

**FCC Form 481 - Carrier Annual Reporting  
Data Collection Form**

FCC Form 481

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

July 2018

|       |   |                    |
|-------|---|--------------------|
| <010> | Study Area Code   | 229031             |
| <015> | Study Area Name   | IM Telecom LLC     |
| <020> | Program Year  | 2019               |
| <030> | Contact Name: Person USAC should contact with questions about this data         | Treva n Morrow     |
| <035> | Contact Telephone Number:<br>Number of the person identified in data line <030> | 9186077379 ext.    |
| <039> | Contact Email Address:<br>Email of the person identified in data line <030>     | tmorrow@myoklg.com |
|       | Form Type   | 54.422             |

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

[illegible]

|       |  |                    |
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| <035> | Contact Telephone Number - Number of person identified in data line <030>  | 9186077379 ext.    |
| <039> | Contact Email Address - Email Address of person identified in data line <030>  | tmorrow@myoklg.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   |                    |

|       |   |                    |
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| <039> | Contact Email Address - Email Address of person identified in data line <030> | tmorrow@myoklg.com |
| <515> | Certify compliance with applicable minimum service standards                  |                    |

|   |   |
|---|---|
| <b>(600) Functionality in Emergency Situations<br/>Data Collection Form</b> | <b>FCC Form 481<br/>OMB Control No. 3060-0986/OMB Control No. 3060-0819<br/>July 2018</b> |
|---|---|

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| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 9186077379 ext.    |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tmorrow@myoklg.com |
| <600> | Certify compliance regarding ability to function in emergency situations      |                    |
| <610> | Descriptive document for Functionality in Emergency Situations                |                    |

**(800) Operating Companies  
Data Collection Form**

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July 2018

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| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 9186077379 ext.    |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tmorrow@myoklg.com |
| <810> | Reporting Carrier   | IM Telecom LLC     |
| <811> | Holding Company   | Not Applicable     |
| <812> | Operating Company   | Not Applicable     |

[illegible]

**(900) Tribal Lands Reporting  
Data Collection Form**
**FCC Form 481  
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| <039> | Contact Email Address - Email Address of person identified in data line <030> | tmorrow@myoklg.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 PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(5) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

| Select<br>Yes or No or<br>Not Applicable |
|--|
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

**(1000) Voice and Broadband Service Rate Comparability  
Data Collection Form**

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| <039> | Contact Email Address - Email Address of person identified in data line <030> | tmorrow@myoklg.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**
**FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2018**

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| <039> | Contact Email Address - Email Address of person identified in data line <030> | tmorrow@myoklg.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).

<1140> Alaska Plan rate-of-return certification (yes, no, or not applicable) of compliance with approved performance plan.

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

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

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220> Link to Public Website

HTTP <https://infinitimobile.com/terms/>

"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. ☒

**(2005) 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> | tmorrow@myoklg.com |

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of frozen 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(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

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

**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?

<2017C> Total amount of Phase II support, if any, the price cap carrier used for capital expenditures in 2017.

<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)(1)(ii)(A)

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)(1)(ii)(C)

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

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| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 9186077379 ext.    |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tmorrow@myoklg.com |

CAF BLS Reporting

- (3008A) Please indicate whether new locations were deployed during the prior calendar year. (Yes/No)
- (3008B) Please enter the number of new locations deployed in the prior calendar year associated with each of the following speed tiers.
- (3008B1) Number of newly built locations with access to broadband speeds of at least 10/1 Mbps but less than 25/3 Mbps.
- (3008B2) Number of newly built locations with access to broadband speeds of 25/3 Mbps or higher.
- (3008C) Please provide the percentage of deployment across the entire study area.

|       |   |                    |
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Select from the drop down menu or check the boxes below to note compliance with 54.313(f)(1). Privately held carriers must ensure compliance with the financial reporting requirements set forth in 47 CFR 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

|         |  |  |
|---------|--|--|
| (3009)  | Progress Report on 5 Year Plan<br>Carrier certifies to 54.313(f)(1)(iii)   |  |
| (3010A) | Certification of Public Interest Obligations {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) <input type="radio"/> <input type="radio"/>   |
| (3014)  | If yes, does your company file the RUS annual report   | (Yes/No) <input type="radio"/> <input type="radio"/>   |
|         | 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)  | <input type="checkbox"/>                               |
| (3016)  | Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows   | <input type="checkbox"/>                               |
| (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) <input type="radio"/> <input type="radio"/>   |
|         | 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  | <input type="checkbox"/>                               |
| (3020)  | Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows  | <input type="checkbox"/>                               |
| (3021)  | Management letter and/or audit opinion issued by the independent certified public accountant that performed the company's financial audit.   | <input type="checkbox"/>                               |
|         | 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 | <input type="checkbox"/>                               |
| (3023)  | Underlying information subjected to a review by an independent certified public accountant   | <input type="checkbox"/>                               |
| (3024)  | Underlying information subjected to an officer certification.  | <input type="checkbox"/>                               |
| (3025)  | Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows   | <input type="checkbox"/>                               |
| (3026)  | Attach the worksheet listing required information  | Name of Attached Document Listing Required Information |

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

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| <039> | Contact Email Address - Email Address of person identified in data line <030> | tmorrow@myokla.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

|       |   |                    |
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4005 Rural Broadband Experiment

Authorized Rural Broadband Experiment (RBE) recipients must address the certification for public interest obligations and provide a list of newly served community anchor institutions.

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 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 |
|--|--|

|  |   |
|--|---|
| (5005) Alaska Plan Participants Additional Documentation<br>Data Collection Form | FCC Form 481  |
|  | OMB Control No. 3060-0986/OMB Control No. 3060-0819 |
|  | July 2018   |

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

5005 Alaska Plan

(5010) Do you participate in the Alaska plan? (Yes/No)

|        |   |          |
|--------|---|----------|
| (5011) | Please indicate whether any terrestrial backhaul or other satellite backhaul became commercially available in the previous calendar year in areas previously served exclusively by performance-limiting satellite backhaul. | (Yes/No) |
|--------|---|----------|

|        |  |          |
|--------|--|----------|
| (5012) | If the filing carrier identified in its approved performance plans that it relies exclusively on satellite backhaul for a certain portion of the population in its service area, indicate whether any terrestrial backhaul or other satellite backhaul became commercially available in the previous calendar year in areas that were previously served exclusively by satellite backhaul. | (Yes/No) |
|--------|--|----------|

[illegible]



**Certification - Reporting Carrier  
Data Collection Form**
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| <039> | Contact Email Address - Email Address of person identified in data line <030> | tmorrow@myoklg.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:  | 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.  |                                |

|   |  |
|---|--|
| <b>Certification - Agent / Carrier<br/>Data Collection Form</b> | FCC Form 481<br>OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2018 |
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| <039> Contact Email Address - Email Address of person identified in data line <030> | tmorrow@myoklg.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) <u>Expert Telecom Compliance</u> 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                        |
| Name of Reporting Carrier:  | IM Telecom LLC                                   |
| Signature of Authorized Officer:  | CERTIFIED ONLINE Date: 07/15/2018                |
| Printed name of Authorized Officer:   | Trevan Morrow                                    |
| Title or position of Authorized Officer:  | COO  |
| Telephone number of Authorized Officer:   | 9186077379 ext.                                  |
| Study Area Code of Reporting Carrier:   | 229031 Filing Due Date for this form: 07/16/2018 |
| 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 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:   | IM Telecom LLC                                   |
| Name of Authorized Agent Firm:   | Expert Telecom Compliance                        |
| Signature of Authorized Agent or Employee of Agent:  | CERTIFIED ONLINE Date: 07/03/2018                |
| Name of Authorized Agent Employee:   | Victoria Martin                                  |
| Title or position of Authorized Agent or Employee of Agent   | Regulatory Specialist                            |
| Telephone number of Authorized Agent or Employee of Agent:   | 6786722831 ext.                                  |
| Study Area Code of Reporting Carrier:  | 229031 Filing Due Date for this form: 07/16/2018 |
| 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.   |  |

## Attachments

# IM Telecom, LLC d/b/a Infiniti Mobile

## Georgia Lifeline Rate Plans

### **Non-Tribal:**

| <b>Plan</b>                  | <b>Minutes</b>            | <b>Text</b>       | <b>Data (MB)</b> | <b>Retail Price</b> | <b>Lifeline Discount</b> | <b>Net Cost to Lifeline Customer</b> |
|------------------------------|---------------------------|-------------------|------------------|---------------------|--------------------------|--------------------------------------|
| <b>Georgia Lifeline 500*</b> | 500 anytime voice minutes | 500 text messages | 0 GB             | \$9.25              | - \$9.25 (federal)       | <b>\$0.00</b>                        |

\*Must be Eligible. Each month eligible Lifeline subscribers will receive 500 voice minutes and 500 text messages (totaling 1,000 units) for \$0.00 per month. There are no rollover minutes with this plan. Unused minutes will expire each month on the service expiration date. This plan is only available to Georgia Lifeline residents.

### **All Plans include the following:**

- Free phone
- Free calls to 911 emergency services
- Free calls to Customer Service
- Free access to Voicemail, Caller-ID, Call-Waiting, Call-Forwarding, and 3-Way Calling features
- Free Domestic, Long-Distance Calls

### **Additional Airtime:**

- \$5.00 for 100 minutes or 100 text messages
- \$5.00 for 100 MB of data

*\*\* In addition to the Georgia Lifeline 500 Plan, all Lifeline-eligible customers will be able to apply the maximum federal Lifeline discount, currently \$9.25, to any retail plans the Company should make available to non-Lifeline consumers. To the extent offered, such plans are subject to change and will be viewable on the Company's website, <http://infinitimobile.com>.*

Complete program terms of use located at <http://infinitimobile.com/terms/>

**FCC Form 481 - Carrier Annual Reporting  
Data Collection Form**

FCC Form 481

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

July 2018

|       |   |                    |
|-------|---|--------------------|
| <010> | Study Area Code   | 189034             |
| <015> | Study Area Name   | IM Telecom LLC     |
| <020> | Program Year  | 2019               |
| <030> | Contact Name: Person USAC should contact with questions about this data         | Treva n Morrow     |
| <035> | Contact Telephone Number:<br>Number of the person identified in data line <030> | 9186077379 ext.    |
| <039> | Contact Email Address:<br>Email of the person identified in data line <030>     | tmorrow@myoklg.com |
|       | Form Type   | 54.422             |

|       |   |                    |
|-------|---|--------------------|
| <010> | Study Area Code   | 189034             |
| <015> | Study Area Name   | IM Telecom LLC     |
| <020> | Program Year  | 2019               |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Trevan Morrow      |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 9186077379 ext.    |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tmorrow@myoklg.com |

[illegible]

|       |  |                    |
|-------|--|--------------------|
| <010> | Study Area Code  | 189034             |
| <015> | Study Area Name  | IM Telecom LLC     |
| <020> | Program Year   | 2019               |
| <030> | Contact Name - Person USAC should contact regarding this data  | Trevan Morrow      |
| <035> | Contact Telephone Number - Number of person identified in data line <030>  | 9186077379 ext.    |
| <039> | Contact Email Address - Email Address of person identified in data line <030>  | tmorrow@myoklg.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   |                    |

|       |   |                    |
|-------|---|--------------------|
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| <015> | Study Area Name   | IM Telecom LLC     |
| <020> | Program Year  | 2019               |
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| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 9186077379 ext.    |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tmorrow@myoklg.com |
| <515> | Certify compliance with applicable minimum service standards                  |                    |



|   |   |
|---|---|
| <b>(600) Functionality in Emergency Situations</b><br><b>Data Collection Form</b> | <b>FCC Form 481</b><br><b>OMB Control No. 3060-0986/OMB Control No. 3060-0819</b><br><b>July 2018</b> |
|---|---|

|       |   |                    |
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| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 9186077379 ext.    |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tmorrow@myoklg.com |
| <600> | Certify compliance regarding ability to function in emergency situations      |                    |
| <610> | Descriptive document for Functionality in Emergency Situations                |                    |

|   |   |
|---|---|
| <b>(800) Operating Companies</b><br><b>Data Collection Form</b> | <b>FCC Form 481</b><br><b>OMB Control No. 3060-0986/OMB Control No. 3060-0819</b><br><b>July 2018</b> |
|---|---|

|       |   |                    |
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| <020> | Program Year  | 2019               |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Trevan Morrow      |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 9186077379 ext.    |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tmorrow@myoklg.com |
| <810> | Reporting Carrier   | IM Telecom LLC     |
| <811> | Holding Company   | Not Applicable     |
| <812> | Operating Company   | Not Applicable     |

[illegible]

**(900) Tribal Lands Reporting  
Data Collection Form**
**FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2018**

|       |   |                    |
|-------|---|--------------------|
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| <020> | Program Year  | 2019               |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Trevan Morrow      |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 9186077379 ext.    |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tmorrow@myoklg.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 PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(5) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

| Select<br>Yes or No or<br>Not Applicable |
|--|
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

**(1000) Voice and Broadband Service Rate Comparability  
Data Collection Form**

FCC Form 481

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

July 2018

|       |   |                    |
|-------|---|--------------------|
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| <030> | Contact Name - Person USAC should contact regarding this data                 | Treva Morrow       |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 9186077379 ext.    |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tmorrow@myoklg.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**
**FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2018**

|       |   |                    |
|-------|---|--------------------|
| <010> | Study Area Code   | 189034             |
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| <020> | Program Year  | 2019               |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Trevaan Morrow     |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 9186077379 ext.    |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tmorrow@myoklg.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).

<1140> Alaska Plan rate-of-return certification (yes, no, or not applicable) of compliance with approved performance plan.

**(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 2018

|       |   |                    |
|-------|---|--------------------|
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| <020> | Program Year  | 2019               |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Treva Morrow       |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 9186077379 ext.    |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tmorrow@myoklg.com |

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220> Link to Public Website

HTTP <https://infinitimobile.com/terms/>

"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, | <input checked="" type="checkbox"/> |
| <1222> Details on the number of minutes provided as part of the plan,  | <input checked="" type="checkbox"/> |
| <1223> Additional charges for toll calls, and rates for each such plan.  | <input checked="" type="checkbox"/> |

**(2005) Price Cap Carrier Additional Documentation**

FCC Form 481

**Data Collection Form**

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

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

July 2018

|       |   |                    |
|-------|---|--------------------|
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| <015> | Study Area Name   | IM Telecom LLC     |
| <020> | Program Year  | 2019               |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Trevaan Morrow     |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 9186077379 ext.    |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tmorrow@myoklg.com |

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of frozen 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(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

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

**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?

<2017C> Total amount of Phase II support, if any, the price cap carrier used for capital expenditures in 2017.

<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)(1)(ii)(A)

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)(1)(ii)(C)

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

**FCC Form 481**

**OMB Control No. 3060-0986/OMB Control No. 3060-0819**  
**July 2018**

|       |   |                    |
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| <010> | Study Area Code   | 189034             |
| <015> | Study Area Name   | IM Telecom LLC     |
| <020> | Program Year  | 2019               |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Trevan Morrow      |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 9186077379 ext.    |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tmorrow@myoklg.com |

CAF BLS Reporting

- (3008A) Please indicate whether new locations were deployed during the prior calendar year. (Yes/No)
- (3008B) Please enter the number of new locations deployed in the prior calendar year associated with each of the following speed tiers.
- (3008B1) Number of newly built locations with access to broadband speeds of at least 10/1 Mbps but less than 25/3 Mbps.
- (3008B2) Number of newly built locations with access to broadband speeds of 25/3 Mbps or higher.
- (3008C) Please provide the percentage of deployment across the entire study area.



|       |   |                    |
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| <030> | Contact Name - Person USAC should contact regarding this data                 | Trevarn Morrow     |
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| <039> | Contact Email Address - Email Address of person identified in data line <030> | tmorrow@myoklg.com |

Select from the drop down menu or check the boxes below to note compliance with 54.313(f)(1). Privately held carriers must ensure compliance with the financial reporting requirements set forth in 47 CFR 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

|         |  |  |
|---------|--|--|
| (3009)  | Progress Report on 5 Year Plan<br>Carrier certifies to 54.313(f)(1)(iii)   |  |
| (3010A) | Certification of Public Interest Obligations {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) <input type="radio"/> <input type="radio"/>   |
| (3014)  | If yes, does your company file the RUS annual report   | (Yes/No) <input type="radio"/> <input type="radio"/>   |
|         | 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)  | <input type="checkbox"/>                               |
| (3016)  | Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows   | <input type="checkbox"/>                               |
| (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) <input type="radio"/> <input type="radio"/>   |
|         | 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  | <input type="checkbox"/>                               |
| (3020)  | Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows  | <input type="checkbox"/>                               |
| (3021)  | Management letter and/or audit opinion issued by the independent certified public accountant that performed the company's financial audit.   | <input type="checkbox"/>                               |
|         | 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 | <input type="checkbox"/>                               |
| (3023)  | Underlying information subjected to a review by an independent certified public accountant   | <input type="checkbox"/>                               |
| (3024)  | Underlying information subjected to an officer certification.  | <input type="checkbox"/>                               |
| (3025)  | Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows   | <input type="checkbox"/>                               |
| (3026)  | Attach the worksheet listing required information  | Name of Attached Document Listing Required Information |

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

FCC Form 481

Data Collection Form

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

July 2018

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| <039> | Contact Email Address - Email Address of person identified in data line <030> | tmorrow@myokla.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

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

4005 Rural Broadband Experiment

Authorized Rural Broadband Experiment (RBE) recipients must address the certification for public interest obligations and provide a list of newly served community anchor institutions.

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 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

|  |   |
|--|---|
| (5005) Alaska Plan Participants Additional Documentation<br>Data Collection Form | FCC Form 481  |
|  | OMB Control No. 3060-0986/OMB Control No. 3060-0819 |
|  | July 2018   |

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| <030> | Contact Name - Person USAC should contact regarding this data                 | Trevan Morrow      |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 9186077379 ext.    |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tmorrow@myoklg.com |

5005 Alaska Plan

(5010) Do you participate in the Alaska plan? (Yes/No)

|        |   |          |
|--------|---|----------|
| (5011) | Please indicate whether any terrestrial backhaul or other satellite backhaul became commercially available in the previous calendar year in areas previously served exclusively by performance-limiting satellite backhaul. | (Yes/No) |
|--------|---|----------|

|        |   |          |
|--------|---|----------|
| (5012) | <p>If the filing carrier identified in its approved performance plans that it relies exclusively on satellite backhaul for a certain portion of the population in its service area, indicate whether any terrestrial backhaul or other satellite backhaul became commercially available in the previous calendar year in areas that were previously served exclusively by satellite backhaul.</p> | (Yes/No) |
|--------|---|----------|

[illegible]

**Certification - Reporting Carrier  
Data Collection Form**
**FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
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| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 9186077379 ext.    |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tmorrow@myoklg.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:  | 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.  |                                |

|   |  |
|---|--|
| <b>Certification - Agent / Carrier<br/>Data Collection Form</b> | FCC Form 481<br>OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2018 |
|---|--|

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| <035> Contact Telephone Number - Number of person identified in data line <030>     | 9186077379 ext.    |
| <039> Contact Email Address - Email Address of person identified in data line <030> | tmorrow@myoklg.com |

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

|   |  |
|---|--|
| <b>Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier</b>  |  |
| I certify that (Name of Agent) <u>Expert Telecom Compliance</u> 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                        |
| Name of Reporting Carrier:  | IM Telecom LLC                                   |
| Signature of Authorized Officer:  | CERTIFIED ONLINE Date: 07/15/2018                |
| Printed name of Authorized Officer:   | Trevan Morrow                                    |
| Title or position of Authorized Officer:  | COO  |
| Telephone number of Authorized Officer:   | 9186077379 ext.                                  |
| Study Area Code of Reporting Carrier:   | 189034 Filing Due Date for this form: 07/16/2018 |
| 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 AUTHORIZED AGENT:**

|  |  |
|--|--|
| <b>Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier</b>  |  |
| 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:   | IM Telecom LLC                                   |
| Name of Authorized Agent Firm:   | Expert Telecom Compliance                        |
| Signature of Authorized Agent or Employee of Agent:  | CERTIFIED ONLINE Date: 07/03/2018                |
| Name of Authorized Agent Employee:   | Victoria Martin                                  |
| Title or position of Authorized Agent or Employee of Agent   | Regulatory Specialist                            |
| Telephone number of Authorized Agent or Employee of Agent:   | 6786722831 ext.                                  |
| Study Area Code of Reporting Carrier:  | 189034 Filing Due Date for this form: 07/16/2018 |
| 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.   |  |

## Attachments

# IM Telecom, LLC d/b/a Infiniti Mobile

## Maryland Lifeline Rate Plans

### **Non-Tribal:**

| Plan                                 | Minutes                     | Text              | Data (MB) | Retail Price | Lifeline Discount  | Net Cost to Lifeline Customer |
|--------------------------------------|-----------------------------|-------------------|-----------|--------------|--------------------|-------------------------------|
| <b>Maryland Lifeline 500 Plan*</b>   | 500 anytime voice minutes   | 500 text messages | 0 GB      | \$9.25       | - \$9.25 (federal) | <b>\$0.00</b>                 |
| <b>Maryland Lifeline 1,000 Plan*</b> | 1,000 anytime voice minutes | Unlimited         | 1 GB      | \$29.25      | - \$9.25 (federal) | <b>\$20.00</b>                |

\*Must be Eligible. There are no rollover minutes with this plan. Unused minutes will expire each month on the service expiration date. This plan is only available to Maryland Lifeline residents.

### **All Plans include the following:**

- Free phone
- Free calls to 911 emergency services
- Free calls to Customer Service
- Free access to Voicemail, Caller-ID, Call-Waiting, Call-Forwarding, and 3-Way Calling features
- Free Domestic, Long-Distance Calls

### **Additional Airtime:**

- \$5.00 for 100 minutes or 100 text messages
- \$5.00 for 100 MB of data

*\*\* In addition to the Maryland Lifeline 500 Plan and Maryland Lifeline 1,000 Plan, all Lifeline-eligible customers will be able to apply the \$9.25 federal Lifeline discount, depending on customer eligibility, to any retail plans the Company should make available to non-Lifeline consumers. To the extent offered, such plans are subject to change and will be viewable on the Company's website, <http://infinitimobile.com>.*

Complete program terms of use located at <http://infinitimobile.com/terms/>



**FCC Form 481 - Carrier Annual Reporting  
Data Collection Form**

FCC Form 481

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

July 2018

|       |   |                    |
|-------|---|--------------------|
| <010> | Study Area Code   | 559025             |
| <015> | Study Area Name   | IM Telecom LLC     |
| <020> | Program Year  | 2019               |
| <030> | Contact Name: Person USAC should contact with questions about this data         | Treva n Morrow     |
| <035> | Contact Telephone Number:<br>Number of the person identified in data line <030> | 9186077379 ext.    |
| <039> | Contact Email Address:<br>Email of the person identified in data line <030>     | tmorrow@myoklg.com |
|       | Form Type   | 54.422             |

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

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2018

|       |                 |        |
|-------|-----------------|--------|
| <010> | Study Area Code | 559025 |
|-------|-----------------|--------|

|       |                 |                |
|-------|-----------------|----------------|
| <015> | Study Area Name | IM Telecom LLC |
|-------|-----------------|----------------|

| <020> Program Year | 2019 |
|--------------------|------|
|--------------------|------|

|       |   |              |
|-------|---|--------------|
| <030> | Contact Name - Person USAC should contact regarding this data | Treva Morrow |
|-------|---|--------------|

<035> Contact Telephone Number - Number of person identified in data line <030> 9186077379 ext.

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

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

[illegible]

|       |  |                    |
|-------|--|--------------------|
| <010> | Study Area Code  | 559025             |
| <015> | Study Area Name  | IM Telecom LLC     |
| <020> | Program Year   | 2019               |
| <030> | Contact Name - Person USAC should contact regarding this data  | Trevan Morrow      |
| <035> | Contact Telephone Number - Number of person identified in data line <030>  | 9186077379 ext.    |
| <039> | Contact Email Address - Email Address of person identified in data line <030>  | tmorrow@myoklg.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   |                    |

|       |   |                    |
|-------|---|--------------------|
| <010> | Study Area Code   | 559025             |
| <015> | Study Area Name   | IM Telecom LLC     |
| <020> | Program Year  | 2019               |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Trevan Morrow      |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 9186077379 ext.    |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tmorrow@myoklg.com |
| <515> | Certify compliance with applicable minimum service standards                  |                    |

|   |   |
|---|---|
| <b>(600) Functionality in Emergency Situations<br/>Data Collection Form</b> | <b>FCC Form 481<br/>OMB Control No. 3060-0986/OMB Control No. 3060-0819<br/>July 2018</b> |
|---|---|

|       |   |                    |
|-------|---|--------------------|
| <010> | Study Area Code   | 559025             |
| <015> | Study Area Name   | IM Telecom LLC     |
| <020> | Program Year  | 2019               |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Trevan Morrow      |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 9186077379 ext.    |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tmorrow@myoklg.com |
| <600> | Certify compliance regarding ability to function in emergency situations      |                    |
| <610> | Descriptive document for Functionality in Emergency Situations                |                    |

|                           |  |
|---------------------------|--|
| (800) Operating Companies | FCC Form 481   |
| Data Collection Form      | OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2018 |

|       |   |                    |
|-------|---|--------------------|
| <010> | Study Area Code   | 559025             |
| <015> | Study Area Name   | IM Telecom LLC     |
| <020> | Program Year  | 2019               |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Trevan Morrow      |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 9186077379 ext.    |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tmorrow@myoklg.com |
| <810> | Reporting Carrier   | IM Telecom LLC     |
| <811> | Holding Company   | Not Applicable     |
| <812> | Operating Company   | Not Applicable     |

[illegible]

**(900) Tribal Lands Reporting  
Data Collection Form**
**FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2018**

|       |   |                    |
|-------|---|--------------------|
| <010> | Study Area Code   | 559025             |
| <015> | Study Area Name   | IM Telecom LLC     |
| <020> | Program Year  | 2019               |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Trevan Morrow      |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 9186077379 ext.    |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tmorrow@myoklg.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 PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(5) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

| Select<br>Yes or No or<br>Not Applicable |
|--|
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

**(1000) Voice and Broadband Service Rate Comparability  
Data Collection Form**

FCC Form 481

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

July 2018

|       |   |                    |
|-------|---|--------------------|
| <010> | Study Area Code   | 559025             |
| <015> | Study Area Name   | IM Telecom LLC     |
| <020> | Program Year  | 2019               |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Treva Morrow       |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 9186077379 ext.    |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tmorrow@myoklg.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**
**FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2018**

|       |   |                    |
|-------|---|--------------------|
| <010> | Study Area Code   | 559025             |
| <015> | Study Area Name   | IM Telecom LLC     |
| <020> | Program Year  | 2019               |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Trevaan Morrow     |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 9186077379 ext.    |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tmorrow@myoklg.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).

<1140> Alaska Plan rate-of-return certification (yes, no, or not applicable) of compliance with approved performance plan.

**(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 2018

|       |   |                    |
|-------|---|--------------------|
| <010> | Study Area Code   | 559025             |
| <015> | Study Area Name   | IM Telecom LLC     |
| <020> | Program Year  | 2019               |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Treva n Morrow     |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 9186077379 ext.    |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tmorrow@myoklg.com |

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220> Link to Public Website

HTTP <https://infinitimobile.com/terms/>

"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. ☒

**(2005) Price Cap Carrier Additional Documentation**

FCC Form 481

**Data Collection Form**

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

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

July 2018

|       |   |                    |
|-------|---|--------------------|
| <010> | Study Area Code   | 559025             |
| <015> | Study Area Name   | IM Telecom LLC     |
| <020> | Program Year  | 2019               |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Trevaan Morrow     |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 9186077379 ext.    |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tmorrow@myoklg.com |

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of frozen 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(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

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

**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?

<2017C> Total amount of Phase II support, if any, the price cap carrier used for capital expenditures in 2017.

<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)(1)(ii)(A)

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)(1)(ii)(C)

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

**FCC Form 481**

**OMB Control No. 3060-0986/OMB Control No. 3060-0819**  
**July 2018**

|       |   |                    |
|-------|---|--------------------|
| <010> | Study Area Code   | 559025             |
| <015> | Study Area Name   | IM Telecom LLC     |
| <020> | Program Year  | 2019               |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Trevan Morrow      |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 9186077379 ext.    |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tmorrow@myoklg.com |

CAF BLS Reporting

- (3008A) Please indicate whether new locations were deployed during the prior calendar year. (Yes/No)
- (3008B) Please enter the number of new locations deployed in the prior calendar year associated with each of the following speed tiers.
- (3008B1) Number of newly built locations with access to broadband speeds of at least 10/1 Mbps but less than 25/3 Mbps.
- (3008B2) Number of newly built locations with access to broadband speeds of 25/3 Mbps or higher.
- (3008C) Please provide the percentage of deployment across the entire study area.

|       |   |                    |
|-------|---|--------------------|
| <010> | Study Area Code   | 559025             |
| <015> | Study Area Name   | IM Telecom LLC     |
| <020> | Program Year  | 2019               |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Trevarn Morrow     |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 9186077379 ext.    |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tmorrow@myoklg.com |

Select from the drop down menu or check the boxes below to note compliance with 54.313(f)(1). Privately held carriers must ensure compliance with the financial reporting requirements set forth in 47 CFR 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

|         |  |  |   |
|---------|--|--|---|
| (3009)  | Progress Report on 5 Year Plan<br>Carrier certifies to 54.313(f)(1)(iii)   |  |   |
| (3010A) | Certification of Public Interest Obligations {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)   | <input type="radio"/> <input type="radio"/> |
| (3014)  | If yes, does your company file the RUS annual report   | (Yes/No)   | <input type="radio"/> <input type="radio"/> |
|         | 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)  |  | <input type="checkbox"/>                    |
| (3016)  | Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows   |  | <input type="checkbox"/>                    |
| (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)   | <input type="radio"/> <input type="radio"/> |
|         | 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  |  | <input type="checkbox"/>                    |
| (3020)  | Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows  |  | <input type="checkbox"/>                    |
| (3021)  | Management letter and/or audit opinion issued by the independent certified public accountant that performed the company's financial audit.   |  | <input type="checkbox"/>                    |
|         | 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 |  | <input type="checkbox"/>                    |
| (3023)  | Underlying information subjected to a review by an independent certified public accountant   |  | <input type="checkbox"/>                    |
| (3024)  | Underlying information subjected to an officer certification.  |  | <input type="checkbox"/>                    |
| (3025)  | Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows   |  | <input type="checkbox"/>                    |
| (3026)  | Attach the worksheet listing required information  | Name of Attached Document Listing Required Information |   |

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

FCC Form 481

Data Collection Form

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

July 2018

|       |   |                    |
|-------|---|--------------------|
| <010> | Study Area Code   | 559025             |
| <015> | Study Area Name   | IM Telecom LLC     |
| <020> | Program Year  | 2019               |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Trevar Morrow      |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 9186077379 ext.    |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tmorrow@myokla.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

|       |   |                    |
|-------|---|--------------------|
| <010> | Study Area Code   | 559025             |
| <015> | Study Area Name   | IM Telecom LLC     |
| <020> | Program Year  | 2019               |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Treva n Morrow     |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 9186077379 ext.    |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tmorrow@myoklg.com |

4005 Rural Broadband Experiment

Authorized Rural Broadband Experiment (RBE) recipients must address the certification for public interest obligations and provide a list of newly served community anchor institutions.

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 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

|  |   |
|--|---|
| (5005) Alaska Plan Participants Additional Documentation<br>Data Collection Form | FCC Form 481  |
|  | OMB Control No. 3060-0986/OMB Control No. 3060-0819 |
|  | July 2018   |

|       |   |                    |
|-------|---|--------------------|
| <010> | Study Area Code   | 559025             |
| <015> | Study Area Name   | IM Telecom LLC     |
| <020> | Program Year  | 2019               |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Trevan Morrow      |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 9186077379 ext.    |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tmorrow@myoklg.com |

5005 Alaska Plan

(5010) Do you participate in the Alaska plan? (Yes/No)

|        |   |          |
|--------|---|----------|
| (5011) | Please indicate whether any terrestrial backhaul or other satellite backhaul became commercially available in the previous calendar year in areas previously served exclusively by performance-limiting satellite backhaul. | (Yes/No) |
|--------|---|----------|

|        |   |          |
|--------|---|----------|
| (5012) | <p>If the filing carrier identified in its approved performance plans that it relies exclusively on satellite backhaul for a certain poriton of the population in its service area, indicate whether any terrestrial backhaul or other satellite backhaul became commercially available in the previoius calendar year in areas that were previoiusly served exclusively by satellite backhaul.</p> | (Yes/No) |
|--------|---|----------|

[illegible]



**Certification - Reporting Carrier  
Data Collection Form**
**FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2018**

|       |   |                    |
|-------|---|--------------------|
| <010> | Study Area Code   | 559025             |
| <015> | Study Area Name   | IM Telecom LLC     |
| <020> | Program Year  | 2019               |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Trevan Morrow      |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 9186077379 ext.    |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tmorrow@myoklg.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:  | 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.  |                                |

|   |  |
|---|--|
| <b>Certification - Agent / Carrier<br/>Data Collection Form</b> | FCC Form 481<br>OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2018 |
|---|--|

|   |                    |
|---|--------------------|
| <010> Study Area Code   | 559025             |
| <015> Study Area Name   | IM Telecom LLC     |
| <020> Program Year  | 2019               |
| <030> Contact Name - Person USAC should contact regarding this data                 | Trevar Morrow      |
| <035> Contact Telephone Number - Number of person identified in data line <030>     | 9186077379 ext.    |
| <039> Contact Email Address - Email Address of person identified in data line <030> | tmorrow@myoklg.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) <u>Expert Telecom Compliance</u> 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                        |
| Name of Reporting Carrier:  | IM Telecom LLC                                   |
| Signature of Authorized Officer:  | CERTIFIED ONLINE Date: 07/15/2018                |
| Printed name of Authorized Officer:   | Trevar Morrow                                    |
| Title or position of Authorized Officer:  | COO  |
| Telephone number of Authorized Officer:   | 9186077379 ext.                                  |
| Study Area Code of Reporting Carrier:   | 559025 Filing Due Date for this form: 07/16/2018 |
| 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 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:   | IM Telecom LLC                                   |
| Name of Authorized Agent Firm:   | Expert Telecom Compliance                        |
| Signature of Authorized Agent or Employee of Agent:  | CERTIFIED ONLINE Date: 07/03/2018                |
| Name of Authorized Agent Employee:   | Victoria Martin                                  |
| Title or position of Authorized Agent or Employee of Agent   | Regulatory Specialist                            |
| Telephone number of Authorized Agent or Employee of Agent:   | 6786722831 ext.                                  |
| Study Area Code of Reporting Carrier:  | 559025 Filing Due Date for this form: 07/16/2018 |
| 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.   |  |

## Attachments

# IM Telecom, LLC d/b/a Infiniti Mobile

## Nevada Lifeline Rate Plans

### **Non-Tribal:**

| Plan                             | Minutes | Text | Data (MB) | Retail Price | Lifeline Discount  | Net Cost to Lifeline Customer |
|----------------------------------|---------|------|-----------|--------------|--------------------|-------------------------------|
| <b>Nevada Lifeline 500 Plan*</b> | 500     | 500  | 0 GB      | \$9.25       | - \$9.25 (federal) | <b>\$0.00</b>                 |

\*Must be Eligible. Each month eligible Lifeline subscribers will receive 500 voice minutes and 500 text messages (totaling 1,000 units) for \$0.00 per month. There are no rollover minutes with this plan. Unused minutes will expire each month on the service expiration date. This plan is only available to Nevada Lifeline residents.

### **Tribal:**

| Plan                                     | Minutes | Text      | Data (MB) | Retail Price | Lifeline Discount   | Net Cost to Lifeline Customer |
|--|---------|-----------|-----------|--------------|---------------------|-------------------------------|
| <b>Nevada Tribal Lifeline 2000 Plan*</b> | 1,000   | Unlimited | 0 GB      | \$34.25      | - \$34.25 (federal) | <b>\$0.00</b>                 |

\*\*Must be Eligible. Each month eligible Tribal Lifeline subscribers will receive 1,000 voice minutes and unlimited text messages for \$0.00 per month. There are no rollover minutes with this plan. Unused minutes will expire each month on the service expiration date. This plan is only available to Nevada Tribal Lifeline residents.

### **All Plans include the following:**

- Free phone
- Free calls to 911 emergency services
- Free calls to Customer Service
- Free access to Voicemail, Caller-ID, Call-Waiting, Call-Forwarding, and 3-Way Calling features
- Free Domestic, Long-Distance Calls

### **Additional Airtime:**

- \$5.00 for 100 minutes or 100 text messages
- \$5.00 for 100 MB of data

*\*\* In addition to the Nevada Lifeline 500 Plan and Nevada Tribal Lifeline 2000 Plan, all Lifeline-eligible customers will be able to apply the \$9.25 federal Lifeline discount, as well as the additional \$25.00 federal tribal Lifeline discount depending on customer eligibility, to any retail plans the Company should make available to non-Lifeline consumers. To the extent offered, such plans are subject to change and will be viewable on the Company's website, <http://infinitimobile.com>.*

Complete program terms of use located at <http://infinitimobile.com/terms/>

**FCC Form 481 - Carrier Annual Reporting  
Data Collection Form**

FCC Form 481

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

July 2018

|       |   |                    |
|-------|---|--------------------|
| <010> | Study Area Code   | 439050             |
| <015> | Study Area Name   | IM Telecom LLC     |
| <020> | Program Year  | 2019               |
| <030> | Contact Name: Person USAC should contact with questions about this data         | Trevarn Morrow     |
| <035> | Contact Telephone Number:<br>Number of the person identified in data line <030> | 9186077379 ext.    |
| <039> | Contact Email Address:<br>Email of the person identified in data line <030>     | tmorrow@myoklg.com |
|       | Form Type   | 54.422             |

|       |   |                    |
|-------|---|--------------------|
| <010> | Study Area Code   | 439050             |
| <015> | Study Area Name   | IM Telecom LLC     |
| <020> | Program Year  | 2019               |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Trevan Morrow      |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 9186077379 ext.    |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tmorrow@myoklg.com |

[illegible]

|       |  |                    |
|-------|--|--------------------|
| <010> | Study Area Code  | 439050             |
| <015> | Study Area Name  | IM Telecom LLC     |
| <020> | Program Year   | 2019               |
| <030> | Contact Name - Person USAC should contact regarding this data  | Trevan Morrow      |
| <035> | Contact Telephone Number - Number of person identified in data line <030>  | 9186077379 ext.    |
| <039> | Contact Email Address - Email Address of person identified in data line <030>  | tmorrow@myoklg.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   |                    |

|       |   |                    |
|-------|---|--------------------|
| <010> | Study Area Code   | 439050             |
| <015> | Study Area Name   | IM Telecom LLC     |
| <020> | Program Year  | 2019               |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Treva n Morrow     |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 9186077379 ext.    |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tmorrow@myoklg.com |
|       |   |                    |
| <515> | Certify compliance with applicable minimum service standards                  |                    |



|   |   |
|---|---|
| <b>(600) Functionality in Emergency Situations</b><br><b>Data Collection Form</b> | <b>FCC Form 481</b><br><b>OMB Control No. 3060-0986/OMB Control No. 3060-0819</b><br><b>July 2018</b> |
|---|---|

|       |   |                    |
|-------|---|--------------------|
| <010> | Study Area Code   | 439050             |
| <015> | Study Area Name   | IM Telecom LLC     |
| <020> | Program Year  | 2019               |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Treva n Morrow     |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 9186077379 ext.    |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tmorrow@myoklg.com |
| <600> | Certify compliance regarding ability to function in emergency situations      |                    |
| <610> | Descriptive document for Functionality in Emergency Situations                |                    |

|   |   |
|---|---|
| <b>(800) Operating Companies</b><br><b>Data Collection Form</b> | <b>FCC Form 481</b><br><b>OMB Control No. 3060-0986/OMB Control No. 3060-0819</b><br><b>July 2018</b> |
|---|---|

|       |   |                    |
|-------|---|--------------------|
| <010> | Study Area Code   | 439050             |
| <015> | Study Area Name   | IM Telecom LLC     |
| <020> | Program Year  | 2019               |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Trevan Morrow      |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 9186077379 ext.    |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tmorrow@myoklg.com |
| <810> | Reporting Carrier   | IM Telecom LLC     |
| <811> | Holding Company   | Not Applicable     |
| <812> | Operating Company   | Not Applicable     |

[illegible]

**(900) Tribal Lands Reporting  
Data Collection Form**
**FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2018**

|       |   |                    |
|-------|---|--------------------|
| <010> | Study Area Code   | 439050             |
| <015> | Study Area Name   | IM Telecom LLC     |
| <020> | Program Year  | 2019               |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Trevan Morrow      |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 9186077379 ext.    |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tmorrow@myoklg.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 PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(5) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

| Select<br>Yes or No or<br>Not Applicable |
|--|
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|  |
|  |

**(1000) Voice and Broadband Service Rate Comparability  
Data Collection Form**

FCC Form 481

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

July 2018

|       |   |                    |
|-------|---|--------------------|
| <010> | Study Area Code   | 439050             |
| <015> | Study Area Name   | IM Telecom LLC     |
| <020> | Program Year  | 2019               |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Treva Morrow       |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 9186077379 ext.    |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tmorrow@myoklg.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**
**FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2018**

|       |   |                    |
|-------|---|--------------------|
| <010> | Study Area Code   | 439050             |
| <015> | Study Area Name   | IM Telecom LLC     |
| <020> | Program Year  | 2019               |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Trevaan Morrow     |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 9186077379 ext.    |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tmorrow@myoklg.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).

<1140> Alaska Plan rate-of-return certification (yes, no, or not applicable) of compliance with approved performance plan.

**(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 2018

|       |   |                    |
|-------|---|--------------------|
| <010> | Study Area Code   | 439050             |
| <015> | Study Area Name   | IM Telecom LLC     |
| <020> | Program Year  | 2019               |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Treva n Morrow     |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 9186077379 ext.    |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tmorrow@myoklg.com |

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220> Link to Public Website

HTTP <https://infinitimobile.com/terms/>

"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. ☒

**(2005) Price Cap Carrier Additional Documentation**

FCC Form 481

**Data Collection Form**

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

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

July 2018

|       |   |                    |
|-------|---|--------------------|
| <010> | Study Area Code   | 439050             |
| <015> | Study Area Name   | IM Telecom LLC     |
| <020> | Program Year  | 2019               |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Trevaan Morrow     |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 9186077379 ext.    |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tmorrow@myoklg.com |

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of frozen 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(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

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

**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?

<2017C> Total amount of Phase II support, if any, the price cap carrier used for capital expenditures in 2017.

<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)(1)(ii)(A)

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)(1)(ii)(C)

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

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2018

|       |   |                    |
|-------|---|--------------------|
| <010> | Study Area Code   | 439050             |
| <015> | Study Area Name   | IM Telecom LLC     |
| <020> | Program Year  | 2019               |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Trevan Morrow      |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 9186077379 ext.    |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tmorrow@myoklg.com |

CAF BLS Reporting

- (3008A) Please indicate whether new locations were deployed during the prior calendar year. (Yes/No)
- (3008B) Please enter the number of new locations deployed in the prior calendar year associated with each of the following speed tiers.
- (3008B1) Number of newly built locations with access to broadband speeds of at least 10/1 Mbps but less than 25/3 Mbps.
- (3008B2) Number of newly built locations with access to broadband speeds of 25/3 Mbps or higher.
- (3008C) Please provide the percentage of deployment across the entire study area.



|       |   |                    |
|-------|---|--------------------|
| <010> | Study Area Code   | 439050             |
| <015> | Study Area Name   | IM Telecom LLC     |
| <020> | Program Year  | 2019               |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Trevarn Morrow     |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 9186077379 ext.    |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tmorrow@myoklg.com |

Select from the drop down menu or check the boxes below to note compliance with 54.313(f)(1). Privately held carriers must ensure compliance with the financial reporting requirements set forth in 47 CFR 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

|         |  |  |
|---------|--|--|
| (3009)  | Progress Report on 5 Year Plan<br>Carrier certifies to 54.313(f)(1)(iii)   |  |
| (3010A) | Certification of Public Interest Obligations {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) <input type="radio"/> <input type="radio"/>   |
| (3014)  | If yes, does your company file the RUS annual report   | (Yes/No) <input type="radio"/> <input type="radio"/>   |
| (3015)  | 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:<br>Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)  | <input type="checkbox"/>                               |
| (3016)  | Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows   | <input type="checkbox"/>                               |
| (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) <input type="radio"/> <input type="radio"/>   |
| (3019)  | 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:<br>Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers   | <input type="checkbox"/>                               |
| (3020)  | Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows  | <input type="checkbox"/>                               |
| (3021)  | Management letter and/or audit opinion issued by the independent certified public accountant that performed the company's financial audit.   | <input type="checkbox"/>                               |
| (3022)  | 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:<br>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 | <input type="checkbox"/>                               |
| (3023)  | Underlying information subjected to a review by an independent certified public accountant   | <input type="checkbox"/>                               |
| (3024)  | Underlying information subjected to an officer certification.  | <input type="checkbox"/>                               |
| (3025)  | Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows   | <input type="checkbox"/>                               |
| (3026)  | Attach the worksheet listing required information  | Name of Attached Document Listing Required Information |

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

FCC Form 481

Data Collection Form

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

July 2018

|       |   |                    |
|-------|---|--------------------|
| <010> | Study Area Code   | 439050             |
| <015> | Study Area Name   | IM Telecom LLC     |
| <020> | Program Year  | 2019               |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Trevar Morrow      |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 9186077379 ext.    |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tmorrow@myokla.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

|       |   |                    |
|-------|---|--------------------|
| <010> | Study Area Code   | 439050             |
| <015> | Study Area Name   | IM Telecom LLC     |
| <020> | Program Year  | 2019               |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Trevarn Morrow     |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 9186077379 ext.    |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tmorrow@myoklg.com |

4005 Rural Broadband Experiment

Authorized Rural Broadband Experiment (RBE) recipients must address the certification for public interest obligations and provide a list of newly served community anchor institutions.

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 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 |
|--|--|

|       |   |                    |
|-------|---|--------------------|
| <010> | Study Area Code   | 439050             |
| <015> | Study Area Name   | IM Telecom LLC     |
| <020> | Program Year  | 2019               |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Trevar Morrow      |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 9186077379 ext.    |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tmorrow@myoklg.com |

5005 Alaska Plan

(5010) Do you participate in the Alaska plan? (Yes/No)

(5011) Please indicate whether any terrestrial backhaul or other satellite backhaul became commercially available in the previous calendar year in areas previously served exclusively by performance-limiting satellite backhaul. (Yes/No)

(5012) If the filing carrier identified in its approved performance plans that it relies exclusively on satellite backhaul for a certain portion of the population in its service area, indicate whether any terrestrial backhaul or other satellite backhaul became commercially available in the previous calendar year in areas that were previously served exclusively by satellite backhaul. (Yes/No)

|        |                                    |                         |                                      |
|--------|------------------------------------|-------------------------|--------------------------------------|
| <5013> | <a>                                | <b>                     | <c>                                  |
|        | Description Of Backhaul Technology | Date Backhaul Available | Newly Served Locations or Population |
|        |                                    |                         |                                      |
|        |                                    |                         |                                      |
|        |                                    |                         |                                      |
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|        |                                    |                         |                                      |

**Certification - Reporting Carrier  
Data Collection Form**
**FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2018**

|       |   |                    |
|-------|---|--------------------|
| <010> | Study Area Code   | 439050             |
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| <020> | Program Year  | 2019               |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Trevan Morrow      |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 9186077379 ext.    |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tmorrow@myoklg.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:  | 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.  |                                |

|   |  |
|---|--|
| <b>Certification - Agent / Carrier<br/>Data Collection Form</b> | FCC Form 481<br>OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2018 |
|---|--|

|   |                    |
|---|--------------------|
| <010> Study Area Code   | 439050             |
| <015> Study Area Name   | IM Telecom LLC     |
| <020> Program Year  | 2019               |
| <030> Contact Name - Person USAC should contact regarding this data                 | Trevan Morrow      |
| <035> Contact Telephone Number - Number of person identified in data line <030>     | 9186077379 ext.    |
| <039> Contact Email Address - Email Address of person identified in data line <030> | tmorrow@myoklg.com |

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

|   |  |
|---|--|
| <b>Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier</b>  |  |
| I certify that (Name of Agent) <u>Expert Telecom Compliance</u> 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                        |
| Name of Reporting Carrier:  | IM Telecom LLC                                   |
| Signature of Authorized Officer:  | CERTIFIED ONLINE Date: 07/15/2018                |
| Printed name of Authorized Officer:   | Trevan Morrow                                    |
| Title or position of Authorized Officer:  | COO  |
| Telephone number of Authorized Officer:   | 9186077379 ext.                                  |
| Study Area Code of Reporting Carrier:   | 439050 Filing Due Date for this form: 07/16/2018 |
| 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 AUTHORIZED AGENT:**

|  |  |
|--|--|
| <b>Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier</b>  |  |
| 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:   | IM Telecom LLC                                   |
| Name of Authorized Agent Firm:   | Expert Telecom Compliance                        |
| Signature of Authorized Agent or Employee of Agent:  | CERTIFIED ONLINE Date: 07/03/2018                |
| Name of Authorized Agent Employee:   | Victoria Martin                                  |
| Title or position of Authorized Agent or Employee of Agent   | Regulatory Specialist                            |
| Telephone number of Authorized Agent or Employee of Agent:   | 6786722831 ext.                                  |
| Study Area Code of Reporting Carrier:  | 439050 Filing Due Date for this form: 07/16/2018 |
| 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.   |  |

## Attachments

## IM Telecom, LLC d/b/a Infiniti Mobile

### Oklahoma Lifeline Rate Plans (Effective July 2017)

#### Non-Tribal:

| Plan                                    | Minutes                   | Text                | Data (MB) | Retail Price | Lifeline Discount  | Net Cost to Lifeline Customer |
|---|---------------------------|---------------------|-----------|--------------|--------------------|-------------------------------|
| <b>Oklahoma Lifeline 500 Plus Plan*</b> | 500 anytime voice minutes | 1,700 text messages | 0 GB      | \$10.25      | - \$9.25 (federal) | <b>\$1.00</b>                 |

\*Must be Eligible. Each month eligible Lifeline subscribers will receive 500 voice minutes and 1700 text messages for \$1.00 per month. There are no rollover minutes with this plan. Unused minutes will expire each month on the service expiration date. This plan is only available to Oklahoma non-Tribal Lifeline residents.

#### Tribal:

| Plan                                      | Minutes                     | Text                | Data (MB) | Retail Price | Lifeline Discount                           | Net Cost to Lifeline Customer                         |
|---|-----------------------------|---------------------|-----------|--------------|---|---|
| <b>Oklahoma Lifeline 1,500 Plus Plan*</b> | 1,500 anytime voice minutes | 1,700 text messages | 500 MB    | \$35.25      | - \$34.25 (Tribal)<br>- \$9.25 (non-Tribal) | <b>\$1.00 (Tribal)</b><br><b>\$26.00 (non-Tribal)</b> |

\*Must be Eligible. Each month eligible Tribal Lifeline subscribers will receive 1,500 voice minutes, 1,700 text messages, and 500 MB Data for \$1.00 per month (or non-Tribal Lifeline subscribers may apply their Lifeline discount to the retail price). There are no rollover minutes with this plan. Unused minutes will expire each month on the service expiration date.

| Plan  | Minutes   | Text      | Data (MB)  | Retail Price | Lifeline Discount                           | Net Cost to Lifeline Customer                         |
|---|-----------|-----------|--|--------------|---|---|
| <b>Nevada Tribal Unlimited Plan – 2.5 GB of 4G Data then Rev. Down to 2G*</b> | Unlimited | Unlimited | Unlimited (2.5 GB at 4G speeds; rev down to 2G speeds) | \$35.25      | - \$34.25 (Tribal)<br>- \$9.25 (non-Tribal) | <b>\$1.00 (Tribal)</b><br><b>\$26.00 (non-Tribal)</b> |

\*Must be Eligible. Each month eligible Tribal Lifeline subscribers will receive unlimited minutes, text messages, and data (2.5 GB at 4G speeds, rev down to 2G) for \$1.00 per month (or non-Tribal Lifeline subscribers may apply their Lifeline discount to the retail price). There are no rollover minutes with this plan. Unused minutes will expire each month on the service expiration date.

#### All Plans include the following:

- Free phone
- Free calls to 911 emergency services
- Free calls to Customer Service
- Free access to Voicemail, Caller-ID, Call-Waiting, Call-Forwarding, and 3-Way Calling features
- Free Domestic, Long-Distance Calls

#### Additional Airtime:

- \$5.00 for 100 minutes or 100 text messages
- \$5.00 for 100 MB of data



**FCC Form 481 - Carrier Annual Reporting  
Data Collection Form**

FCC Form 481

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

July 2018

|       |   |                    |
|-------|---|--------------------|
| <010> | Study Area Code   | 249034             |
| <015> | Study Area Name   | IM Telecom LLC     |
| <020> | Program Year  | 2019               |
| <030> | Contact Name: Person USAC should contact with questions about this data         | Treva n Morrow     |
| <035> | Contact Telephone Number:<br>Number of the person identified in data line <030> | 9186077379 ext.    |
| <039> | Contact Email Address:<br>Email of the person identified in data line <030>     | tmorrow@myoklg.com |
|       | Form Type   | 54.422             |

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

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2018

|       |   |                    |
|-------|---|--------------------|
| <010> | Study Area Code   | 249034             |
| <015> | Study Area Name   | IM Telecom LLC     |
| <020> | Program Year  | 2019               |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Trevar Morrow      |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 9186077379 ext.    |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tmorrow@myoklg.com |

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

[illegible]

|       |  |                    |
|-------|--|--------------------|
| <010> | Study Area Code  | 249034             |
| <015> | Study Area Name  | IM Telecom LLC     |
| <020> | Program Year   | 2019               |
| <030> | Contact Name - Person USAC should contact regarding this data  | Trevan Morrow      |
| <035> | Contact Telephone Number - Number of person identified in data line <030>  | 9186077379 ext.    |
| <039> | Contact Email Address - Email Address of person identified in data line <030>  | tmorrow@myoklg.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   |                    |

|       |   |                    |
|-------|---|--------------------|
| <010> | Study Area Code   | 249034             |
| <015> | Study Area Name   | IM Telecom LLC     |
| <020> | Program Year  | 2019               |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Treva n Morrow     |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 9186077379 ext.    |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tmorrow@myoklg.com |
|       |   |                    |
| <515> | Certify compliance with applicable minimum service standards                  |                    |

|   |   |
|---|---|
| <b>(600) Functionality in Emergency Situations</b><br><b>Data Collection Form</b> | <b>FCC Form 481</b><br><b>OMB Control No. 3060-0986/OMB Control No. 3060-0819</b><br><b>July 2018</b> |
|---|---|

|       |   |                    |
|-------|---|--------------------|
| <010> | Study Area Code   | 249034             |
| <015> | Study Area Name   | IM Telecom LLC     |
| <020> | Program Year  | 2019               |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Trevan Morrow      |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 9186077379 ext.    |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tmorrow@myoklg.com |
| <600> | Certify compliance regarding ability to function in emergency situations      |                    |
| <610> | Descriptive document for Functionality in Emergency Situations                |                    |

|                           |  |
|---------------------------|--|
| (800) Operating Companies | FCC Form 481   |
| Data Collection Form      | OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2018 |

|       |   |                    |
|-------|---|--------------------|
| <010> | Study Area Code   | 249034             |
| <015> | Study Area Name   | IM Telecom LLC     |
| <020> | Program Year  | 2019               |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Trevan Morrow      |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 9186077379 ext.    |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tmorrow@myoklg.com |
| <810> | Reporting Carrier   | IM Telecom LLC     |
| <811> | Holding Company   | Not Applicable     |
| <812> | Operating Company   | Not Applicable     |

[illegible]

**(900) Tribal Lands Reporting  
Data Collection Form**
**FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2018**

|       |   |                    |
|-------|---|--------------------|
| <010> | Study Area Code   | 249034             |
| <015> | Study Area Name   | IM Telecom LLC     |
| <020> | Program Year  | 2019               |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Trevan Morrow      |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 9186077379 ext.    |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tmorrow@myoklg.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 PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(5) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

| Select<br>Yes or No or<br>Not Applicable |
|--|
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

**(1000) Voice and Broadband Service Rate Comparability  
Data Collection Form**

FCC Form 481

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

July 2018

|       |   |                    |
|-------|---|--------------------|
| <010> | Study Area Code   | 249034             |
| <015> | Study Area Name   | IM Telecom LLC     |
| <020> | Program Year  | 2019               |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Trevarn Morrow     |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 9186077379 ext.    |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tmorrow@myoklg.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**
**FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2018**

|       |   |                    |
|-------|---|--------------------|
| <010> | Study Area Code   | 249034             |
| <015> | Study Area Name   | IM Telecom LLC     |
| <020> | Program Year  | 2019               |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Trevaan Morrow     |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 9186077379 ext.    |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tmorrow@myoklg.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).

<1140> Alaska Plan rate-of-return certification (yes, no, or not applicable) of compliance with approved performance plan.

**(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 2018

|       |   |                    |
|-------|---|--------------------|
| <010> | Study Area Code   | 249034             |
| <015> | Study Area Name   | IM Telecom LLC     |
| <020> | Program Year  | 2019               |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Treva Morrow       |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 9186077379 ext.    |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tmorrow@myoklg.com |

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220> Link to Public Website

HTTP <https://infinitimobile.com/terms/>

"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. ☒

**(2005) Price Cap Carrier Additional Documentation**

FCC Form 481

**Data Collection Form**

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

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

July 2018

|       |   |                    |
|-------|---|--------------------|
| <010> | Study Area Code   | 249034             |
| <015> | Study Area Name   | IM Telecom LLC     |
| <020> | Program Year  | 2019               |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Trevaan Morrow     |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 9186077379 ext.    |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tmorrow@myoklg.com |

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of frozen 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(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

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

**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?

<2017C> Total amount of Phase II support, if any, the price cap carrier used for capital expenditures in 2017.

<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)(1)(ii)(A)

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)(1)(ii)(C)

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

**FCC Form 481**

**OMB Control No. 3060-0986/OMB Control No. 3060-0819**  
**July 2018**

|       |   |                    |
|-------|---|--------------------|
| <010> | Study Area Code   | 249034             |
| <015> | Study Area Name   | IM Telecom LLC     |
| <020> | Program Year  | 2019               |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Trevan Morrow      |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 9186077379 ext.    |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tmorrow@myoklg.com |

CAF BLS Reporting

- (3008A) Please indicate whether new locations were deployed during the prior calendar year. (Yes/No)
- (3008B) Please enter the number of new locations deployed in the prior calendar year associated with each of the following speed tiers.
- (3008B1) Number of newly built locations with access to broadband speeds of at least 10/1 Mbps but less than 25/3 Mbps.
- (3008B2) Number of newly built locations with access to broadband speeds of 25/3 Mbps or higher.
- (3008C) Please provide the percentage of deployment across the entire study area.

|       |   |                    |
|-------|---|--------------------|
| <010> | Study Area Code   | 249034             |
| <015> | Study Area Name   | IM Telecom LLC     |
| <020> | Program Year  | 2019               |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Trevarn Morrow     |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 9186077379 ext.    |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tmorrow@myoklg.com |

Select from the drop down menu or check the boxes below to note compliance with 54.313(f)(1). Privately held carriers must ensure compliance with the financial reporting requirements set forth in 47 CFR 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

|         |  |  |
|---------|--|--|
| (3009)  | Progress Report on 5 Year Plan<br>Carrier certifies to 54.313(f)(1)(iii)   |  |
| (3010A) | Certification of Public Interest Obligations {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) <input type="radio"/> <input type="radio"/>   |
| (3014)  | If yes, does your company file the RUS annual report   | (Yes/No) <input type="radio"/> <input type="radio"/>   |
|         | 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)  | <input type="checkbox"/>                               |
| (3016)  | Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows   | <input type="checkbox"/>                               |
| (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) <input type="radio"/> <input type="radio"/>   |
|         | 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   | <input type="checkbox"/>                               |
| (3020)  | (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers   | <input type="checkbox"/>                               |
| (3021)  | Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows  | <input type="checkbox"/>                               |
|         | 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 | <input type="checkbox"/>                               |
| (3023)  | Underlying information subjected to a review by an independent certified public accountant   | <input type="checkbox"/>                               |
| (3024)  | Underlying information subjected to an officer certification.  | <input type="checkbox"/>                               |
| (3025)  | Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows   | <input type="checkbox"/>                               |
| (3026)  | Attach the worksheet listing required information  | Name of Attached Document Listing Required Information |

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

FCC Form 481

Data Collection Form

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

July 2018

|       |   |                    |
|-------|---|--------------------|
| <010> | Study Area Code   | 249034             |
| <015> | Study Area Name   | IM Telecom LLC     |
| <020> | Program Year  | 2019               |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Trevar Morrow      |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 9186077379 ext.    |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tmorrow@myokla.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

|       |   |                    |
|-------|---|--------------------|
| <010> | Study Area Code   | 249034             |
| <015> | Study Area Name   | IM Telecom LLC     |
| <020> | Program Year  | 2019               |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Trevarn Morrow     |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 9186077379 ext.    |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tmorrow@myoklg.com |

4005 Rural Broadband Experiment

Authorized Rural Broadband Experiment (RBE) recipients must address the certification for public interest obligations and provide a list of newly served community anchor institutions.

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 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 |
|--|--|

|  |   |
|--|---|
| (5005) Alaska Plan Participants Additional Documentation<br>Data Collection Form | FCC Form 481  |
|  | OMB Control No. 3060-0986/OMB Control No. 3060-0819 |
|  | July 2018   |

|       |   |                    |
|-------|---|--------------------|
| <010> | Study Area Code   | 249034             |
| <015> | Study Area Name   | IM Telecom LLC     |
| <020> | Program Year  | 2019               |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Trevan Morrow      |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 9186077379 ext.    |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tmorrow@myoklg.com |

5005 Alaska Plan

(5010) Do you participate in the Alaska plan? (Yes/No)

|        |   |          |
|--------|---|----------|
| (5011) | Please indicate whether any terrestrial backhaul or other satellite backhaul became commercially available in the previous calendar year in areas previously served exclusively by performance-limiting satellite backhaul. | (Yes/No) |
|--------|---|----------|

|        |  |          |
|--------|--|----------|
| (5012) | If the filing carrier identified in its approved performance plans that it relies exclusively on satellite backhaul for a certain portion of the population in its service area, indicate whether any terrestrial backhaul or other satellite backhaul became commercially available in the previous calendar year in areas that were previously served exclusively by satellite backhaul. | (Yes/No) |
|--------|--|----------|

[illegible]



|   |   |
|---|---|
| <b>Certification - Reporting Carrier<br/>Data Collection Form</b> | <b>FCC Form 481<br/>OMB Control No. 3060-0986/OMB Control No. 3060-0819<br/>July 2018</b> |
|---|---|

|   |                    |
|---|--------------------|
| <010> Study Area Code   | 249034             |
| <015> Study Area Name   | IM Telecom LLC     |
| <020> Program Year  | 2019               |
| <030> Contact Name - Person USAC should contact regarding this data                 | Trevan Morrow      |
| <035> Contact Telephone Number - Number of person identified in data line <030>     | 9186077379 ext.    |
| <039> Contact Email Address - Email Address of person identified in data line <030> | tmorrow@myoklg.com |

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

| <b>Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients</b>   |                                |
|---|--------------------------------|
| 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.  |                                |

|   |  |
|---|--|
| <b>Certification - Agent / Carrier<br/>Data Collection Form</b> | FCC Form 481<br>OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2018 |
|---|--|

|   |                    |
|---|--------------------|
| <010> Study Area Code   | 249034             |
| <015> Study Area Name   | IM Telecom LLC     |
| <020> Program Year  | 2019               |
| <030> Contact Name - Person USAC should contact regarding this data                 | Trevan Morrow      |
| <035> Contact Telephone Number - Number of person identified in data line <030>     | 9186077379 ext.    |
| <039> Contact Email Address - Email Address of person identified in data line <030> | tmorrow@myoklg.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) <u>Expert Telecom Compliance</u> 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                        |
| Name of Reporting Carrier:  | IM Telecom LLC                                   |
| Signature of Authorized Officer:  | CERTIFIED ONLINE Date: 07/15/2018                |
| Printed name of Authorized Officer:   | Trevan Morrow                                    |
| Title or position of Authorized Officer:  | COO  |
| Telephone number of Authorized Officer:   | 9186077379 ext.                                  |
| Study Area Code of Reporting Carrier:   | 249034 Filing Due Date for this form: 07/16/2018 |
| 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 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:   | IM Telecom LLC                                   |
| Name of Authorized Agent Firm:   | Expert Telecom Compliance                        |
| Signature of Authorized Agent or Employee of Agent:  | CERTIFIED ONLINE Date: 07/03/2018                |
| Name of Authorized Agent Employee:   | Victoria Martin                                  |
| Title or position of Authorized Agent or Employee of Agent   | Regulatory Specialist                            |
| Telephone number of Authorized Agent or Employee of Agent:   | 6786722831 ext.                                  |
| Study Area Code of Reporting Carrier:  | 249034 Filing Due Date for this form: 07/16/2018 |
| 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.   |  |

## Attachments

# IM Telecom, LLC d/b/a Infiniti Mobile

## South Carolina Lifeline Rate Plans

### Non-Tribal:

| Plan                                     | Minutes                   | Text              | Data (MB) | Retail Price | Lifeline Discount                                     | Net Cost to Lifeline Customer |
|--|---------------------------|-------------------|-----------|--------------|---|-------------------------------|
| <b>South Carolina Lifeline 500 Plan*</b> | 500 anytime voice minutes | 500 text messages | 0 GB      | \$12.75      | - \$9.25 (federal)<br><br>- \$3.50 (Company discount) | <b>\$0.00</b>                 |

\*Must be Eligible. Each month eligible Lifeline subscribers will receive 500 voice minutes and 500 text messages (totaling 1000 units) for \$0.00 per month. There are no rollover minutes with this plan. Unused minutes will expire each month on the service expiration date. This plan is only available to South Carolina Lifeline residents.

### Tribal:

| Plan   | Minutes                    | Text                    | Data (MB) | Retail Price | Lifeline Discount                                      | Net Cost to Lifeline Customer |
|--|----------------------------|-------------------------|-----------|--------------|--|-------------------------------|
| <b>South Carolina Tribal Lifeline 1000 Plan**</b>      | 1000 anytime voice minutes | 1000 text messages      | 0 GB      | \$37.75      | - \$34.25 (federal)<br><br>- \$3.50 (Company discount) | <b>\$0.00</b>                 |
| <b>South Carolina Tribal Lifeline 1000 Plus Plan**</b> | 1000 anytime voice minutes | Unlimited text messages | 1 GB      | \$57.75      | - \$34.25 (federal)<br><br>- \$3.50 (Company discount) | <b>\$20.00</b>                |

\*\*Must be Eligible. Each month eligible, subscribers to the South Carolina Tribal Lifeline 1000 Plan will receive 1000 voice minutes and 1000 text messages (totaling 2000 units) for \$0.00 per month; each month subscribers to the South Carolina Tribal Lifeline 1000 Plus Plan will receive 1000 voice minutes, unlimited text messages, and 1 GB of data usage for \$20.00 per month. There are no rollover minutes with this Tribal Lifeline plan. Unused minutes will expire each month on the service expiration date. This plan is only available to Vermont Lifeline residents residing on federally recognized Tribal lands.

### All Plans include the following:

- Free phone
- Free calls to 911 emergency services
- Free calls to Customer Service
- Free access to Voicemail, Caller-ID, Call-Waiting, Call-Forwarding, and 3-Way Calling features
- Free Domestic, Long-Distance Calls

### Additional Airtime:

- \$5.00 for 100 minutes or 100 text messages
- \$5.00 for 100 MB of data usage

*\*\* In addition to the South Carolina Lifeline 500 Plan, South Carolina Tribal Lifeline 1000 Plan, and the South Carolina Tribal Lifeline 1000 Plus Plan, all Lifeline-eligible customers will be able to apply the \$3.50 Company discount as well as the maximum federal Lifeline discount, currently \$9.25, in addition to an additional \$25 for eligible Tribal subscribers, to any retail plans the Company should make available to non-Lifeline consumers. To the extent offered, such plans are subject to change and will be viewable at: <http://infinitimobile.com>.*

Complete program terms of use located at <http://infinitimobile.com/terms/>

**FCC Form 481 - Carrier Annual Reporting  
Data Collection Form**

FCC Form 481

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

July 2018

|           |   |                    |
|-----------|---|--------------------|
| <010>     | Study Area Code   | 149010             |
| <015>     | Study Area Name   | IM Telecom LLC     |
| <020>     | Program Year  | 2019               |
| <030>     | Contact Name: Person USAC should contact with questions about this data         | Treva n Morrow     |
| <035>     | Contact Telephone Number:<br>Number of the person identified in data line <030> | 9186077379 ext.    |
| <039>     | Contact Email Address:<br>Email of the person identified in data line <030>     | tmorrow@myoklg.com |
| Form Type |   | 54.422             |

|       |   |                    |
|-------|---|--------------------|
| <010> | Study Area Code   | 149010             |
| <015> | Study Area Name   | IM Telecom LLC     |
| <020> | Program Year  | 2019               |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Trevan Morrow      |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 9186077379 ext.    |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tmorrow@myoklg.com |

[illegible]

|       |  |                    |
|-------|--|--------------------|
| <010> | Study Area Code  | 149010             |
| <015> | Study Area Name  | IM Telecom LLC     |
| <020> | Program Year   | 2019               |
| <030> | Contact Name - Person USAC should contact regarding this data  | Trevan Morrow      |
| <035> | Contact Telephone Number - Number of person identified in data line <030>  | 9186077379 ext.    |
| <039> | Contact Email Address - Email Address of person identified in data line <030>  | tmorrow@myoklg.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   |                    |

|       |   |                    |
|-------|---|--------------------|
| <010> | Study Area Code   | 149010             |
| <015> | Study Area Name   | IM Telecom LLC     |
| <020> | Program Year  | 2019               |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Trevan Morrow      |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 9186077379 ext.    |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tmorrow@myoklg.com |
| <515> | Certify compliance with applicable minimum service standards                  |                    |



|   |   |
|---|---|
| <b>(600) Functionality in Emergency Situations</b><br><b>Data Collection Form</b> | <b>FCC Form 481</b><br><b>OMB Control No. 3060-0986/OMB Control No. 3060-0819</b><br><b>July 2018</b> |
|---|---|

|       |   |                    |
|-------|---|--------------------|
| <010> | Study Area Code   | 149010             |
| <015> | Study Area Name   | IM Telecom LLC     |
| <020> | Program Year  | 2019               |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Trevan Morrow      |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 9186077379 ext.    |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tmorrow@myoklg.com |
| <600> | Certify compliance regarding ability to function in emergency situations      |                    |
| <610> | Descriptive document for Functionality in Emergency Situations                |                    |

**(800) Operating Companies  
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2018

|       |   |                    |
|-------|---|--------------------|
| <010> | Study Area Code   | 149010             |
| <015> | Study Area Name   | IM Telecom LLC     |
| <020> | Program Year  | 2019               |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Trevan Morrow      |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 9186077379 ext.    |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tmorrow@myoklg.com |
| <810> | Reporting Carrier   | IM Telecom LLC     |
| <811> | Holding Company   | Not Applicable     |
| <812> | Operating Company   | Not Applicable     |

[illegible]

**(900) Tribal Lands Reporting  
Data Collection Form**
**FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2018**

|       |   |                    |
|-------|---|--------------------|
| <010> | Study Area Code   | 149010             |
| <015> | Study Area Name   | IM Telecom LLC     |
| <020> | Program Year  | 2019               |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Trevan Morrow      |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 9186077379 ext.    |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tmorrow@myoklg.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 PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(5) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

| Select<br>Yes or No or<br>Not Applicable |
|--|
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

**(1000) Voice and Broadband Service Rate Comparability  
Data Collection Form**

FCC Form 481

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

July 2018

|       |   |                    |
|-------|---|--------------------|
| <010> | Study Area Code   | 149010             |
| <015> | Study Area Name   | IM Telecom LLC     |
| <020> | Program Year  | 2019               |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Trevarn Morrow     |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 9186077379 ext.    |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tmorrow@myoklg.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**
**FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2018**

|       |   |                    |
|-------|---|--------------------|
| <010> | Study Area Code   | 149010             |
| <015> | Study Area Name   | IM Telecom LLC     |
| <020> | Program Year  | 2019               |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Trevaan Morrow     |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 9186077379 ext.    |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tmorrow@myoklg.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).

<1140> Alaska Plan rate-of-return certification (yes, no, or not applicable) of compliance with approved performance plan.

**(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 2018

|       |   |                    |
|-------|---|--------------------|
| <010> | Study Area Code   | 149010             |
| <015> | Study Area Name   | IM Telecom LLC     |
| <020> | Program Year  | 2019               |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Trevarn Morrow     |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 9186077379 ext.    |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tmorrow@myoklg.com |

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220> Link to Public Website

HTTP <https://infinitimobile.com/terms/>

"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. ☒

**(2005) Price Cap Carrier Additional Documentation**

FCC Form 481

**Data Collection Form**

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

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

July 2018

|       |   |                    |
|-------|---|--------------------|
| <010> | Study Area Code   | 149010             |
| <015> | Study Area Name   | IM Telecom LLC     |
| <020> | Program Year  | 2019               |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Trevaan Morrow     |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 9186077379 ext.    |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tmorrow@myoklg.com |

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of frozen 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(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

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

**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?

<2017C> Total amount of Phase II support, if any, the price cap carrier used for capital expenditures in 2017.

<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)(1)(ii)(A)

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)(1)(ii)(C)

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

**FCC Form 481**

**OMB Control No. 3060-0986/OMB Control No. 3060-0819**  
**July 2018**

|       |   |                    |
|-------|---|--------------------|
| <010> | Study Area Code   | 149010             |
| <015> | Study Area Name   | IM Telecom LLC     |
| <020> | Program Year  | 2019               |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Trevan Morrow      |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 9186077379 ext.    |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tmorrow@myoklg.com |

CAF BLS Reporting

- (3008A) Please indicate whether new locations were deployed during the prior calendar year. (Yes/No)
- (3008B) Please enter the number of new locations deployed in the prior calendar year associated with each of the following speed tiers.
- (3008B1) Number of newly built locations with access to broadband speeds of at least 10/1 Mbps but less than 25/3 Mbps.
- (3008B2) Number of newly built locations with access to broadband speeds of 25/3 Mbps or higher.
- (3008C) Please provide the percentage of deployment across the entire study area.



|       |   |                    |
|-------|---|--------------------|
| <010> | Study Area Code   | 149010             |
| <015> | Study Area Name   | IM Telecom LLC     |
| <020> | Program Year  | 2019               |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Trevarn Morrow     |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 9186077379 ext.    |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tmorrow@myoklg.com |

Select from the drop down menu or check the boxes below to note compliance with 54.313(f)(1). Privately held carriers must ensure compliance with the financial reporting requirements set forth in 47 CFR 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

|         |  |  |
|---------|--|--|
| (3009)  | Progress Report on 5 Year Plan<br>Carrier certifies to 54.313(f)(1)(iii)   |  |
| (3010A) | Certification of Public Interest Obligations {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) <input type="radio"/> <input type="radio"/>   |
| (3014)  | If yes, does your company file the RUS annual report   | (Yes/No) <input type="radio"/> <input type="radio"/>   |
| (3015)  | 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:<br>Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)  | <input type="checkbox"/>                               |
| (3016)  | Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows   | <input type="checkbox"/>                               |
| (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) <input type="radio"/> <input type="radio"/>   |
| (3019)  | 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:<br>Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers | <input type="checkbox"/>                               |
| (3020)  | Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows  | <input type="checkbox"/>                               |
| (3021)  | Management letter and/or audit opinion issued by the independent certified public accountant that performed the company's financial audit.<br>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:                     | <input type="checkbox"/>                               |
| (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   | <input type="checkbox"/>                               |
| (3023)  | Underlying information subjected to a review by an independent certified public accountant   | <input type="checkbox"/>                               |
| (3024)  | Underlying information subjected to an officer certification.  | <input type="checkbox"/>                               |
| (3025)  | Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows   | <input type="checkbox"/>                               |
| (3026)  | Attach the worksheet listing required information  | Name of Attached Document Listing Required Information |

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

FCC Form 481

Data Collection Form

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

July 2018

|       |   |                    |
|-------|---|--------------------|
| <010> | Study Area Code   | 149010             |
| <015> | Study Area Name   | IM Telecom LLC     |
| <020> | Program Year  | 2019               |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Trevar Morrow      |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 9186077379 ext.    |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tmorrow@myokla.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

|  |   |
|--|---|
| <b>(4005) Rural Broadband Experiment Additional Documentation</b><br><b>Data Collection Form</b> | <b>FCC Form 481</b><br><b>OMB Control No. 3060-0986/OMB Control No. 3060-0819</b><br><b>July 2018</b> |
|--|---|

|       |   |                    |
|-------|---|--------------------|
| <010> | Study Area Code   | 149010             |
| <015> | Study Area Name   | IM Telecom LLC     |
| <020> | Program Year  | 2019               |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Trevarn Morrow     |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 9186077379 ext.    |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tmorrow@myoklg.com |

**4005 Rural Broadband Experiment**

Authorized Rural Broadband Experiment (RBE) recipients must address the certification for public interest obligations and provide a list of newly served community anchor institutions.

**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 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.**

|   |  |
|---|--|
| <b>4003b.</b> 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 |
|---|--|

|  |   |
|--|---|
| (5005) Alaska Plan Participants Additional Documentation<br>Data Collection Form | FCC Form 481  |
|  | OMB Control No. 3060-0986/OMB Control No. 3060-0819 |
|  | July 2018   |

|       |   |                    |
|-------|---|--------------------|
| <010> | Study Area Code   | 149010             |
| <015> | Study Area Name   | IM Telecom LLC     |
| <020> | Program Year  | 2019               |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Trevan Morrow      |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 9186077379 ext.    |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tmorrow@myoklg.com |

5005 Alaska Plan

(5010) Do you participate in the Alaska plan? (Yes/No)

|        |   |          |
|--------|---|----------|
| (5011) | Please indicate whether any terrestrial backhaul or other satellite backhaul became commercially available in the previous calendar year in areas previously served exclusively by performance-limiting satellite backhaul. | (Yes/No) |
|--------|---|----------|

|        |   |          |
|--------|---|----------|
| (5012) | <p>If the filing carrier identified in its approved performance plans that it relies exclusively on satellite backhaul for a certain poriton of the population in its service area, indicate whether any terrestrial backhaul or other satellite backhaul became commercially available in the previoius calendar year in areas that were previoiusly served exclusively by satellite backhaul.</p> | (Yes/No) |
|--------|---|----------|

[illegible]

**Certification - Reporting Carrier  
Data Collection Form**
**FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2018**

|       |   |                    |
|-------|---|--------------------|
| <010> | Study Area Code   | 149010             |
| <015> | Study Area Name   | IM Telecom LLC     |
| <020> | Program Year  | 2019               |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Trevan Morrow      |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 9186077379 ext.    |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tmorrow@myoklg.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:  | 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.  |                                |

|   |  |
|---|--|
| <b>Certification - Agent / Carrier<br/>Data Collection Form</b> | FCC Form 481<br>OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2018 |
|---|--|

|   |                    |
|---|--------------------|
| <010> Study Area Code   | 149010             |
| <015> Study Area Name   | IM Telecom LLC     |
| <020> Program Year  | 2019               |
| <030> Contact Name - Person USAC should contact regarding this data                 | Trevan Morrow      |
| <035> Contact Telephone Number - Number of person identified in data line <030>     | 9186077379 ext.    |
| <039> Contact Email Address - Email Address of person identified in data line <030> | tmorrow@myoklg.com |

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

|   |  |
|---|--|
| <b>Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier</b>  |  |
| I certify that (Name of Agent) <u>Expert Telecom Compliance</u> 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                        |
| Name of Reporting Carrier:  | IM Telecom LLC                                   |
| Signature of Authorized Officer:  | CERTIFIED ONLINE Date: 07/15/2018                |
| Printed name of Authorized Officer:   | Trevan Morrow                                    |
| Title or position of Authorized Officer:  | COO  |
| Telephone number of Authorized Officer:   | 9186077379 ext.                                  |
| Study Area Code of Reporting Carrier:   | 149010 Filing Due Date for this form: 07/16/2018 |
| 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 AUTHORIZED AGENT:**

|  |  |
|--|--|
| <b>Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier</b>  |  |
| 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:   | IM Telecom LLC                                   |
| Name of Authorized Agent Firm:   | Expert Telecom Compliance                        |
| Signature of Authorized Agent or Employee of Agent:  | CERTIFIED ONLINE Date: 07/03/2018                |
| Name of Authorized Agent Employee:   | Victoria Martin                                  |
| Title or position of Authorized Agent or Employee of Agent   | Regulatory Specialist                            |
| Telephone number of Authorized Agent or Employee of Agent:   | 6786722831 ext.                                  |
| Study Area Code of Reporting Carrier:  | 149010 Filing Due Date for this form: 07/16/2018 |
| 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.   |  |

## Attachments

# IM Telecom, LLC d/b/a Infiniti Mobile

## Vermont Lifeline Rate Plans

### **Non-Tribal:**

| <b>Plan</b>                            | <b>Minutes</b>            | <b>Text</b>        | <b>Data (MB)</b> | <b>Retail Price</b> | <b>Lifeline Discount</b> | <b>Net Cost to Lifeline Customer</b> |
|--|---------------------------|--------------------|------------------|---------------------|--------------------------|--------------------------------------|
| <b>Vermont Lifeline 500 Plus Plan*</b> | 500 anytime voice minutes | 1700 text messages | 0 GB             | \$9.25              | - \$9.25 (federal)       | <b>\$0.00</b>                        |

\*Must be Eligible. Each month eligible Lifeline subscribers will receive 500 voice minutes and 1700 text messages for \$0.00 per month. There are no rollover minutes with this plan. Unused minutes will expire each month on the service expiration date. This plan is only available to Vermont Lifeline residents.

### **All Plans include the following:**

- Free phone
- Free calls to 911 emergency services
- Free calls to Customer Service
- Free access to Voicemail, Caller-ID, Call-Waiting, Call-Forwarding, and 3-Way Calling features
- Free Domestic, Long-Distance Calls

### **Additional Airtime:**

- \$5.00 for 100 minutes or 100 text messages
- \$5.00 for 100 MB of data usage

*\*\* In addition to the Vermont Lifeline 500 Plus Plan, all Lifeline-eligible customers will be able to apply the maximum federal Lifeline discount, currently \$9.25, to any retail plans the Company should make available to non-Lifeline consumers. To the extent offered, such plans are subject to change and will be viewable at: <http://infinitimobile.com>.*

Complete program terms of use located at <http://infinitimobile.com/terms/>



**FCC Form 481 - Carrier Annual Reporting  
Data Collection Form**

FCC Form 481

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

July 2018

|       |   |                    |
|-------|---|--------------------|
| <010> | Study Area Code   | 339055             |
| <015> | Study Area Name   | IM Telecom LLC     |
| <020> | Program Year  | 2019               |
| <030> | Contact Name: Person USAC should contact with questions about this data         | Treva n Morrow     |
| <035> | Contact Telephone Number:<br>Number of the person identified in data line <030> | 9186077379 ext.    |
| <039> | Contact Email Address:<br>Email of the person identified in data line <030>     | tmorrow@myoklg.com |
|       | Form Type   | 54.422             |

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

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2018

|       |   |                    |
|-------|---|--------------------|
| <010> | Study Area Code   | 339055             |
| <015> | Study Area Name   | IM Telecom LLC     |
| <020> | Program Year  | 2019               |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Trevar Morrow      |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 9186077379 ext.    |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tmorrow@myoklg.com |

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

[illegible]

|       |  |                    |
|-------|--|--------------------|
| <010> | Study Area Code  | 339055             |
| <015> | Study Area Name  | IM Telecom LLC     |
| <020> | Program Year   | 2019               |
| <030> | Contact Name - Person USAC should contact regarding this data  | Trevan Morrow      |
| <035> | Contact Telephone Number - Number of person identified in data line <030>  | 9186077379 ext.    |
| <039> | Contact Email Address - Email Address of person identified in data line <030>  | tmorrow@myoklg.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   |                    |

|       |   |                    |
|-------|---|--------------------|
| <010> | Study Area Code   | 339055             |
| <015> | Study Area Name   | IM Telecom LLC     |
| <020> | Program Year  | 2019               |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Treva n Morrow     |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 9186077379 ext.    |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tmorrow@myoklg.com |
| <515> | Certify compliance with applicable minimum service standards                  |                    |

|   |   |
|---|---|
| <b>(600) Functionality in Emergency Situations</b><br><b>Data Collection Form</b> | <b>FCC Form 481</b><br><b>OMB Control No. 3060-0986/OMB Control No. 3060-0819</b><br><b>July 2018</b> |
|---|---|

|       |   |                    |
|-------|---|--------------------|
| <010> | Study Area Code   | 339055             |
| <015> | Study Area Name   | IM Telecom LLC     |
| <020> | Program Year  | 2019               |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Treva n Morrow     |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 9186077379 ext.    |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tmorrow@myoklg.com |
| <600> | Certify compliance regarding ability to function in emergency situations      |                    |
| <610> | Descriptive document for Functionality in Emergency Situations                |                    |

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2018

[illegible]

**(900) Tribal Lands Reporting  
Data Collection Form**
**FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2018**

|       |   |                    |
|-------|---|--------------------|
| <010> | Study Area Code   | 339055             |
| <015> | Study Area Name   | IM Telecom LLC     |
| <020> | Program Year  | 2019               |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Trevan Morrow      |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 9186077379 ext.    |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tmorrow@myoklg.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 PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(5) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

| Select<br>Yes or No or<br>Not Applicable |
|--|
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

**(1000) Voice and Broadband Service Rate Comparability  
Data Collection Form**

FCC Form 481

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

July 2018

|       |   |                    |
|-------|---|--------------------|
| <010> | Study Area Code   | 339055             |
| <015> | Study Area Name   | IM Telecom LLC     |
| <020> | Program Year  | 2019               |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Treva Morrow       |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 9186077379 ext.    |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tmorrow@myoklg.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**
**FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2018**

|       |   |                    |
|-------|---|--------------------|
| <010> | Study Area Code   | 339055             |
| <015> | Study Area Name   | IM Telecom LLC     |
| <020> | Program Year  | 2019               |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Trevaan Morrow     |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 9186077379 ext.    |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tmorrow@myoklg.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).

<1140> Alaska Plan rate-of-return certification (yes, no, or not applicable) of compliance with approved performance plan.

**(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 2018

|       |   |                    |
|-------|---|--------------------|
| <010> | Study Area Code   | 339055             |
| <015> | Study Area Name   | IM Telecom LLC     |
| <020> | Program Year  | 2019               |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Treva Morrow       |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 9186077379 ext.    |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tmorrow@myoklg.com |

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220> Link to Public Website

HTTP <https://infinitimobile.com/terms/>

"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. ☒

**(2005) Price Cap Carrier Additional Documentation**

FCC Form 481

**Data Collection Form**

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

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

July 2018

|       |   |                    |
|-------|---|--------------------|
| <010> | Study Area Code   | 339055             |
| <015> | Study Area Name   | IM Telecom LLC     |
| <020> | Program Year  | 2019               |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Trevaan Morrow     |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 9186077379 ext.    |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tmorrow@myoklg.com |

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of frozen 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(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

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

**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?

<2017C> Total amount of Phase II support, if any, the price cap carrier used for capital expenditures in 2017.

<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)(1)(ii)(A)

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)(1)(ii)(C)

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

**FCC Form 481**

**OMB Control No. 3060-0986/OMB Control No. 3060-0819**  
**July 2018**

|       |   |                    |
|-------|---|--------------------|
| <010> | Study Area Code   | 339055             |
| <015> | Study Area Name   | IM Telecom LLC     |
| <020> | Program Year  | 2019               |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Trevan Morrow      |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 9186077379 ext.    |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tmorrow@myoklg.com |

CAF BLS Reporting

- (3008A) Please indicate whether new locations were deployed during the prior calendar year. (Yes/No)
- (3008B) Please enter the number of new locations deployed in the prior calendar year associated with each of the following speed tiers.
- (3008B1) Number of newly built locations with access to broadband speeds of at least 10/1 Mbps but less than 25/3 Mbps.
- (3008B2) Number of newly built locations with access to broadband speeds of 25/3 Mbps or higher.
- (3008C) Please provide the percentage of deployment across the entire study area.

|       |   |                    |
|-------|---|--------------------|
| <010> | Study Area Code   | 339055             |
| <015> | Study Area Name   | IM Telecom LLC     |
| <020> | Program Year  | 2019               |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Trevarn Morrow     |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 9186077379 ext.    |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tmorrow@myoklg.com |

Select from the drop down menu or check the boxes below to note compliance with 54.313(f)(1). Privately held carriers must ensure compliance with the financial reporting requirements set forth in 47 CFR 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

|         |  |  |
|---------|--|--|
| (3009)  | Progress Report on 5 Year Plan<br>Carrier certifies to 54.313(f)(1)(iii)   |  |
| (3010A) | Certification of Public Interest Obligations {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) <input type="radio"/> <input type="radio"/>   |
| (3014)  | If yes, does your company file the RUS annual report   | (Yes/No) <input type="radio"/> <input type="radio"/>   |
|         | 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)  | <input type="checkbox"/>                               |
| (3016)  | Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows   | <input type="checkbox"/>                               |
| (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) <input type="radio"/> <input type="radio"/>   |
|         | 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   | <input type="checkbox"/>                               |
| (3020)  | (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers   | <input type="checkbox"/>                               |
| (3021)  | Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows  | <input type="checkbox"/>                               |
|         | 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 | <input type="checkbox"/>                               |
| (3023)  | Underlying information subjected to a review by an independent certified public accountant   | <input type="checkbox"/>                               |
| (3024)  | Underlying information subjected to an officer certification.  | <input type="checkbox"/>                               |
| (3025)  | Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows   | <input type="checkbox"/>                               |
| (3026)  | Attach the worksheet listing required information  | Name of Attached Document Listing Required Information |

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

FCC Form 481

Data Collection Form

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

July 2018

|       |   |                    |
|-------|---|--------------------|
| <010> | Study Area Code   | 339055             |
| <015> | Study Area Name   | IM Telecom LLC     |
| <020> | Program Year  | 2019               |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Trevar Morrow      |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 9186077379 ext.    |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tmorrow@myokla.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

|       |   |                    |
|-------|---|--------------------|
| <010> | Study Area Code   | 339055             |
| <015> | Study Area Name   | IM Telecom LLC     |
| <020> | Program Year  | 2019               |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Trevarn Morrow     |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 9186077379 ext.    |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tmorrow@myoklg.com |

4005 Rural Broadband Experiment

Authorized Rural Broadband Experiment (RBE) recipients must address the certification for public interest obligations and provide a list of newly served community anchor institutions.

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 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 |
|--|--|

|  |   |
|--|---|
| (5005) Alaska Plan Participants Additional Documentation<br>Data Collection Form | FCC Form 481  |
|  | OMB Control No. 3060-0986/OMB Control No. 3060-0819 |
|  | July 2018   |

|       |   |                    |
|-------|---|--------------------|
| <010> | Study Area Code   | 339055             |
| <015> | Study Area Name   | IM Telecom LLC     |
| <020> | Program Year  | 2019               |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Trevan Morrow      |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 9186077379 ext.    |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tmorrow@myoklg.com |

5005 Alaska Plan

(5010) Do you participate in the Alaska plan? (Yes/No)

|        |   |          |
|--------|---|----------|
| (5011) | Please indicate whether any terrestrial backhaul or other satellite backhaul became commercially available in the previous calendar year in areas previously served exclusively by performance-limiting satellite backhaul. | (Yes/No) |
|--------|---|----------|

|        |  |          |
|--------|--|----------|
| (5012) | If the filing carrier identified in its approved performance plans that it relies exclusively on satellite backhaul for a certain portion of the population in its service area, indicate whether any terrestrial backhaul or other satellite backhaul became commercially available in the previous calendar year in areas that were previously served exclusively by satellite backhaul. | (Yes/No) |
|--------|--|----------|

[illegible]



**Certification - Reporting Carrier  
Data Collection Form**
**FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2018**

|       |   |                    |
|-------|---|--------------------|
| <010> | Study Area Code   | 339055             |
| <015> | Study Area Name   | IM Telecom LLC     |
| <020> | Program Year  | 2019               |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Trevan Morrow      |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 9186077379 ext.    |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tmorrow@myoklg.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:  | 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.  |                                |

|   |  |
|---|--|
| <b>Certification - Agent / Carrier<br/>Data Collection Form</b> | FCC Form 481<br>OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2018 |
|---|--|

|   |                    |
|---|--------------------|
| <010> Study Area Code   | 339055             |
| <015> Study Area Name   | IM Telecom LLC     |
| <020> Program Year  | 2019               |
| <030> Contact Name - Person USAC should contact regarding this data                 | Trevan Morrow      |
| <035> Contact Telephone Number - Number of person identified in data line <030>     | 9186077379 ext.    |
| <039> Contact Email Address - Email Address of person identified in data line <030> | tmorrow@myoklg.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) <u>Expert Telecom Compliance</u> 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                        |
| Name of Reporting Carrier:  | IM Telecom LLC                                   |
| Signature of Authorized Officer:  | CERTIFIED ONLINE Date: 07/15/2018                |
| Printed name of Authorized Officer:   | Trevan Morrow                                    |
| Title or position of Authorized Officer:  | COO  |
| Telephone number of Authorized Officer:   | 9186077379 ext.                                  |
| Study Area Code of Reporting Carrier:   | 339055 Filing Due Date for this form: 07/16/2018 |
| 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 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:   | IM Telecom LLC                                   |
| Name of Authorized Agent Firm:   | Expert Telecom Compliance                        |
| Signature of Authorized Agent or Employee of Agent:  | CERTIFIED ONLINE Date: 07/03/2018                |
| Name of Authorized Agent Employee:   | Victoria Martin                                  |
| Title or position of Authorized Agent or Employee of Agent   | Regulatory Specialist                            |
| Telephone number of Authorized Agent or Employee of Agent:   | 6786722831 ext.                                  |
| Study Area Code of Reporting Carrier:  | 339055 Filing Due Date for this form: 07/16/2018 |
| 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.   |  |

## Attachments

# IM Telecom, LLC d/b/a Infiniti Mobile

## Wisconsin Lifeline Rate Plans

### **Non-Tribal:**

| Plan                                | Minutes                   | Text              | Data (MB) | Retail Price | Lifeline Discount                     | Net Cost to Lifeline Customer |
|-------------------------------------|---------------------------|-------------------|-----------|--------------|---------------------------------------|-------------------------------|
| <b>Wisconsin Lifeline 500 Plan*</b> | 500 anytime voice minutes | 500 text messages | 0 GB      | \$10.00      | - \$9.25 (federal)<br>-\$0.75 (state) | <b>\$0.00</b>                 |

\*Must be Eligible. Each month eligible Lifeline subscribers will receive 500 voice minutes and 500 text messages (totaling 1,00 units) for \$0.00 per month. There are no rollover minutes with this plan. Unused minutes will expire each month on the service expiration date. This plan is only available to Wisconsin Lifeline residents.

### **Tribal:**

| Plan   | Minutes | Text      | Data (MB) | Retail Price | Lifeline Discount                      | Net Cost to Lifeline Customer |
|--|---------|-----------|-----------|--------------|--|-------------------------------|
| <b>Wisconsin Tribal Lifeline 1,000 Plan*</b> | 1,000   | Unlimited | 0 GB      | \$35.00      | - \$34.25 (federal)<br>-\$0.75 (state) | <b>\$0.00</b>                 |

\*Must be Eligible. Each month eligible Tribal Lifeline subscribers will receive 1,000 voice minutes and unlimited text messages for \$0.00 per month. There are no rollover minutes with this plan. Unused minutes will expire each month on the service expiration date. This plan is only available to Wisconsin Tribal Lifeline residents.

### **All Plans include the following:**

- Free phone
- Free calls to 911 emergency services
- Free calls to Customer Service
- Free access to Voicemail, Caller-ID, Call-Waiting, Call-Forwarding, and 3-Way Calling features
- Free Domestic, Long-Distance Calls

### **Additional Airtime:**

- \$5.00 for 100 minutes or 100 text messages
- \$5.00 for 100 MB of data

*\*\* In addition to the Wisconsin Lifeline 500 Plan and Wisconsin Tribal Lifeline 1,000 Plan, all Lifeline-eligible customers will be able to apply the \$0.75 state Lifeline discount and the \$9.25 federal Lifeline discount, as well as the additional \$25.00 federal tribal Lifeline discount depending on customer eligibility, to any retail plans the Company should make available to non-Lifeline consumers. To the extent offered, such plans are subject to change and will be viewable on the Company's website, <http://infinitimobile.com>.*

Complete program terms of use located at <http://infinitimobile.com/terms/>