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NOT ADMITTED IN VA

LNGS | LUKAS,
NACE,
GUTIERREZ
& SACHS, LLP

PUBLIC REFERENCE COPY

June 26, 2015

VIA ECFS

Marlene H. Dortch
Secretary
Federal Communications Commission
445 12th Street, S.W., Room TW-A306
Washington, DC 20554

Re: ETC Annual Reports and Certifications, WC Docket No. 14-58

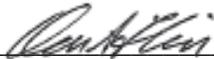
Dear Secretary Dortch:

On behalf of Smith Bagley, Inc. (“SBI”), SAC 459002, please find attached a redacted public version of Smith Bagley’s FCC Form 481 Carrier Annual Report, filed pursuant to Sections 54.313 and 54.422 of the Commission’s Rules (Report”). The Report has been submitted to the Universal Service Administrative Company. SBI’s Report has also been filed with the state commission and delivered to Tribal governments as applicable. The attached Report has been marked “**REDACTED – FOR PUBLIC INSPECTION.**”

Smith Bagley, Inc. is also submitting to the Commission, under separate cover, a confidential version of the Report. The confidential version is marked “**CONFIDENTIAL – NOT FOR PUBLIC INSPECTION.**”

Please contact Steven M. Chernoff, Esq., at 703-584-8670 if any questions arise concerning the above-referenced enclosures or if you require any additional information.

Sincerely,



David A. LaFuria
Steven M. Chernoff
John Cimko

Attorneys for:
Smith Bagley, Inc.

Attachment

FCC Form 481 - Carrier Annual Reporting Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	459002
<015> Study Area Name	SMITH BAGLEY, INC. (NON-RESERVATION)
<020> Program Year	2016
<030> Contact Name: Person USAC should contact with questions about this data	Anita Garrison
<035> Contact Telephone Number: Number of the person identified in data line <030>	9285370690 ext.,2506
<039> Contact Email Address: Email of the person identified in data line <030>	agarrison@cellularoneaz.com

ANNUAL REPORTING FOR ALL CARRIERS	54.313 Completion Required	54.422 Completion Required
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			(check box when complete)	
<100>	Service Quality Improvement Reporting <i>(complete attached worksheet)</i>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<200>	Outage Reporting (voice) <i>(complete attached worksheet)</i>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210>	<input checked="" type="checkbox"/> ← check box if no outages to report Unfulfilled Service Requests (voice)	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<310>	Detail on Attempts (voice)		<input type="checkbox"/>	<input type="checkbox"/>
			<i>(attach descriptive document)</i>	
<320>	Unfulfilled Service Requests (broadband)		<input type="checkbox"/>	<input type="checkbox"/>
<330>	Detail on Attempts (broadband)		<input type="checkbox"/>	<input type="checkbox"/>
			<i>(attach descriptive document)</i>	
<400>	Number of Complaints per 1,000 customers (voice)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<410>	Fixed	0.0		
<420>	Mobile	0.0		
<430>	Number of Complaints per 1,000 customers (broadband)		<input type="checkbox"/>	<input type="checkbox"/>
<440>	Fixed			
<450>	Mobile			
<500>	Service Quality Standards & Consumer Protection Rules Compliance <i>(check to indicate certification)</i>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510>	459002az510.pdf <i>(attached descriptive document)</i>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600>	Functionality in Emergency Situations <i>(check to indicate certification)</i> 459002az610.pdf <i>(attached descriptive document)</i>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700>	Company Price Offerings (voice) <i>(complete attached worksheet)</i>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<710>	Company Price Offerings (broadband) <i>(complete attached worksheet)</i>		<input type="checkbox"/>	<input type="checkbox"/>
<800>	Operating Companies and Affiliates <i>(complete attached worksheet)</i>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900>	Tribal Land Offerings (Y/N)? <input type="radio"/> <input checked="" type="radio"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<1000>	Voice Services Rate Comparability Certification <i>(if yes, complete attached worksheet)</i>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Not Applicable			
<1010>			<input type="checkbox"/>	<input type="checkbox"/>
			<i>(attach descriptive document)</i>	
<1100>	Certify whether terrestrial backhaul options exist (Yes or No) <input checked="" type="radio"/> <input type="radio"/> <i>(if not, check to indicate certification)</i>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<1110>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
<1200>	Terms and Condition for Lifeline Customers <i>(complete attached worksheet)</i>		<input type="checkbox"/>	<input checked="" type="checkbox"/>

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

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

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

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

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

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

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

<01> Study Area Code 459002

<015> Study Area Name SMITH BAGLEY, INC. (NON-RESERVATION)

<020> Program Year 2016

<030> Contact Name - Person USAC should contact regarding this data Anita Garrison

<035> Contact Telephone Number - Number of person identified in data line <030> 9285370690 ext-2506

<039> Contact Email Address - Email Address of person identified in data line <030> agarrison@cellularoneaz.com

<110> Has your company received its ETC certification from the FCC? (yes / no)

<111> If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC? (yes / no)

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.



Name of Attached Document

Please select the appropriate responses below (Yes, No, Not Applicable) to confirm that the attached document(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to §54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

<113>	Maps detailing progress towards meeting plan targets
<114>	Report how much universal service (USF) support was received
<115>	How much (USF) was used to improve service quality and how support was used to improve service quality
<116>	How much (USF) was used to improve service coverage and how support was used to improve service coverage
<117>	How much (USF) was used to improve service capacity and how support was used to improve service capacity
<118>	Provide an explanation of network improvement targets not met in the prior calendar year.

(900) Tribal Lands Reporting Data Collection Form

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

<010> Study Area Code 459002
 <015> Study Area Name SMITH BAGLEY, INC. (INDIAN RESERVATION)
 <020> Program Year 2016
 <030> Contact Name - Person USAC should contact regarding this data Anita Garrison
 <035> Contact Telephone Number - Number of person identified in data line <030> 9285370690 ext.2506
 <039> Contact Email Address - Email Address of person identified in data line <030> agarrison@cellularoneaz.com

<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 of these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <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 Yes or No or Not Applicable

(1100) No Terrestrial Backhaul Reporting Data Collection Form

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

<010> Study Area Code 459002
 <015> Study Area Name SMITH BAGLEY, INC. (NON-RESERVATION)
 <020> Program Year 2016
 <030> Contact Name - Person USAC should contact regarding this data Anita Garrison
 <035> Contact Telephone Number - Number of person identified in data line <030> 9285370690 ext.2506
 <039> Contact Email Address - Email Address of person identified in data line <030> agarrison@cellularoneaz.com

<1120> Please confirm whether terrestrial backhaul options exist within the supported area pursuant to § 54.313(g) (Yes, No).

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

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

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

<010> Study Area Code 459002
 <015> Study Area Name SMITH BAGLEY, INC. (NON-RESERVATION)
 <020> Program Year 2014
 <030> Contact Name - Person USAC should contact regarding this data Anita Garrison
 <035> Contact Telephone Number - Number of person identified in data line <030> 9285370690 ext.2506
 <039> Contact Email Address - Email Address of person identified in data line <030> agarrison@cellularonlineaz.com



<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220> Link to Public Website HTTP <http://www.cellularonline.com/>

"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.

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

(2000) Price Cap Carrier Additional Documentation
Data Collection Form
Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<010> Study Area Code 43900Z

<015> Study Area Name SMITH BARNEY, INC. IRON-RESERVATION

<020> Program Year 2016

<030> Contact Name - Person USAC should contact regarding this data ANDER GRIFFITH

<035> Contact Telephone Number - Number of person identified in data line <030> 928537690 EXT. 2506

<039> Contact Email Address - Email Address of person identified in data line <030> agri@ironwe111111@orange2.com

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

Incremental Connect America Phase I reporting

<2010> 2nd Year Certification {47 CFR § 54.313(b)(1)} []

<2011a> 3rd Year Certification {47 CFR § 54.313(b)(1)ii} []

<2011b> Attachment {47 CFR § 54.313(b)(1)iii} []

Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}

<2012> 2013 Frozen Support Calculation {47 CFR § 54.313(c)(1)} []

<2013> 2014 Frozen Support Calculation {47 CFR § 54.313(c)(2)} []

<2014> 2015 Frozen Support Calculation {47 CFR § 54.313(c)(3)} []

<2015> 2016 and future Frozen Support Calculation {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)}

<2017> 3rd year Broadband Service Certification []

<2018> 5th year Broadband Service Certification []

<2019> Interim Progress Certification []

<2020> Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF-Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

<2021> Interim Progress Community Anchor Institutions []

Name of Attached Document(s) Listing Required Information

(3000) Rate Of Return Carrier Additional Documentation (Continued)
Data Collection Form

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

<010>	Study Area Code	459002
<015>	Study Area Name	SMITH BAGLEY, INC. (NON-RESERVATION)
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Anita Garrison
<035>	Contact Telephone Number - Number of person identified in data line <030>	9285370690 ext. 2506
<039>	Contact Email Address - Email Address of person identified in data line <030>	agarrison@cellularoneaz.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

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	459002
<015> Study Area Name	SMITH BAGLEY, INC. (NON-RESERVATION)
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Anita Garrison
<035> Contact Telephone Number - Number of person identified in data line <030>	9285370690 ext. 2506
<039> Contact Email Address - Email Address of person identified in data line <030>	agarrison@cellularoneaz.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:	SMITH BAGLEY, INC. (NON-RESERVATION)
Signature of Authorized Officer:	CERTIFIED ONLINE Date 06/25/2015
Printed name of Authorized Officer:	Justin Hinkle
Title or position of Authorized Officer:	CEO
Telephone number of Authorized Officer:	9282053508 ext.
Study Area Code of Reporting Carrier:	459002 Filing Due Date for this form: 07/01/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	459002
<015> Study Area Name	SMITH BAGLEY, INC. (NON-RESERVATION)
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Anita Garrison
<035> Contact Telephone Number - Number of person identified in data line <030>	9285370690 ext.2506
<039> Contact Email Address - Email Address of person identified in data line <030>	agarrison@cellularoneaz.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) _____ 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: _____	
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: _____
<small>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.</small>	

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: _____	
Name of Authorized Agent or Employee of Agent: _____	
Signature of Authorized Agent or Employee of Agent: _____	Date: _____
Printed name of Authorized Agent or Employee of Agent: _____	
Title or position of Authorized Agent or Employee of Agent: _____	
Telephone number of Authorized Agent or Employee of Agent: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
<small>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.</small>	

Attachments

REDACTED - FOR PUBLIC INSPECTION

REDACTED – FOR PUBLIC INSPECTION

**Smith Bagley, Inc. (Non-Reservation)
SAC 459002 (Arizona – Non-Tribal)
FCC Form 481 (Program Year 2016)
Line 510 – Service Quality Standards and
Consumer Protection Rules**

Line 510 – Compliance with Service Quality Standards and Consumer Protection

Smith Bagley, Inc. (“SBI”) hereby certifies that it has reviewed its service quality and consumer protection practices, which it follows in connection with its provision of voice and broadband services, and that these practices ensure that SBI:

- (1) Discloses rates and terms of its voice and broadband services to customers.
- (2) Makes available maps showing where voice and broadband services are generally available.
- (3) Provides contract terms to customers and confirms changes in voice or broadband service.
- (4) Allows a trial period for new voice or broadband service.
- (5) Provides specific disclosures in advertising.
- (6) Separately identifies carrier charges from taxes on billing statements.
- (7) Provides customers the right to terminate voice or broadband service for changes to contract terms.
- (8) Provides ready access to customer service.
- (9) Promptly responds to consumer inquiries and complaints received from government agencies.
- (10) Abides by policies for protection of consumer privacy.
- (11) Provides consumers with free notifications for voice, data and messaging usage, and international roaming.

- (12) Abides by standards regarding the ability of customers, former customers, and individual owners of eligible devices to unlock phones and tablets that are locked by or at the direction of SBI.

These service quality and consumer protection practice categories are the same as those included in the CTIA–The Wireless Association[®] (“CTIA”) Consumer Code for Wireless Service (“CTIA Code” or “Code”) as currently in effect.

REDACTED - FOR PUBLIC INSPECTION

REDACTED – FOR PUBLIC INSPECTION

**Smith Bagley, Inc. (Non-Reservation)
SAC 459002 (Arizona – Non-Tribal)
FCC Form 481 (Program Year 2016)
Line 610 – Network Functionality in Emergency Situations**

**THIS EXHIBIT IS WITHHELD FROM THE PUBLIC COPY
AS THE FILER HAS REQUESTED CONFIDENTIAL TREATMENT**

REDACTED - FOR PUBLIC INSPECTION

REDACTED – FOR PUBLIC INSPECTION

**Smith Bagley, Inc. (Non-Reservation)
SAC 459002 (Arizona – Non-Tribal)
FCC Form 481 (Program Year 2016)
Line 700 – Price Offerings Including Voice Rate Data**

REDACTED - FOR PUBLIC INSPECTION

REDACTED – FOR PUBLIC INSPECTION

**Smith Bagley, Inc. (Non-Reservation)
SAC 459002 (Arizona – Non-Tribal)
FCC Form 481 (Program Year 2016)
Line 813 – Operating Companies**

REDACTED - FOR PUBLIC INSPECTION

REDACTED – FOR PUBLIC INSPECTION

**Smith Bagley, Inc. (Non-Reservation)
SAC 459002 (Arizona – Non-Tribal)
FCC Form 481 (Program Year 2016)
Line 1210 – Voice Telephony Lifeline Plan**

Smith Bagley, Inc.
Line 1200 – Terms and Conditions for Lifeline Customers

VisionOne (available on Tribal lands)

Monthly Charge: \$1

Number of included minutes: 600

Per-Minute rates:

Long Distance:	.25/minute
Roaming:	.35/minute (includes toll)
Additional local minutes:	.20/minute

FreedomFone (available on non-Tribal lands)

Monthly Charge: \$0

Number of included minutes: 350

Per-Minute rates:

Long Distance:	.25/minute
Roaming:	.35/minute (includes toll)
Additional local minutes:	.20/minute