously discloses tools or services that enable consumers to track, monitor and/or set limits on voice, messaging and data usage.

12. Abide by the following principles regarding the ability of customers, former customers, and individual owners of eligible devices to unlock phones and tablets, ("mobile wireless devices") that are locked by or at the direction of the carrier –

(1) Disclosure. The Company has posted on its website its clear, concise, and readily accessible policy on postpaid and/or prepaid mobile wireless device unlocking.
(2) Postpaid Unlocking Policy. Not Applicable.
(3) Prepaid Unlocking Policy. Upon request, the Company will unlock prepaid mobile wireless devices no later than one year after initial activation, consistent with reasonable time, payment or usage requirements.
(4) Notice. The Company will clearly notify customers that their devices are eligible for unlocking at the time when their devices are eligible for unlocking or automatically unlock devices remotely when devices are eligible for unlocking, without additional fee. The Company reserves the right to charge non-customers/nonformer-customers with a reasonable fee for unlocking requests. Notice to prepaid customers may occur at point of sale, at the time of eligibility, or through a clear and concise statement of policy on the Company's website.
(5) Response Time. Within two business days after receiving a request, the Company will unlock eligible mobile wireless devices or initiate a request to the OEM to unlock the eligible device, or provide an explanation of why the device does not qualify for unlocking, or why the carrier reasonably needs additional time to process the request.
(6) Deployed Personnel Unlocking Policy. The Company will unlock mobile wireless devices for deployed military personnel who are customers in good standing upon provision of deployment papers.

The Company reserves the right to decline an unlock request if it has a reasonable basis to believe the request is fraudulent or the device is stolen.

## Functionality in Emergency Situations

As a reseller, the Company relies upon its underlying facilities-based carrier for functionality in emergency situations. Through the Company's agreement with its underlying carrier, Sprint, the Company has the ability to remain functional in emergency situations. The Sprint wireless network has reasonable amounts of back-up power and the ability to reroute traffic around damaged facilities and manage traffic spikes resulting from emergency situations. Each cell site in the Sprint's network is equipped with two to four hours of battery back-up power. Many cell sites in the Sprint network provide overlapping coverage for neighboring areas, ensuring that coverage continues in the event of damage to a particular facility. These neighboring cell sites can be adjusted to provide coverage to a wider service area in the event of an emergency. As an MVNO of Sprint, these capabilities benefit Q Link Wireless customers.

## Lifeline Rates, Terms & Conditions

Lifeline Plan #1 - 250 Free Monthly Minutes Plan*
250 anytime minutes per month
Unused minutes do not roll over
1 text = 1 minute
Net cost to Lifeline customer: **$0 (free)**

Lifeline Plan #2 - 1,000 Monthly Minutes Plan*
1,000 anytime minutes per month
Unused minutes do not roll over
1 text = 1 minute
Net cost to Lifeline customer: **$20.75**

*Both packages include:

- Free handset
- Free calls to Customer Service
- Free calls to 911 emergency services
- Free access to Voicemail, Caller-ID, and Call Waiting features
- Free Domestic Long Distance

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Additional Airtime
Additional airtime minutes can be purchased at retail locations, via calling Customer Service, or via the Company's website (www.qlinkwireless.com); additional minutes expire after 30 days from the date of purchase.

- $9.99 for 50 minutes
- $19.99 for 120 minutes
- $29.99 for 200 minutes
- $59.99 for 450 minutes

Complete program terms and conditions located at www.qlinkwireless.com