

COMPETITIVE CARRIERS HIGH COST DATA SUBMISSION

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| (1) Quarterly Submission Date: | 6/30/2010 |
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| (2) USAC Service Provider Identification Number (SPIN): | 143026181 |
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|---|--------|
| (3) Company Study Area Code: (First time filers leave blank and a Study Area Code will be assigned) | 629003 |
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| (4) Study Area Name: | T-Mobile West Corporation |
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|-------------------------|--------------------|
| (5) Company Legal Name: | T-Mobile USA, Inc. |
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| (6) Filer 499 ID: | 822060 |
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Check Box if this is a new address/contact from a previous data submission:

| | | | |
|----------------------|--|--|--|
| (7) Mailing Address: | 12920 SE 38th Street, Bellevue, Washington 98006 | | |
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| (8) Contact Name: | Rhonda R. Thomas | (9) Title: | Regulatory Manager |
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| (10) Telephone Number: | 425-383-4215 | | |
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| (11) E-mail Address: | rhonda.thomas63@t-mobile.com | | |
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Do Not Write in this Area:
 For Administrator's Use Only

| (12) Mechanism for which you are requesting support: | (13) Lines Reported as of: | (14) Type of Filing | | (15) Worksheet to Complete |
|--|----------------------------|---------------------|----------|----------------------------|
| | | Original | Revision | |
| High Cost Loop Support (HCL) | 12/31/2009 | X | | Complete HCL and LSS |
| Local Switching Support (LSS) | 12/31/2009 | X | | Complete HCL and LSS |
| Interstate Common Line Support (ICLS) | 12/31/2009 | X | | Complete ICLS Worksheet |
| High Cost Model Support (HCM) | | | | Complete HCM Worksheet |
| Interstate Access Support (IAS) | | | | Complete IAS Worksheet |

HIGH COST LOOP (HCL) AND LOCAL SWITCHING SUPPORT (LSS) LINE COUNT WORKSHEET

| | | | |
|---|---------------------------|--|--|
| (2) USAC Service Provider Identification Number (SPIN): | 143026181 | | Do Not Write in this Area: For Administrator's Use Only |
| (3) Company Study Area Code: | 629003 | | |
| (4) Study Area Name: | T-Mobile West Corporation | | |
| (13) Lines Reported as of: | 12/31/2009 | | |
| (14) Type of Filing: | ORIGINAL | | |

Line Count Data for Path 1, 2 & 3 Carriers
 Where carrier reports both UNEs and facilities based lines in the same SAC or disaggregation zone, carrier shall list UNEs in a separate row.
 Complete one row for each disaggregation zone.

| (16) Incumbent Carrier Name | (17) Incumbent Carrier SAC | (18) ETC Designation | (19) Path Designation | (20) Disaggregation Zone Name | (21) Wire Center CLLI Code | (22) Total Number of Lines in Service | (23) Were any lines provided through UNEs? If yes, please fill out the UNE Agreement Information. |
|------------------------------------|----------------------------|----------------------|-----------------------|-------------------------------|----------------------------|---------------------------------------|---|
| SANDWICH ISLES COMMUNICATION, INC. | 623021 | Y | 1 | | KLUAHISI | | N |
| SANDWICH ISLES COMMUNICATION, INC. | 623021 | Y | 1 | | PPKLHI01 | | N |
| SANDWICH ISLES COMMUNICATION, INC. | 623021 | Y | 1 | | WAHUHI01 | | N |
| SANDWICH ISLES COMMUNICATION, INC. | 623021 | Y | 1 | | WMLOHIAD | | N |

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING FCC FORM 525 ON ITS OWN BEHALF:

| Certification of Officer or Employee as to the Accuracy of the Data Reported in FCC Form 525, Line Count Report for Competitive Carriers, on Behalf of Reporting Carrier | | | | |
|---|--------|--|--|-----------------|
| I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the actual line count data reported on FCC Form 525; and, to the best of my knowledge, the information reported on this form is accurate. | | | | |
| Name of Reporting Carrier: T-Mobile West Corporation | | | | |
| Service Provider Identification Number: 143026181 | | | | |
| Signature of authorized officer or employee: <i>Rhonda R. Thomas</i> | | | | Date: 5/13/2011 |
| Printed name of authorized officer or employee: Rhonda R. Thomas | | | | |
| Title or position of authorized officer or employee: Regulatory Manager | | | | |
| Telephone number of authorized officer or employee: (425) 383-4215 | | | | |
| Study Area Code of Reporting CETC | 629003 | | Filing Due Date for this form (mm/dd/yyyy) | 6/30/2010 |
| 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. | | | | |