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Mobility Fund Phase 1 - \$54.1009 Annual Reporting Data Collection Form	FCC Form Approved by OMB OMB 3060-1185 Avg. Burden Estimate per Respondent: 18 Hours
-------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------

<010> Study Area Code	438017	
<015> Study Area Name	United States Cellular Corporation	Accepted / Filed
<020> Program Year	2015	
<030> Contact Name: Person USAC should contact with questions about this data	Stephanie Cassioppi	JUN 25 2015
<035> Contact Telephone Number: Number of the person identified in data line <030>	6302013501 ext.	Federal Communications Commission Office of the Secretary
<039> Contact Email: Email of the person identified in data line <030>	Stephanie.Cassioppi@USCellular.com	

(check box when complete)

<040> Has the information required pursuant to §54.1009 been provided with a Form 481 filing (Y/N)		<input checked="" type="radio"/> <input type="radio"/>
<041> Attach a description of the documents filed with the Form 481 reporting		<041> Form481USCellular438017.pdf
<042> Cite the Study Area Code (SAC) for the Form 481 reporting		<042> 439004
<050> <u>Carrier Contact Information</u>	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>
<060> <u>Coverage and Performance Report</u>	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>
<070> <u>Urban Rate Comparability Certification</u>	<i>(complete attached certification)</i>	<input checked="" type="checkbox"/>
<080> <u>Tribal Lands Reporting (y/n?)</u>	<i>(Does this study area cover tribal lands? Yes or No)</i>	<input checked="" type="radio"/> <input type="radio"/>
	<i>(If yes, complete the attached worksheet)</i>	<input checked="" type="checkbox"/>
<090> <u>Project Update Information</u>	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>
<100> <u>Certifications</u>		
<101> Reporting Carrier Certification	<i>(complete attached certification)</i>	<input checked="" type="checkbox"/>
<102> Agent Certification	<i>(complete attached certification)</i>	<input type="checkbox"/>

Notice to Individuals Required by the Paperwork Reduction Act of 1995

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

Notice to Individuals Required by the Paperwork Reduction Act of 1995

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

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

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(050) Carrier Contact Form

FCC Form 690
Approved by OMB
OMB Control No. 3060-1185
Page 2 of 8

<010>	Study Area Code	438017
<015>	Study Area Name	United States Cellular Corporation
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Stephanie Cassioppi
<035>	Contact Telephone Number - Number of person identified in data line <030>	6302013501 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Stephanie.Cassioppi@USCellular.com

Reporting Carrier / Mobility Fund Phase 1 Winning Bidder

<110>	FCC Registration Number	0004372322
<111>	Filing Carrier Name	United States Cellular Corporation
<112>	Winning Bidder Carrier Name	United States Cellular Corporation
<113>	Street Address (or PO Box)	8410 W. Bryn Mawr
<114>	City	Chicago
<115>	State	IL
<116>	Zip-Code	60631
<117>	Telephone Number	6302013501 ext.
<118>	Fax Number	7733998959
<119>	Email Address	Stephanie.Cassioppi@USCellular.com

Contact Information

if same as above, indicate in this box



<120>	Name (First, MI, Last, Suffix)	Stephanie Cassioppi
<121>	Filing Carrier Name	United States Cellular Corporation
<122>	Street Address (or PO Box)	8410 W. Bryn Mawr
<123>	City	Chicago
<124>	State	IL
<125>	Zip-Code	60631
<126>	Telephone Number	6302013501 ext.
<127>	Fax Number	7733998959
<128>	Email Address	Stephanie.Cassioppi@USCellular.com

Authorized Agent Information

if no agent, indicate in this box



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

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(070) Urban Rate Comparability Certification Compliance

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<039> Contact Email Address - Email Address of person identified in data line <030>	Stephanie.Cassioppi@USCellular.com

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

Certification of Officer or Employee as to Compliance with 47 CFR §54.1009(a)(4)	
I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	United States Cellular Corporation
Signature of Authorized Officer:	CERTIFIED ONLINE Date 06/24/2015
Printed name of Authorized Officer:	John Gockley
Title or position of Authorized Officer:	VP - Legal and Regulatory Affairs
Telephone number of Authorized Officer:	7738643167 ext.
Study Area Code of Reporting Carrier:	438017 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.	

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

Certification of Officer or Employee to authorize an Agent to file Compliance with 47 CFR §54.1009(a)(4) 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 or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer or Employee:	Date:
Printed name of Authorized Officer or Employee:	
Title or position of Authorized Officer or Employee:	
Telephone number of Authorized Officer or Employee:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	
Name of Authorized Agent 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:
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.	

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(080) Tribal Lands Reporting

FCC Form 693
 Approved by OMB
 OMB Control No. 3060-1185
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<010>	Study Area Code	438017
<015>	Study Area Name	United States Cellular Corporation
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Stephanie Cassioppi
<035>	Contact Telephone Number - Number of person identified in data line <030>	6302013501 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Stephanie.Cassioppi@USCellular.com

<142> State OK

Seminole

<143> County _____

Absentee-Shawnee Tribe of Indians of Oklahoma, the Apache Tribune of Oklahoma, the Caddo Indian Tribe of Oklahoma, Cherokee Nation, the Cheyenne Arapaho Tribes of Oklahoma, Chickasaw Nation, Choctaw Nation of Oklahoma, Citizen Potawatomi Nation, Comanche Nation, Muscogee(Creek) Nation, Delaware Nation, the Delaware Tribe of Indians, the Eastern Shawnee Tribe of Oklahoma, Fort Sill Apache, the Iowa Tribe of Oklahoma, Kaw Nation, the Kickapoo Tribe of Oklahoma, the Kiowa Tribune of Oklahoma, the Miami Tribe of Oklahoma, the Modoc Tribe of Oklahoma, Osage Nation, the Otoe-Missouria Tribe of Indians, the Ottawa Tribe of Oklahoma, Pawnee Nation of Oklahoma, the Peoria Tribe of Oklahoma, the Ponca Tribe of Oklahoma, the Quapaw Tribe of Oklahoma, Sac & Fox Nation of Oklahoma, Seminole Nation of Oklahoma, the Seneca-Cayuga Tribe of Oklahoma, the Tonkawa Tribe of Oklahoma, the Wichita and Affiliated Tribes, and Wyandotte Nation

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

438017OK145.pdf

<145> Tribal Government Engagement Obligation

Name of Attached Document (.pdf)

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

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

Select (Yes, No, Not Applicable)
Yes

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(090) Project Update Information

FCC Form 690
 Approved by OMB
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<010>	Study Area Code	438017
<015>	Study Area Name	United States Cellular Corporation
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<035>	Contact Telephone Number - Number of person identified in data line <030>	6302013501 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Stephanie.Cassioppi@USCellular.com

<200>	Date Authorized to Receive Support	06/24/2013
<201>	Targeted Completion Date	07/30/2015
<202>	Total Mobility Fund Support Awarded	790836.06
<203>	Total Mobility Fund Support Disbursed	263612.02

<210> Actual Completion Date

<211> Project Status Description (attached)
 {Name of PDF attached}

Please check these boxes below to confirm that the attached PDF, on line 211, contains a project status pursuant to §54.1005(b)(2)(v). The information shall be submitted as appropriate.

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

<218> Certify Network will Support 3G/4G Mobile Service (Yes / No)

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(101) Certification - Reporting Carrier	FCC Form 630 Approved by OMB OMB Control No. 3060-1185 Page 7 of 8
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<010> Study Area Code	438017
<015> Study Area Name	United States Cellular Corporation
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Stephanie Cassioppi
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<039> Contact Email Address - Email Address of person identified in data line <030>	Stephanie.Cassioppi@USCellular.com

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

Certification of Officer as to the Accuracy of the Data Reported for Mobility Fund Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	United States Cellular Corporation
Signature of Authorized Officer:	CERTIFIED ONLINE Date 06/24/2015
Printed name of Authorized Officer:	John Gockley
Title or position of Authorized Officer:	VP - Legal and Regulatory Affairs
Telephone number of Authorized Officer:	7738643167 ext.
Study Area Code of Reporting Carrier:	438017 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.	

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(102) Certification - Agent / Carrier

FCC Form 680
Approved by OMB
OMB Control No. 3060-1185
Page 8 of 8

<010> Study Area Code	438017
<015> Study Area Name	United States Cellular Corporation
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Stephanie Cassioppi
<035> Contact Telephone Number - Number of person identified in data line <030>	6302013501 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	Stephanie.Cassioppi@USCellular.com

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

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

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File for Mobility Fund Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the reports for Mobility Fund recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: _____	
Name of Authorized Agent 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: _____
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Attachments

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FCC Form 690

Mobility Fund Phase 1 - §54.1009 Annual Reporting

Line 041: Description of documents filed with Form 481 SAC 439004

The documents filed with FCC Form 481 for SAC 439004 in its 2016 submission include:

- 439004OK310 Unfulfilled Service Requests (voice) Detail on Attempts
- 439004OK510 Service Quality Standards & Consumer Protection Rules Compliance
- 439004OK610 Functionality in Emergency Situations
- 439004OK920 Tribal Government Engagement Obligation

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FCC FORM 690 FOR 2014

(060) COVERAGE AND PERFORMANCE REPORT

Construction and coverage/performance testing has not been completed for the following SACs:

108001

108003

198002

198003

198004

208001

238047

238048

238050

298001

338001

338002

348001

348002

348003

348004

358001

438015

438016

438017

528004

528006

528007

FCC FORM 690 LINE 211: PROJECT STATUS DESCRIPTION

Project Description and Statement of Technical Feasibility

Winning Bid Census Tract No. T40133583900-5830 (Seminole, OK)

SAC 438017

Total Bid Amount: \$790,836.06

I. Project Summary

United States Cellular Corporation (“Applicant”) currently provides wireless services in Oklahoma. Applicant operates a 3G/4G wireless voice and data network incorporating state-of-the-art technologies including CDMA [REDACTED] and 4G LTE (Long Term Evolution). For this particular winning bid census tract, Applicant plans to construct [REDACTED] new LTE cell sites in order to provide coverage to the unserved qualifying roads in the eligible census blocks within the winning bid census tract.

Applicant plans to use [REDACTED] 4G LTE technology to provide the required service. LTE incorporates Multiple In Multiple Out (MIMO) technology, the Orthogonal Frequency Division Multiple Access (OFDMA) air interface in the downlink and Single Carrier FDMA in the uplink. This combination provides high levels of spectral efficiency and network performance, coupled with high network capacity and low latency [REDACTED] [REDACTED] 4G LTE.

Installation of new cell sites will enable Applicant to meet its public interest obligations to provide rural citizens with access to advanced telecommunications and information technologies that are reasonably comparable to those available in urban areas. Applicant has

identified areas that lack high-quality coverage, that is, dead zones where citizens have inconsistent access to wireless network signals or where coverage is insufficient to allow mobile usage without dropped calls.

Use of support from Auction 901 will permit Applicant improve and expand coverage, and to cover operating and maintenance expenses expected in remote areas that are not expected to be cash flow positive for many years, if ever. In many areas where Applicant currently serves, consumers have access to data speeds that are insufficient to stream high quality video and transmit large files without significant delay. Installation of 4G service will significantly increase data speeds, well in excess of the 4/1 throughput requirement.

This will serve the public interest by allowing consumers to make more efficient use of high speed products and services, including smart phone devices, providing access to a wide variety of software applications. In every area where coverage is improved, rural citizens will see significant public safety benefits, as access to 911, E-911 and other important communications are all facilitated by improved connectivity in a mobile environment.

II. Project Timeline

MILESTONES	START	END
1. Network Design	██████████	██████████
2. Drafting, Posting of RFPs if applicable	██████████	██████████
3. Vendor Selection	██████████	██████████
4. Contract Negotiation if applicable	██████████	██████████
5. Construction	██████████	██████████
6. Meeting requirements for \$\$ Installments		
a. 1st disbursement - upon award, no other requirements		6/15/2013
b. 2nd disbursement -		
i. report demonstrating 50% road miles covered		when 50% coverage attained
ii. 2nd LOC or increase to initial LOC to cover disbursement amount		when 50% coverage attained

c. 3rd/final disbursement - i. report demonstrating 75% road miles covered (3yrs for 4G)		
---------------------------------------------------------------------------------------------	--	--

Applicant has completed a preliminary network design, which has informed its bidding strategy. Upon grant of its application, Applicant will finalize its network design and budget, based on the then-current status of its network and then-current costs associated with purchasing the necessary equipment. Applicant employs radio-frequency engineers, as well as consulting engineers, to develop a final network design plan. Applicant expects that this process will take approximately four to six weeks.

Applicant is in the midst of its construction project, ordering equipment, and managing installations in a rapid but orderly fashion. Likewise, it is installing equipment needed to upgrade its backhaul and network core facilities, so that all new network equipment that is installed is capable of providing service immediately. Applicant selected its vendors and all contracting that was required has been completed.

Construction, installation and testing are expected to be complete by [REDACTED]. The actual date of network deployment will vary depending upon a number of factors, including for example, equipment availability, cell site preparation, zoning and permitting approvals, weather and other factors discussed above. Nonetheless, Applicant expects it will achieve 75% or greater coverage and that it will complete its network construction on or around [REDACTED].

III. Statement of Technical Feasibility

These network deployments and improvements are all technically feasible because they represent an extension of Applicant's existing network, which has been providing service for a number of years. The projected cost of Applicant's project plan and necessary operating and maintenance expenses exceed the amount of Auction 901 support that it will receive, and the company is prepared to invest the additional capital needed to complete the project. It has undertaken a financial analysis of the technical feasibility of meeting the FCC's coverage requirements and based on that analysis, it has determined that the combination of support and internally generated capital will be sufficient.

Applicant understands that the FCC's Auction 901 funding commitment is limited to the winning bid amount, and that Applicant will be responsible for providing additional internally generated capital, if needed, to meet the Commission's coverage and service requirements.

Applicant has already successfully rolled out 4G LTE service in much of its existing network. Applicant has familiarity with the challenges of deploying 4G technology as well as established relationships with equipment and handset vendors. Applicant understands the challenges of deploying a high-speed data network in a rural area and is fully confident that the technology it has chosen is technically feasible and that it has the necessary expertise to deploy a technically capable network solution that meets the FCC's coverage and throughput requirements.

Applicant will purchase peripheral technologies such as battery back-ups and diesel generators to ensure that its new network equipment is sufficiently hardened to withstand natural and man-made disasters.

IV. Budget and Actual Spending Breakdown

Census Tract	County/State	Bid	Project Budget Total
T40133583900-5830	Seminole, OK	\$790,836.06	

The following list specifically relates the budget to the costs for the activities in the project plan. Nonetheless, the project plan associated with this Census Tract is being undertaken jointly with the project plan associated with Winning Bid Census Tract No. T40107080700-5620 (Okfuskee, OK). Hence, the collective projects costs have been divided equally amongst both Census Tracts.

USAC Category	Project Budget Detail	Budget - Cost to Complete	Costs Incurred as of 12/31/2014
Network Design	Network Design	In House	In House
Construction			
Deployment			
Maintenance			

The projected build plan set forth above, including costs and timeframes, are good-faith estimates based on current information and subject to change, depending on a variety of factors such as but not limited to terrain, zoning or other restriction on land usage, weather, and equipment availability from the selected vendors.

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<030> Contact Name: Person USAC should contact with questions about this data	Stephanie Cassioppi	JUN 25 2015
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(check box when complete)

<040> Has the information required pursuant to §54.1009 been provided with a Form 481 filing (Y/N)		<input checked="" type="radio"/> <input type="radio"/>
<041> Attach a description of the documents filed with the Form 481 reporting	<041>	Form481USCellular298001.pdf
<042> Cite the Study Area Code (SAC) for the Form 481 reporting	<042>	299010
<050> <u>Carrier Contact Information</u>	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>
<060> <u>Coverage and Performance Report</u>	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>
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<080> <u>Tribal Lands Reporting (y/n?)</u>	<i>(Does this study area cover tribal lands? Yes or No)</i>	<input type="checkbox"/> <input checked="" type="radio"/>
<i>(If yes, complete the attached worksheet)</i>	<080>	<input type="checkbox"/>
<090> <u>Project Update Information</u>	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>
<100> <u>Certifications</u>		
<101> Reporting Carrier Certification	<i>(complete attached certification)</i>	<input checked="" type="checkbox"/>
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 Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please **DO NOT SEND COMPLETED FORMS TO THIS ADDRESS**. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.
 THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

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<015>	Study Area Name	United States Cellular Corporation
<020>	Program Year	2015
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<035>	Contact Telephone Number - Number of person identified in data line <030>	6302013501 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Stephanie.Cassioppi@USCellular.com

Reporting Carrier / Mobility Fund Phase 1 Winning Bidder

<110>	FCC Registration Number	0004372322
<111>	Filing Carrier Name	United States Cellular Corporation
<112>	Winning Bidder Carrier Name	United States Cellular Corporation
<113>	Street Address (or PO Box)	8410 W. Bryn Mawr
<114>	City	Chicago
<115>	State	IL
<116>	Zip-Code	60631
<117>	Telephone Number	6302013501 ext.
<118>	Fax Number	7733998959
<119>	Email Address	Stephanie.Cassioppi@USCellular.com

Contact Information

if same as above, indicate in this box



<120>	Name (First, MI, Last, Suffix)	Stephanie Cassioppi
<121>	Filing Carrier Name	United States Cellular Corporation
<122>	Street Address (or PO Box)	8410 W. Bryn Mawr
<123>	City	Chicago
<124>	State	IL
<125>	Zip-Code	60631
<126>	Telephone Number	6302013501 ext.
<127>	Fax Number	7733998959
<128>	Email Address	Stephanie.Cassioppi@USCellular.com

Authorized Agent Information

if no agent, indicate in this box



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

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(060) Coverage and Performance Report

FCC Form 690
Approved by OMB
OMB Control No. 3050-1185
Page 3 of 8

<010>	Study Area Code	298001
<015>	Study Area Name	United States Cellular Corporation
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Stephanie Cassioppi
<035>	Contact Telephone Number - Number of person identified in data line <030>	6302013501 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Stephanie.Cassioppi@USCellular.com
<140>	Coverage and Performance Report Year	01/2014 - 12/2014

Coverage and Performance attachments

Form690USCellular298001.zip

<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<c1>	<c2>	<c3>	<d>
State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performance data is uploaded (Yes/no)
				-- See attached worksheet					
				--					

Percentage of Total
Population Reached by
Service

0

Percentage of Total
Road Miles covered
by Service

0

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(070) Urban Rate Comparability Certification Compliance

FCC Form 630,
Approved by OMB
OMB Control No. 3060-1185
Page 4 of 8

<010> Study Area Code	298001
<015> Study Area Name	United States Cellular Corporation
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Stephanie Cassioppi
<035> Contact Telephone Number - Number of person identified in data line <030>	6302013501 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	Stephanie.Cassioppi@USCellular.com

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

Certification of Officer or Employee as to Compliance with 47 CFR §54.1009(a)(4)	
I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	United States Cellular Corporation
Signature of Authorized Officer:	CERTIFIED ONLINE Date 06/24/2015
Printed name of Authorized Officer:	John Gockley
Title or position of Authorized Officer:	VP - Legal and Regulatory Affairs
Telephone number of Authorized Officer:	7738643167 ext.
Study Area Code of Reporting Carrier:	298001 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.	

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

Certification of Officer or Employee to authorize an Agent to file Compliance with 47 CFR §54.1009(a)(4) 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 or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer or Employee:	Date:
Printed name of Authorized Officer or Employee:	
Title or position of Authorized Officer or Employee:	
Telephone number of Authorized Officer or Employee:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	
Name of Authorized Agent 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:
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.	

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(080) Tribal Lands Reporting

FCC Form 690
 Approved by OMB
 OMB Control No. 3060-1185
 Page 5 of 8

<010>	Study Area Code	298001
<015>	Study Area Name	United States Cellular Corporation
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Stephanie Cassioppi
<035>	Contact Telephone Number - Number of person identified in data line <030>	6302013501 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Stephanie.Cassioppi@USCellular.com

<142> State _____

<143> County _____

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

<145> Tribal Government Engagement Obligation

Name of Attached Document (.pdf)

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

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

Select (Yes, No, Not Applicable)

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(090) Project Update Information

FCC Form 690
 Approved by DMB
 OMB Control No. 3050-1185
 Page 6 of 8

<010>	Study Area Code	298001
<015>	Study Area Name	United States Cellular Corporation
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Stephanie Cassioppi
<035>	Contact Telephone Number - Number of person identified in data line <030>	6302013501 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Stephanie.Cassioppi@USCellular.com

<200>	Date Authorized to Receive Support	06/24/2013
<201>	Targeted Completion Date	04/21/2015
<202>	Total Mobility Fund Support Awarded	2207413.32
<203>	Total Mobility Fund Support Disbursed	735804.44

<210> Actual Completion Date

<211> Project Status Description (attached)
{Name of PDF attached}

Please check these boxes below to confirm that the attached PDF, on line 211, contains a project status pursuant to §54.1005(b)(2)(v). The information shall be submitted as appropriate.

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

<218> Certify Network will Support 3G/4G Mobile Service (Yes / No)

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(101) Certification - Reporting Carrier

FCC Form 690
Approved by OMB
OMB Control No. 3060-1145
Page 7 of 8

<010>	Study Area Code	298001
<015>	Study Area Name	United States Cellular Corporation
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Stephanie Cassioppi
<035>	Contact Telephone Number - Number of person identified in data line <030>	6302013501 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Stephanie.Cassioppi@USCellular.com

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

Certification of Officer as to the Accuracy of the Data Reported for Mobility Fund Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	United States Cellular Corporation
Signature of Authorized Officer:	CERTIFIED ONLINE Date 06/24/2015
Printed name of Authorized Officer:	John Gockley
Title or position of Authorized Officer:	VP - Legal and Regulatory Affairs
Telephone number of Authorized Officer:	7738643167 ext.
Study Area Code of Reporting Carrier:	298001 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.	

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(102) Certification - Agent / Carrier	FCC Form 690 Approved by OMB OMB Control No. 3050-1185 Page 8 of 8
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<010>	Study Area Code	298001
<015>	Study Area Name	United States Cellular Corporation
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Stephanie Cassioppi
<035>	Contact Telephone Number - Number of person identified in data line <030>	6302013501 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Stephanie.Cassioppi@USCellular.com

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

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

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File for Mobility Fund Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the reports for Mobility Fund recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: _____	
Name of Authorized Agent 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: _____
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.	