

<b>Mobility Fund</b> <b>Phase 1 - §54.1009 Annual Reporting</b> <b>Data Collection Form</b>	FCC Form Approved by OMB OMB 3060-1185 Avg. Burden Estimate per Respondent: 18 Hours
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<b>&lt;010&gt; Study Area Code</b>	198001
<b>&lt;015&gt; Study Area Name</b>	T-Mobile Northeast LLC
<b>&lt;020&gt; Program Year</b>	2018
<b>&lt;030&gt; Contact Name: Person USAC should contact with questions about this data</b>	Rhonda Thomas
<b>&lt;035&gt; Contact Telephone Number: Number of the person identified in data line &lt;030&gt;</b>	4253834215 ext.
<b>&lt;039&gt; Contact Email: Email of the person identified in data line &lt;030&gt;</b>	rhonda.thomas63@t-mobile.com

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

**<041> Attach a description of the documents filed with the Form 481 reporting**

**<041>**

041-Form481Tmobile199016-1.pdf

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

**<042>**

199016

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

☐ ☒

**Notice to Individuals Required by the Paperwork Reduction Act of 1995**

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements)

Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PER, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

(050) Carrier Contact Form

FCC Form 690  
Approved by OMB  
OMB Control No. 3060-1185  
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<010>	Study Area Code	198001
<015>	Study Area Name	T-Mobile Northeast LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Rhonda Thomas
<035>	Contact Telephone Number - Number of person identified in data line <030>	4253834215 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	rhonda.thomas63@t-mobile.com

Reporting Carrier / Mobility Fund Phase 1 Winning Bidder

<110>	FCC Registration Number	4677209
<111>	Filing Carrier Name	T-Mobile Northeast LLC
<112>	Winning Bidder Carrier Name	T-Mobile Northeast LLC
<113>	Street Address (or PO Box)	12920 SE 38th Street
<114>	City	Bellevue
<115>	State	WA
<116>	Zip-Code	98006
<117>	Telephone Number	4253834000 ext.4215
<118>	Fax Number	4253837180
<119>	Email Address	rhonda.thomas63@t-mobile.com

Contact Information

if same as above, indicate in this box



<120>	Name (First, MI, Last, Suffix)	Rhonda Thomas
<121>	Filing Carrier Name	T-Mobile Northeast LLC
<122>	Street Address (or PO Box)	12920 SE 38th Street
<123>	City	Bellevue
<124>	State	WA
<125>	Zip-Code	98006
<126>	Telephone Number	4253834215 ext.
<127>	Fax Number	4253837180
<128>	Email Address	rhonda.thomas63@t-mobile.com

Authorized Agent Information

if no agent, indicate in this box



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

## (060) Coverage and Performance Report

Approved by OMB

OMB Control No. 3060-1185

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<039>	Contact Email Address - Email Address of person identified in data line <030>	rhonda.thomas63@t-mobile.com
<140>	Coverage and Performance Report Year	07/2015 - 06/2016

-198001\_T-Mobile\_VA-1.zip

### Coverage and Performance attachments

<141>

[illegible]

### Percentage of Total Population Reached by Service

Percentage of Total  
Road Miles covered  
by Service

**(070) Urban Rate Comparability Certification Compliance**

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<039>	Contact Email Address - Email Address of person identified in data line <030>	rhonda.thomas63@t-mobile.com

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

<b>Certification of Officer or Employee as to Compliance with 47 CFR §54.1009(a)(4)</b>	
I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	T-Mobile Northeast LLC
Signature of Authorized Officer:	CERTIFIED ONLINE
Printed name of Authorized Officer:	Chris Miller
Title or position of Authorized Officer:	SVP Tax
Telephone number of Authorized Officer:	4253835931 ext.
Study Area Code of Reporting Carrier:	198001
Filing Due Date for this form:	07/02/2018
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

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

<b>Certification of Officer or Employee to authorize an Agent to file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier</b>	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer or Employee:	Date:
Printed name of Authorized Officer or Employee:	
Title or position of Authorized Officer or Employee:	
Telephone number of Authorized Officer or Employee:	
Study Area Code of Reporting Carrier:	
Filing Due Date for this form:	
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:**

<b>Certification of Agent Authorized to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier</b>	
I, as agent for the reporting carrier, certify that I am authorized to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	
Name of Authorized Agent Firm:	
Signature of Authorized Agent or Employee of Agent:	Date:
Name of Authorized Agent Employee:	
Title or position of Authorized Agent or Employee of Agent:	
Telephone number of Authorized Agent or Employee of Agent:	
Study Area Code of Reporting Carrier:	
Filing Due Date for this form:	
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.	

(080) Tribal Lands Reporting

FCC Form 690  
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<039>	Contact Email Address - Email Address of person identified in data line <030>	rhonda.thomas63@t-mobile.com

<142> State

<143> County

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

<145> Tribal Government Engagement Obligation

Name of Attached Document (.pdf)

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

- <146> Needs assessment and deployment planning with a focus on Tribal community anchor institutions;
- <147> Feasibility and sustainability planning;
- <148> Marketing services in a culturally sensitive manner;
- <149> Compliance with Rights of way processes
- <150> Compliance with Land Use permitting requirements
- <151> Compliance with Facilities Siting rules
- <152> Compliance with Environmental Review processes
- <153> Compliance with Cultural Preservation review processes
- <154> Compliance with Tribal Business and Licensing requirements.

Select (Yes, No, Not Applicable)

(090) Project Update Information

FCC Form 690

Approved by OMB

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<010>	Study Area Code	198001
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<039>	Contact Email Address - Email Address of person identified in data line <030>	rhonda.thomas63@t-mobile.com

<200>	Date Authorized to Receive Support	06/23/2013
<201>	Targeted Completion Date	06/25/2018
<202>	Total Mobility Fund Support Awarded	1934805.02
<203>	Total Mobility Fund Support Disbursed	1754674.67

<210>	Actual Completion Date	06/15/2015
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<211>	Project Status Description (attached)	211-198001_Project Description Status Update_VA 51065020200-1.pdf (Name of PDF attached)
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Please check these boxes below to confirm that the attached PDF, on line 211, contains a project status pursuant to §54.1005(b)(2)(v). The information shall be submitted as appropriate.

<212>	Status of Network Deployment - Network Design	<input checked="" type="checkbox"/>
<213>	Status of Network Deployment - Construction	<input checked="" type="checkbox"/>
<214>	Status of Network Deployment - Deployment	<input checked="" type="checkbox"/>
<215>	Status of Network Deployment - Maintenance	<input checked="" type="checkbox"/>
<216>	Project Budget Status	<input checked="" type="checkbox"/>
<217>	Project Plan Status	<input checked="" type="checkbox"/>

<218>	Network will Support 3G/4G Mobile Service ?	<input checked="" type="radio"/> 3G <input type="radio"/> 4G
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<b>(101) Certification - Reporting Carrier</b>	FCC Form 690
	Approved by OMB
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TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

<b>Certification of Officer as to the Accuracy of the Data Reported for Mobility Fund Recipients</b>	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	T-Mobile Northeast LLC
Signature of Authorized Officer:	CERTIFIED ONLINE Date 06/22/2018
Printed name of Authorized Officer:	Chris Miller
Title or position of Authorized Officer:	SVP Tax
Telephone number of Authorized Officer:	4253835931 ext.
Study Area Code of Reporting Carrier:	198001 Filing Due Date for this form: 07/02/2018
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.	

(102) Certification - Agent / Carrier

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

Certification of Officer to Authorize an Agent to File for Mobility Fund Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent: _____	
Name of Reporting Carrier: _____	
Signature of Authorized Officer: _____	Date: _____
Printed name of Authorized Officer: _____	
Title or position of Authorized Officer: _____	
Telephone number of Authorized Officer: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File for Mobility Fund Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the reports for Mobility Fund recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: _____	
Name of Authorized Agent Firm: _____	
Signature of Authorized Agent or Employee of Agent: _____	Date: _____
Name of Authorized Agent Employee: _____	
Title or position of Authorized Agent or Employee of Agent: _____	
Telephone number of Authorized Agent or Employee of Agent: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
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Attachments

(060) Coverage and Performance Report

FCC Form 690  
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OMB Control No. 3060-1185

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<140>	Coverage and Performance Report Year	07/2015 - 06/2016

<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<c1>	<c2>	<c3>	<d>
State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performance data is uploaded (yes/no)
VA	Fluvanna	'510650202001062	19	0	0	2.31			Yes
VA	Fluvanna	'510650202001067	146	0	0	8.56			Yes
VA	Fluvanna	'510650202001068	0	0	0	1.3			Yes
VA	Fluvanna	'510650202001080	0	0	0	0.41			Yes
VA	Fluvanna	'510650202001091	1	0	0	2.41			Yes
VA	Fluvanna	'510650202001092	31	0	0	1.88			Yes
VA	Fluvanna	'510650202001094	26	0	0	4.0			Yes
VA	Fluvanna	'510650202001109	11	0	0	1.1			Yes
VA	Fluvanna	'510650202001110	0	0	0	0.38			Yes
VA	Fluvanna	'510650202002010	18	0	0	2.5			Yes
VA	Fluvanna	'510650202002011	9	0	0	1.27			Yes
VA	Fluvanna	'510650202002017	19	0	0	2.37			Yes
VA	Fluvanna	'510650202002018	3	0	0	0.5			Yes
VA	Fluvanna	'510650202002019	5	0	0	1.3			Yes
VA	Fluvanna	'510650202002022	10	0	0	3.12			Yes
VA	Fluvanna	'510650202002027	0	0	0	0.39			Yes
VA	Fluvanna	'510650202002029	5	0	0	0.6			Yes
VA	Fluvanna	'510650202002030	38	0	0	3.72			Yes
VA	Fluvanna	'510650202002032	6	0	0	1.53			Yes
VA	Fluvanna	'510650202002033	4	0	0	1.46			Yes

Percentage of  
Total Population  
Reached by  
Service



Percentage of Total  
Road Miles covered  
by Service



(060) Coverage and Performance Report

FCC Form 690  
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OMB Control No. 3060-1185

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<140>	Coverage and Performance Report Year	07/2015 - 06/2016

<141>	<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<c1>	<c2>	<c3>	<d>
	State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performance data is uploaded (yes/no)
	VA	Fluvanna	'510650202002034	0	0	0	0.26			Yes
	VA	Fluvanna	'510650202002035	0	0	0	0.53			Yes
	VA	Fluvanna	'510650202002036	0	0	0	0.52			Yes
	VA	Fluvanna	'510650202002037	0	0	0	0.22			Yes
	VA	Fluvanna	'510650202002038	0	0	0	0.37			Yes
	VA	Fluvanna	'510650202002039	0	0	0	0.58			Yes
	VA	Fluvanna	'510650202002040	11	0	0	6.82			Yes
	VA	Fluvanna	'510650202002041	0	0	0	0.36			Yes
	VA	Fluvanna	'510650202002044	5	0	0	0.61			Yes
	VA	Fluvanna	'510650202002045	0	0	0	0.14			Yes
	VA	Fluvanna	'510650202002046	21	0	0	2.99			Yes
	VA	Fluvanna	'510650202002047	0	0	0	0.26			Yes
	VA	Fluvanna	'510650202002048	0	0	0	0.33			Yes
	VA	Fluvanna	'510650202002049	1	0	0	2.84			Yes
	VA	Fluvanna	'510650202002050	4	0	0	1.06			Yes
	VA	Fluvanna	'510650202002051	15	0	0	0.89			Yes
	VA	Fluvanna	'510650202002052	14	0	0	5.71			Yes
	VA	Fluvanna	'510650202002054	0	0	0	0.35			Yes
	VA	Fluvanna	'510650202002055	0	0	0	0.03			Yes
	VA	Fluvanna	'510650202002086	5	0	0	2.58			Yes

Percentage of  
Total Population  
Reached by  
Service

0

Percentage of Total  
Road Miles covered  
by Service

0

REDACTED FOR PUBLIC DISCLOSURE

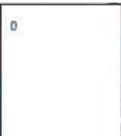
(060) Coverage and Performance Report

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<010> Study Area Code 198001  
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<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<c1>	<c2>	<c3>	<d>
State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performance data is uploaded (yes/no)
VA	Fluvanna	'510650202002087	11	0	0	0.98			Yes
VA	Fluvanna	'510650202002091	11	0	0	4.68			Yes
VA	Fluvanna	'510650202002092	56	0	0	5.76			Yes
VA	Fluvanna	'510650202002093	0	0	0	0.68			Yes
VA	Fluvanna	'510650202002096	0	0	0	0.42			Yes
VA	Fluvanna	'510650202002097	0	0	0	0.34			Yes
VA	Fluvanna	'510650202002098	0	0	0	0.42			Yes
VA	Fluvanna	'510650202002101	0	0	0	1.11			Yes
VA	Fluvanna	'510650202002102	3	0	0	1.45			Yes
VA	Fluvanna	'510650202002103	9	0	0	0.99			Yes
VA	Fluvanna	'510650202002104	0	0	0	0.6			Yes
VA	Fluvanna	'510650202002107	124	0	0	15.06			Yes
VA	Fluvanna	'510650202002113	15	0	0	4.79			Yes
VA	Fluvanna	'510650202002114	0	0	0	0.44			Yes
VA	Fluvanna	'510650202002116	9	0	0	1.58			Yes
VA	Fluvanna	'510650202002117	0	0	0	1.43			Yes
VA	Fluvanna	'510650202002120	0	0	0	0.22			Yes
VA	Fluvanna	'510650202002122	0	0	0	0.07			Yes
VA	Fluvanna	'510650202002125	33	0	0	1.71			Yes
VA	Fluvanna	'510650202002130	0	0	0	0.02			Yes

Percentage of  
Total Population  
Reached by  
Service



Percentage of Total  
Road Miles covered  
by Service



REDACTED FOR PUBLIC DISCLOSURE

(060) Coverage and Performance Report

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	VA	Fluvanna	'510650202002131	4	0	0	0.26			Yes
	VA	Fluvanna	'510650202002155	8	0	0	2.27			Yes
	VA	Fluvanna	'510650202003066	8	0	0	0.93			Yes
	VA	Fluvanna	'510650202003067	6	0	0	0.52			Yes
	VA	Fluvanna	'510650202003088	5	0	0	0.84			Yes
	VA	Fluvanna	'510650202003089	45	0	0	2.22			Yes
	VA	Fluvanna	'510650202003095	8	0	0	3.18			Yes
	VA	Fluvanna	'510650202003098	0	0	0	0.18			Yes
	VA	Fluvanna	'510650202003099	0	0	0	0.18			Yes
	VA	Fluvanna	'510650202003106	6	0	0	2.5			Yes
	VA	Fluvanna	'510650202003107	0	0	0	0.55			Yes
	VA	Fluvanna	'510650202003116	136	0	0	6.3			Yes
	VA	Fluvanna	'510650202004000	0	0	0	0.36			Yes
	VA	Fluvanna	'510650202004004	40	0	0	2.14			Yes
	VA	Fluvanna	'510650202004005	4	0	0	0.74			Yes
	VA	Fluvanna	'510650202004006	42	0	0	4.18			Yes
	VA	Fluvanna	'510650202004015	0	0	0	0.73			Yes
	VA	Fluvanna	'510650202004016	0	0	0	0.85			Yes
	VA	Fluvanna	'510650202004030	33	0	0	4.34			Yes
	VA	Fluvanna	'510650202004045	0	0	0	0.7			Yes

Percentage of  
Total Population  
Reached by  
Service

0

Percentage of Total  
Road Miles covered  
by Service

REDACTED FOR PUBLIC DISCLOSURE

(060) Coverage and Performance Report

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

<010>	Study Area Code	198001
<015>	Study Area Name	T-Mobile Northeast LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Rhonda Thomas
<035>	Contact Telephone Number - Number of person identified in data line <030>	4253834215 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	rhonda.thomas63@t-mobile.com
<140>	Coverage and Performance Report Year	07/2015 - 06/2016

<141>	<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<c1>	<c2>	<c3>	<d>
	State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performance data is uploaded (yes/no)
	VA	Fluvanna	'51065020200409	49	0	0	4.97			Yes
	VA	Fluvanna	'510650202004051	2	0	0	0.23			Yes
	VA	Fluvanna	'510650202004052	7	0	0	2.96			Yes
	VA	Fluvanna	'510650202004053	0	0	0	0.18			Yes
	VA	Fluvanna	'510650202004055	2	0	0	0.09			Yes
	VA	Fluvanna	'510650202004056	0	0	0	0.25			Yes
	VA	Fluvanna	'510650202004057	1	0	0	0.44			Yes
	VA	Fluvanna	'510650202004090	0	0	0	0.21			Yes
	VA	Fluvanna	'510650202004103	0	0	0	0.19			Yes
	VA	Fluvanna	'510650202004104	0	0	0	0.78			Yes
	VA	Fluvanna	'510650202004112	0	0	0	0.65			Yes
	VA	Fluvanna	'510650202002014	0	0	0	0.26			Yes
	VA	Fluvanna	'510650202002141	10	0	0	0.19			Yes
	VA	Fluvanna	'510650202002128	15	0	0	0.3			Yes
	VA	Fluvanna	'510650202003093	0	0	0	0.01			Yes
	VA	Fluvanna	'510650202002121	0	0	0	0.52			Yes
	VA	Fluvanna	'510650202002111	0	0	0	0.01			Yes
	VA	Fluvanna	'510650202002108	4	0	0	0.09			Yes
	VA	Fluvanna	'510650202002126	0	0	0	0.17			Yes
	VA	Fluvanna	'510650202002140	5	0	0	0.13			Yes

Percentage of  
Total Population  
Reached by  
Service



Percentage of Total  
Road Miles covered  
by Service





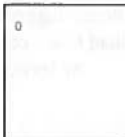
(060) Coverage and Performance Report

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

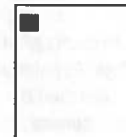
<010> Study Area Code 198001  
<015> Study Area Name T-Mobile Northeast LLC  
<020> Program Year 2018  
<030> Contact Name - Person USAC should contact regarding this data Rhonda Thomas  
<035> Contact Telephone Number - Number of person identified in data line <030> 4253834215 ext.  
<039> Contact Email Address - Email Address of person identified in data line <030> rhonda.thomas63@t-mobile.com  
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	VA	Fluvanna	'510650202003096	0	0	0	0.01			Yes
	VA	Fluvanna	'510650202002008	57	0	0	3.18			Yes
	VA	Fluvanna	'510650202002016	0	0	0	0.19			Yes
	VA	Fluvanna	'510650202001095	20	0	0	1.07			Yes
	VA	Fluvanna	'510650202003108	0	0	0	0.11			Yes
	VA	Fluvanna	'510650202003109	0	0	0	0.05			Yes
	VA	Fluvanna	'510650202002094	0	0	0	0.38			Yes
	VA	Fluvanna	'510650202002134	0	0	0	0.31			Yes
	VA	Fluvanna	'510650202003115	0	0	0	0.18			Yes
	VA	Fluvanna	'510650202002015	0	0	0	0.75			Yes
	VA	Fluvanna	'510650202001102	17	0	0	1.18			Yes
	VA	Fluvanna	'510650202002028	26	0	0	2.33			Yes
	VA	Fluvanna	'510650202002132	0	0	0	0.24			Yes
	VA	Fluvanna	'510650202002123	0	0	0	0.01			Yes
	VA	Fluvanna	'510650202002156	0	0	0	0.43			Yes
	VA	Fluvanna	'510650202002100	0	0	0	0.47			Yes
	VA	Fluvanna	'510650202003090	23	0	0	2.75			Yes
	VA	Fluvanna	'510650202002042	0	0	0	0.18			Yes
	VA	Fluvanna	'510650202002133	2	0	0	0.15			Yes
	VA	Fluvanna	'510650202002135	16	0	0	0.14			Yes

Percentage of  
Total Population  
Reached by  
Service



Percentage of Total  
Road Miles covered  
by Service



REDACTED FOR PUBLIC DISCLOSURE

(060) Coverage and Performance Report

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

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VA	Fluvanna	'510650202002021	12	0	0	1.21			Yes
VA	Fluvanna	'510650202003094	10	0	0	1.83			Yes
VA	Fluvanna	'510650202002020	0	0	0	0.1			Yes
VA	Fluvanna	'510650202002053	0	0	0	0.52			Yes
VA	Fluvanna	'510650202001093	2	0	0	0.75			Yes
VA	Fluvanna	'510650202002127	8	0	0	0.2			Yes

Percentage of  
Total Population  
Reached by  
Service



Percentage of Total  
Road Miles covered  
by Service





**040****Description of Documents Filed With FCC Form 481**

FCC Form 690 Line 040 asks “Has the information required pursuant to §54.1009 been provided with a Form 481 filing (Y/N)?” and provides for including a description of the documents filed with the Form 481 report. The annual reporting requirements applicable to Mobility Fund recipients is based upon 47 C.F.R. § 54.1009, whereas the annual reporting requirements applicable to other high cost support recipients and Lifeline providers is based upon 47 C.F.R. §§ 54.313 and 54.422. The only common annual reporting requirements between Mobility Fund recipients and other high cost recipients/Lifeline providers is (i) the urban rate comparability certification and (ii) the tribal lands reporting.

In this FCC Form 690 annual report, T-Mobile includes its Urban Rate Comparability Certification (070), and there are no Tribal Lands within T-Mobile’s Mobility Fund service area. Nevertheless, T-Mobile is submitting FCC Form 481 for its Mobility Fund service area addressing the applicable reporting requirements, including the Terms and Conditions of Lifeline service being provided within its Mobility Fund service area. The Terms and Conditions of Lifeline service document includes a description of the rates, terms and conditions of Lifeline service available to qualified low-income consumers within T-Mobile’s Mobility Fund service area.

**T-Mobile Northeast LLC**

**Project Description Status Update for CT 51065020200**

## Background

On June 24, 2013, T-Mobile Northeast LLC (“T-Mobile”) was awarded Phase I Mobility Fund support to serve Census Tract T51065020200 (the “Tract”) with 3G service.<sup>1</sup> Based on Federal Communications Commission (“FCC”) rules, winning bidders shall “submit an annual report no later than July 1 of each year for the five years after it was so authorized”...that includes, among other things, “updates to the information provided in §54.1005(b)(2)(v).”<sup>2</sup>

T-Mobile is submitting this Project Description Status Update which includes an update to the “detailed project description that describes the network, identifies the proposed technology, demonstrates that the project is technically feasible, discloses the budget and describes each specific phase of the project, e.g., network design, construction, deployment, and maintenance.”<sup>3</sup>

## Original Project Description

Assuming T-Mobile is authorized to receive support in 1Q2013, the Company anticipates that it will commence the build out of network facilities in 1Q2013 and conclude in 1Q2015. T-Mobile will deploy 3G “UMTS” technology in the unserved areas of Census Tract T51065020200.

Depending on the outcome of engineering design work, the Company will use either Personal Communications Service (“PCS”) spectrum at 1900 MHz or Advanced Wireless Services (“AWS”) spectrum at 1.7/2.1 GHz to provide 3G service in Census Tract T51065020200.

Preliminary computer modeling of the radio frequency (“RF”) design for providing 3G service in unserved areas within Census Tract T51065020200 indicates that approximately [REDACTED] new cell site facilities will be required. T-Mobile has established a budget of approximately

<sup>1</sup> FCC Public Notice, Mobility Fund Phase I Support Authorized for 42 Winning Bids, DA 13-1249, June 24, 2013.

<sup>2</sup> 47 C.F.R. 54.1009(a)(6)

<sup>3</sup> 47 C.F.R. 54.1005(b)(2)(v)

\$1,934,805 for capital expenditures for this project, which is consistent with the amount of Mobility Fund Phase I support to be received. At this time, T-Mobile does not anticipate that it will need additional funds for capital expenditures to meet the build-out requirements in 47 C.F.R. § 54.1006, but, to the extent additional funding is required, either for capital expenditures or for operational expenses, it will be provided by the Company.

## **Project Status Update**

### Network Design

T-Mobile has deployed 3G “HSPA” technology in the unserved areas of the Tract using a combination of PCS and AWS spectrum at 1.7/2.1 GHz.

### Deployment

The deployment of HSPA technology enables T-Mobile to meet all public interest obligations associated with Mobility Fund support, including a download throughput of at least 200 Kbps and a upload throughput of at least 50 Kbps.

### Construction

T-Mobile constructed ■ new sites in the Tract to cover all or part of the previously unserved areas in the Tract including the road miles identified by the FCC with 3G wireless service. A number of different initiatives were undertaken to deploy new 3G services in unserved areas, including, but not limited to, upgrading existing T-Mobile facilities, building new sites collocated on existing towers, and/or constructing new towers built from the ground up (“greenfield” sites). New network facilities constructed in the Tract are interconnected to T-Mobile’s national network through switching infrastructure and backhaul facilities using copper, fiber, or microwave connections. No major problems arose during the construction in the Tract, although T-Mobile had to overcome a number of challenges, including the acquisition and construction of greenfield sites and associated zoning, construction, and backhaul issues.

### Maintenance

Having recently completed construction of the network in the Tract, T-Mobile has now entered the maintenance phase of its construction and has undertaken initial efforts to maintain the service it extended covering the previously unserved areas including routine maintenance procedures, validating network accessibility, load balancing and other things to optimize performance. T-Mobile will continue these efforts and maintain the network as appropriate.

### Project Plan and Budget Status

T-Mobile has, and will continue to, use universal service support for its winning bid in the Tract to construct, operate and maintain new wireless facilities to provide service in unserved areas. The overall project plan for serving the Tract was to integrate new network facilities and coverage into T-Mobile's national network that served the residents of and visitors to the Tract. T-Mobile was able to accomplish this objective, which has allowed residents of and visitors to the Tract to realize the benefits of access to T-Mobile's nationwide network.

In addition to initial construction costs, T-Mobile has and will incur on-going operational costs, maintenance costs, and other costs associated with the operation of network facilities in the Tract. T-Mobile was approved for Mobility Fund support for the Tract in the amount of \$1,934,805.02; having completed its buildout and covered 90.69% of the road miles in the Tract, T-Mobile received support consistent with its coverage totaling \$1,754,674.67.

**T-Mobile Northeast, LLC (“T-Mobile”)  
2017 Mobility Fund Annual Report  
Study Area Code: 198001**

Pursuant to 47 C.F.R. § 54.1009(a), winning bidders authorized to receive Mobility Fund Phase I support are required to submit an annual report, which shall include the following, or reference the inclusion of the following in other reports filed with the Commission for the applicable year:

(1) Electronic Shapefiles site coverage plots illustrating the area newly reached by mobile services at a minimum scale of 1:240,000;

(2) A list of relevant census blocks previously deemed unserved, with road miles and total resident population and resident population residing in areas newly reached by mobile services (based on Census Bureau data and estimates);

(3) If any such testing has been conducted, data received or used from drive tests, or scattered site testing in areas where drive tests are not feasible, analyzing network coverage for mobile services in the area for which support was received;

(4) Certification that the applicant offers service in supported areas at rates that are within a reasonable range of rates for similar service plans offered by mobile wireless providers in urban areas;

(5) Any applicable certifications and showings required in §54.1004; and

(6) Updates to the information provided in §54.1005(b)(2)(v).

With respect to the information required under Sections 54.1009(a)(1) and 54.1009(a)(3), T-Mobile includes, by reference, in this Annual Report, the coverage plots and drive testing data previously filed in its 2016 Mobility Fund Annual Report with the Universal Service Administrative Company and Federal Communications Commission. This previously filed information is incorporated herein by reference, as provided for in 47 C.F.R. § 54.1009(a).