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Brooks E. Harlow  
(703) 584-8680 direct  
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NOT ADMITTED IN VA

**LNGS** | LUKAS,  
NACE,  
GUTIERREZ  
& SACHS, LLP

**PUBLIC REFERENCE COPY**

June 25, 2015

**VIA HAND DELIVERY**

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

**ORIGINAL** Accepted / Filed  
DOCKET FILE COPY ORIGINAL

**JUN 25 2015**

Federal Communications Commission  
Office of the Secretary

**Re: FCC Form 690 – Mobility Fund Phase I, Annual Report Form 2014  
WC Docket No. 10-208**

Dear Secretary Dortch:

On behalf of USCOC of Central Illinois, LLC (“USCOC of Central Illinois”), for the State and Study Area Codes (SACs) set forth below, please find attached a public version of USCOC of Central Illinois’ FCC Form 690 2014 Annual Report, filed pursuant to Section 54.1009 of the Commission’s Rules (“Form 690 Report”). Each Form 690 Report has been submitted to the Universal Service Administrative Company through its E-File System.

For each FCC Form 690, U.S. Cellular Corporation is also submitting to the Commission, under separate cover, confidential versions. The confidential versions are marked “**CONFIDENTIAL – NOT FOR PUBLIC INSPECTION.**” The attached Form 690 Reports have been marked “**PUBLIC REFERENCE COPY.**” USCOC of Central Illinois is requesting confidential treatment of the responses contained in lines 201, 205, and 206 in the FCC Form 690 and certain information contained in the Exhibit to the Project Update Information (090):

<u>State</u>	<u>SAC Codes</u>
Illinois	348001 348002 348003 348004

No. of Copies rec'd \_\_\_\_\_  
List ABCDE \_\_\_\_\_

0

Marlene H. Dortch, Secretary  
Federal Communications Commission  
June 25, 2015  
Page 2

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Please contact the undersigned at 703-584-8680 if any questions arise concerning the above-referenced enclosures or if you require any additional information.

Sincerely,

LUKAS, NACE, GUTIERREZ & SACHS, LLP

  
\_\_\_\_\_  
Brooks E. Harlow  
Todd Slamowitz

*Attorneys for USCOC of Central Illinois, LLC*

Attachments

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<b>Mobility Fund</b> <b>Phase 1 - \$54.1009 Annual Reporting</b> <b>Data Collection Form</b>	FCC Form Approved by OMB OMB 3060-1185 Avg. Burden Estimate per Respondent: 18 Hours
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<b>&lt;010&gt; Study Area Code</b>	348001	
<b>&lt;015&gt; Study Area Name</b>	USCOC of Central Illinois, LLC	
<b>&lt;020&gt; Program Year</b>	2015	Accepted / Filed
<b>&lt;030&gt; Contact Name: Person USAC should contact with questions about this data</b>	Stephanie Cassioppi	JUN 25 2015
<b>&lt;035&gt; Contact Telephone Number: Number of the person identified in data line &lt;030&gt;</b>	6302013501 ext.	Federal Communications Commission Office of the Secretary
<b>&lt;039&gt; Contact Email: Email of the person identified in data line &lt;030&gt;</b>	Stephanie.Cassioppi@USCellular.com	

(check box when complete)

<b>&lt;040&gt; Has the information required pursuant to §54.1009 been provided with a Form 481 filing (Y/N)</b>		<input checked="" type="radio"/> <input type="radio"/>
<b>&lt;041&gt; Attach a description of the documents filed with the Form 481 reporting</b>	<b>&lt;041&gt;</b>	Form481USCellular348001.pdf
<b>&lt;042&gt; Cite the Study Area Code (SAC) for the Form 481 reporting</b>	<b>&lt;042&gt;</b>	349007
<b>&lt;050&gt; <u>Carrier Contact Information</u></b>	(complete attached worksheet)	<input checked="" type="checkbox"/>
<b>&lt;060&gt; <u>Coverage and Performance Report</u></b>	(complete attached worksheet)	<input checked="" type="checkbox"/>
<b>&lt;070&gt; <u>Urban Rate Comparability Certification</u></b>	(complete attached certification)	<input checked="" type="checkbox"/>
<b>&lt;080&gt; <u>Tribal Lands Reporting (y/n?)</u></b>	(Does this study area cover tribal lands? Yes or No) (If yes, complete the attached worksheet)	<input type="checkbox"/> <input checked="" type="checkbox"/>
<b>&lt;090&gt; <u>Project Update Information</u></b>	(complete attached worksheet)	<input checked="" type="checkbox"/>
<b>&lt;100&gt; <u>Certifications</u></b>		
<b>&lt;101&gt; Reporting Carrier Certification</b>	(complete attached certification)	<input checked="" type="checkbox"/>
<b>&lt;102&gt; Agent Certification</b>	(complete attached certification)	<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.

# PUBLIC REFERENCE COPY

(050) Carrier Contact Form

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

<010>	Study Area Code	348001
<015>	Study Area Name	USCOC of Central Illinois, LLC
<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	0001736362
<111>	Filing Carrier Name	USCOC of Central Illinois, LLC
<112>	Winning Bidder Carrier Name	USCOC of Central Illinois, LLC
<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	USCOC of Central Illinois, LLC
<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	

# PUBLIC REFERENCE COPY

(060) Coverage and Performance Report	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 3 of 8
---------------------------------------	---

<010>	Study Area Code	348001
<015>	Study Area Name	USCOC of Central Illinois, LLC
<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

Form690USCellular348001.zip

<141>	<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<c1>	<c2>	<c3>	<d>
	State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performance data is uploaded (Yes/no)
				-- 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

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Page 4 of 8

<010> Study Area Code	348001
<015> Study Area Name	USCOC of Central Illinois, LLC
<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:**

<b>Certification of Officer or Employee as to Compliance with 47 CFR §54.1009(a)(4)</b>	
I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	USCOC of Central Illinois, LLC
Signature of Authorized Officer:	CERTIFIED ONLINE <span style="float: right;">Date 06/24/2015</span>
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:	348001 <span style="float: right;">Filing Due Date for this form: 07/01/2015</span>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

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

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

**TO BE COMPLETED BY THE AUTHORIZED AGENT:**

<b>Certification of Agent Authorized to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier</b>	
I, as agent for the reporting carrier, certify that I am authorized to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	
Name of Authorized Agent 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	348001
<015>	Study Area Name	USCOC of Central Illinois, LLC
<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)

# PUBLIC REFERENCE COPY

(090) Project Update Information

FCC Form 690  
 Approved by OMB  
 OMB Control No. 3060-1185  
 Page 6 of 8

<010>	Study Area Code	348001
<015>	Study Area Name	USCOC of Central Illinois, LLC
<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	02/23/2015
<202>	Total Mobility Fund Support Awarded	556115.62
<203>	Total Mobility Fund Support Disbursed	185371.87

<210> Actual Completion Date 02/23/2015

<211> Project Status Description (attached) 348001L211.pdf  
*(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	✓
<213>	Status of Network Deployment - Construction	✓
<214>	Status of Network Deployment - Deployment	✓
<215>	Status of Network Deployment - Maintenance	✓
<216>	Project Budget Status	✓
<217>	Project Plan Status	✓

<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. 3060-1185  
Page 7 of 8

<010>	Study Area Code	348001
<015>	Study Area Name	USCOC of Central Illinois, LLC
<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: USCOC of Central Illinois, LLC

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: 348001

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. 3060-1185  
Page 8 of 8

<010> Study Area Code	348001
<015> Study Area Name	USCOC of Central Illinois, LLC
<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.	

**PUBLIC REFERENCE COPY**

Attachments



# **PUBLIC REFERENCE COPY**

**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

# **PUBLIC REFERENCE COPY**

FCC Form 690

**Mobility Fund Phase 1 - §54.1009 Annual Reporting**

**Line 041: Description of documents filed with Form 481 SAC 349007**

The documents filed with FCC Form 481 for SAC 349007 in its 2016 submission include:

- 349007IL310 Unfulfilled Service Requests (voice) Detail on Attempts
- 349007IL510 Service Quality Standards & Consumer Protection Rules Compliance
- 349007IL610 Functionality in Emergency Situations

**FORM 690 LINE 211: PROJECT STATUS DESCRIPTION**

**Project Description and Statement of Technical Feasibility**

**Winning Bid Census Tract No. T17013951300 (Calhoun, IL)**

**SAC 348001**

**Total Bid Amount: \$556,115.62**

**I. Project Summary**

USCOC of Central Illinois, LLC (“U.S. Cellular”) currently provides wireless services in Illinois. U.S. Cellular 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, U.S. Cellular plans to construct [REDACTED] new cell site in order to provide coverage to the unserved qualifying roads in the eligible census blocks within the winning bid census tract.

U.S. Cellular 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 U.S. Cellular 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. U.S.

Cellular 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 U.S. Cellular 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 U.S. Cellular 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**

<b>MILESTONES</b>	<b>START</b>	<b>END</b>
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)		[REDACTED]
---	--	------------

U.S. Cellular has already completed a preliminary network design, which has informed its bidding strategy. Upon grant of its application, U.S. Cellular 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. U.S. Cellular employs radio-frequency engineers, as well as consulting engineers, to develop a final network design plan. U.S. Cellular expects that this process will take approximately four to six weeks.

U.S. Cellular has completed its construction project, ordered equipment, and managed installations in a rapid but orderly fashion. Likewise, it is installed 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. U.S. Cellular selected its vendors and all contracting that was required has been completed.

Construction is complete and testing is expected to be complete by the end of [REDACTED]. U.S. Cellular expects it prove 75% or greater coverage with its final 690 submission by the end of [REDACTED].

**III. Statement of Technical Feasibility**

These network deployments and improvements are all technically feasible because they represent an extension of U.S. Cellular's existing network, which has been providing service for a number of years. The projected cost of U.S. Cellular'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.

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

U.S. Cellular has already successfully rolled out 4G LTE service in much of its existing network. U.S. Cellular has familiarity with the challenges of deploying 4G technology as well as established relationships with equipment and handset vendors. U.S. Cellular 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.

U.S. Cellular 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
<b>T17013951300</b>	<b>Calhoun, IL</b>	<b>\$556,115.62</b>	[REDACTED]

The following list compares the budget to actual costs incurred as of December 31, 2013 for the activities in the project plan.

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	[REDACTED]	[REDACTED]	[REDACTED]
	[REDACTED]	[REDACTED]	[REDACTED]
	[REDACTED]	[REDACTED]	[REDACTED]
	[REDACTED]	[REDACTED]	[REDACTED]
Deployment	[REDACTED]	[REDACTED]	[REDACTED]
Maintenance	[REDACTED]	[REDACTED]	[REDACTED]
	[REDACTED]	[REDACTED]	[REDACTED]

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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<b>Mobility Fund</b> <b>Phase 1 - §54.1009 Annual Reporting</b> <b>Data Collection Form</b>	FCC Form Approved by OMB OMB 3060-1185 Avg. Burden Estimate per Respondent: 18 Hours
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<b>&lt;010&gt; Study Area Code</b>	348002	
<b>&lt;015&gt; Study Area Name</b>	USCOC of Central Illinois, LLC	
<b>&lt;020&gt; Program Year</b>	2015	Accepted / Filed
<b>&lt;030&gt; Contact Name: Person USAC should contact with questions about this data</b>	Stephanie Cassioppi	JUN 25 2015
<b>&lt;035&gt; Contact Telephone Number: Number of the person identified in data line &lt;030&gt;</b>	6302013501 ext.	Federal Communications Commission Office of the Secretary
<b>&lt;039&gt; Contact Email: Email of the person identified in data line &lt;030&gt;</b>	Stephanie.Cassioppi@USCellular.com	

(check box when complete)

<b>&lt;040&gt; <u>Has the information required pursuant to §54.1009 been provided with a Form 481 filing (Y/N)</u></b>	<040>	<input checked="" type="radio"/> <input type="radio"/>	
<b>&lt;041&gt; Attach a description of the documents filed with the Form 481 reporting</b>	<041>		Form481USCellular348002.pdf
<b>&lt;042&gt; Cite the Study Area Code (SAC) for the Form 481 reporting</b>	<042>		349007
<b>&lt;050&gt; <u>Carrier Contact Information</u></b>	(complete attached worksheet)	<050>	<input checked="" type="checkbox"/>
<b>&lt;060&gt; <u>Coverage and Performance Report</u></b>	(complete attached worksheet)	<060>	<input checked="" type="checkbox"/>
<b>&lt;070&gt; <u>Urban Rate Comparability Certification</u></b>	(complete attached certification)	<070>	<input checked="" type="checkbox"/>
<b>&lt;080&gt; <u>Tribal Lands Reporting (y/n?)</u></b>	(Does this study area cover tribal lands? Yes or No)	<080>	<input type="checkbox"/> <input checked="" type="radio"/>
(If yes, complete the attached worksheet)			
<b>&lt;090&gt; <u>Project Update Information</u></b>	(complete attached worksheet)	<090>	<input checked="" type="checkbox"/>
<b>&lt;100&gt; <u>Certifications</u></b>			
<b>&lt;101&gt; Reporting Carrier Certification</b>	(complete attached certification)	<101>	<input checked="" type="checkbox"/>
<b>&lt;102&gt; Agent Certification</b>	(complete attached certification)	<102>	<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.

# PUBLIC REFERENCE COPY

(050) Carrier Contact Form

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

<010>	Study Area Code	348002
<015>	Study Area Name	USCOC of Central Illinois, LLC
<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	0001736362
<111>	Filing Carrier Name	USCOC of Central Illinois, LLC
<112>	Winning Bidder Carrier Name	USCOC of Central Illinois, LLC
<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	USCOC of Central Illinois, LLC
<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	

# PUBLIC REFERENCE COPY

(060) Coverage and Performance Report	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 3 of 8
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<010>	Study Area Code	348002
<015>	Study Area Name	USCOC of Central Illinois, LLC
<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

Form690USCellular348002.zip

<141>	<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<c1>	<c2>	<c3>	<d>
	State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performance data is uploaded (Yes/no)

Percentage of Total  
Population Reached by  
Service

0

Percentage of Total  
Road Miles covered  
by Service

0

# PUBLIC REFERENCE COPY

<b>(070) Urban Rate Comparability Certification Compliance</b>	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 4 of 8
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<010> Study Area Code	348002
<015> Study Area Name	USCOC of Central Illinois, LLC
<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:**

<b>Certification of Officer or Employee as to Compliance with 47 CFR §54.1009(a)(4)</b>	
I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	USCOC of Central Illinois, LLC
Signature of Authorized Officer:	CERTIFIED ONLINE <span style="float: right;">Date 06/24/2015</span>
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:	348002 <span style="float: right;">Filing Due Date for this form: 07/01/2015</span>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

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

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

**TO BE COMPLETED BY THE AUTHORIZED AGENT:**

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

# PUBLIC REFERENCE COPY

(080) Tribal Lands Reporting

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

<010>	Study Area Code	348002
<015>	Study Area Name	USCOC of Central Illinois, LLC
<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:

	Select (Yes, No, Not Applicable)
<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.	

# PUBLIC REFERENCE COPY

(090) Project Update information

FCC Form 690

Approved by OMB

OMB Control No. 3060-1185

Page 6 of 8

<010>	Study Area Code	348002
<015>	Study Area Name	USCOC of Central Illinois, LLC
<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	02/23/2015
<202>	Total Mobility Fund Support Awarded	976752.84
<203>	Total Mobility Fund Support Disbursed	325584.28

<210>	Actual Completion Date	02/23/2015
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<211>	Project Status Description (attached)	348002IL211.pdf <i>(Name of PDF attached)</i>
-------	---------------------------------------	--

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)