

Ronald D. Richards Jr.

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313 S. Washington Square
Lansing, MI 48933-2193

Received & Inspected
OCT 18 2013

FCC Mail Room

Via Federal Express

October 17, 2013

Marlene H. Dortch, Secretary
Federal Communications Commission
Office of the Secretary
9300 East Hampton Drive
Capitol Heights, MD 20743

Dear Ms. Dortch:

**Re: FCC Form 481 – Thumb Cellular, LLC
WC Docket Nos. 10-90 and 11-42 (Eligible Telecommunications Carriers)**

Enclosed please find five (5) complete copies of the following for filing on behalf of Thumb Cellular, LLC pursuant to the FCC's Public Notice of August 6, 2013, in this matter:

1. Completed FCC Form 481 with the associated certification page;
2. The following required attachments that were filed with USAC as part of Thumb Cellular, LLC's completed FCC Form 481 [319005mi510; 319005mi610; and 319005mi1210].

If you have questions, please call me.

Sincerely,

FOSTER SWIFT COLLINS & SMITH PC



Ronald D. Richards Jr.

RDR:jlm
Enclosures

No. of Copies rec'd 0+3
Ltr. ASODI

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CONFIRMATION

Congratulations. Your filing has been successfully certified.

Filing 2 was successfully certified on 2013-10-09 12:33:10.0 by naeic@avci.net .

SAC : 319005

SPIN : 143000883

Carrier Name : Thumb Cellular LLC

Program Year : 2014

[Return to 481 Search](#)

FCC Form 481 - Carrier Annual Reporting Data Collection Form

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

<010> Study Area Code 319005

<015> Study Area Name Thumb Cellular LLC

<020> Program Year 2014

<030> Contact Name: Person USAC should contact with questions about this data Paul Picklo

<035> Contact Telephone Number: Number of the person identified in data line <030> 989-453-4330

<039> Contact Email Address: Email of the person identified in data line <030> paulpicklo@thumbcellular.com

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OCT 18 2013

FCC Mail Room

ANNUAL REPORTING FOR ALL CARRIERS	54.313 Completion Required	54.422 Completion Required
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<100> Service Quality Improvement Reporting <i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<200> Outage Reporting (voice) <i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210> <input checked="" type="checkbox"/> <-- check box if no outages to report				
<300> Unfulfilled Service Requests (voice) <i>(attach descriptive document)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<310> Detail on Attempts (voice)				
<320> Unfulfilled Service Requests (broadband) <i>(attach descriptive document)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<330> Detail on Attempts (broadband)				
<400> Number of Complaints per 1,000 customers (voice)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<410> Fixed				
<420> Mobile				
<430> Number of Complaints per 1,000 customers (broadband)				
<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"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510> <input type="text" value="319005mi510"/> <i>(attached descriptive document)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600> Functionality in Emergency Situations <i>(check to indicate certification)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610> <input type="text" value="319005mi610"/> <i>(attached descriptive document)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700> Company Price Offerings (voice) <i>(complete attached worksheet)</i>				
<710> Company Price Offerings (broadband) <i>(complete attached worksheet)</i>				
<800> Operating Companies and Affiliates <i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)? <input type="radio"/> <input checked="" type="radio"/> <i>(if yes, complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1000> Voice Services Rate Comparability <i>(check to indicate certification)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1010> <input type="text" value=""/> <i>(attach descriptive document)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1100> Terrestrial Backhaul (Y/N)? <input checked="" type="radio"/> <input type="radio"/> <i>(if not, check to indicate certification)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1110> <i>(complete attached worksheet)</i>				
<1200> Terms and Condition for Lifeline Customers <i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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>			
<2005>	<i>(complete attached worksheet)</i>			

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000>	<i>(check to indicate certification)</i>			
<3005>	<i>(complete attached worksheet)</i>			

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

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

<010> Study Area Code 319005

<015> Study Area Name Thumb Cellular LLC

<020> Program Year 2014

<030> Contact Name - Person USAC should contact regarding this data Paul Picklo

<035> Contact Telephone Number - Number of person identified in data line <030> 989-453-4330

<039> Contact Email Address - Email Address of person identified in data line <030> paulpicklo@thumbcellular.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.

Please check these boxes below to confirm that the attached PDF, 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.

<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					

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

Name of Attached Document (.pdf)

**(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 319005
 <015> Study Area Name Thumb Cellular LLC
 <020> Program Year 2014
 <030> Contact Name - Person USAC should contact regarding this data Paul Picklo
 <035> Contact Telephone Number - Number of person identified in data line <030> 989-453-4330
 <039> Contact Email Address - Email Address of person identified in data line <030> paulpicklo@thumbcellular.com

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes, No, NA) for each of these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

<921>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions;	Select (Yes, No, NA)
<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.	

**(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	319005
<015>	Study Area Name	Thumb Cellular LLC
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Paul Picklo
<035>	Contact Telephone Number - Number of person identified in data line <030>	989-453-4330
<039>	Contact Email Address - Email Address of person identified in data line <030>	paulpicklo@thumbcellular.com

<1120> Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G)

<1130> Please check this box 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)

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

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

319005
 Study Area Code
 Thumb Cellular LLC
 Study Area Name
 2014
 Program Year
 Paul Picklo
 Contact Name - Person USAC should contact regarding this data
 989-453-4330
 Contact Telephone Number - Number of person identified in data line <030>
 paul.picklo@thumbcellular.com
 Contact Email Address - Email Address of person identified in data line <030>

319005mi1210

Name of attached document (.pdf)

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

<1220> Link to Public Website HTTP

"Please check these boxes below to confirm that the attached PDF, 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	319005
<015>	Study Area Name	Thumb Cellular LLC
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Paul Picklo
<035>	Contact Telephone Number - Number of person identified in data line <030>	989-453-4330
<039>	Contact Email Address - Email Address of person identified in data line <030>	paulpicklo@thumbcellular.com

CHECK the boxes below 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.

<2010>	Incremental Connect America Phase I reporting	<input type="checkbox"/>
<2011>	2nd Year Certification (47 CFR § 54.313(b)(1))	<input type="checkbox"/>
<2012>	3rd Year Certification (47 CFR § 54.313(b)(2))	<input type="checkbox"/>
<2013>	Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))	<input type="checkbox"/>
<2014>	2013 Frozen Support Certification	<input type="checkbox"/>
<2015>	2014 Frozen Support Certification	<input type="checkbox"/>
<2016>	2015 Frozen Support Certification	<input type="checkbox"/>
<2017>	2016 and future Frozen Support Certification	<input type="checkbox"/>
<2018>	Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))	<input type="checkbox"/>
<2019>	Certification Support Used to Build Broadband	<input type="checkbox"/>
<2020>	Connect America Phase II Reporting (47 CFR § 54.313(e))	<input type="checkbox"/>
<2021>	3rd year Broadband Service Certification	<input type="checkbox"/>
<2022>	5th year Broadband Service Certification	<input type="checkbox"/>
<2023>	Interim Progress Certification	<input type="checkbox"/>
<2024>	Please check the box to confirm that the attached PDF, 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.	<input type="checkbox"/>
<2025>	Interim Progress Community Anchor Institutions	<input type="checkbox"/>
<2026>	Name of Attached Document Listing Required Information	<input type="checkbox"/>

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

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

319005
Study Area Code
Thumb Cellular LLC
Study Area Name
2014
Program Year
Paul Picklo
Contact Name - Person USAC should contact regarding this data
989-453-4330
Contact Telephone Number - Number of person identified in data line 0300
paulpicklo@thumbcellular.com
Contact Email Address - Email Address of person identified in data line 0300

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

	Progress Report on 5 Year Plan	Name of Attached Document Listing Required Information	
(3010)	Milestone Certification (47 CFR § 54.313(f)(1)(i)) Please check this box to confirm that the attached PDF, on line 3012, contains the required information pursuant to § 54.313 (f)(1)(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.		<input type="checkbox"/>
(3011)	Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii)) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2)) If yes, does your company file the RUS annual report Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.315(f)(2) compliance requires: Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)	Name of Attached Document Listing Required Information	<input type="checkbox"/> (Yes/No) <input type="checkbox"/> (Yes/No)
(3015)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3016)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	Name of Attached Document Listing Required Information	<input type="checkbox"/> (Yes/No)
(3017)	If the response is no on line 3014, is your company audited?		<input type="checkbox"/>
(3018)	If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains: Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
(3019)	Management letter issued by the independent certified public accountant that performed the company's financial audit.		<input type="checkbox"/>
(3020)	If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains: Copy of their financial statement which has been subject to review by an independent certified public accountant; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers.		<input type="checkbox"/> <input type="checkbox"/>
(3021)	Underlying information subjected to a review by an independent certified public accountant		<input type="checkbox"/>
(3022)	Underlying information subjected to an officer certification.		<input type="checkbox"/>
(3023)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3024)	Attach the worksheet listing required information	Name of Attached Document Listing Required Information	<input type="checkbox"/>
(3025)			<input type="checkbox"/>
(3026)			<input type="checkbox"/>

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	319005
<015> Study Area Name	Thumb Cellular LLC
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	Paul Picklo
<035> Contact Telephone Number - Number of person identified in data line <030>	989-453-4330
<039> Contact Email Address - Email Address of person identified in data line <030>	paulpicklo@thumbcellular.com

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

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

**Certification - Agent / Carrier
Data Collection Form**

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

<010> Study Area Code	319005
<015> Study Area Name	Thumb Cellular LLC
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	Paul Picklo
<035> Contact Telephone Number - Number of person identified in data line <030>	989-453-4330
<039> Contact Email Address - Email Address of person identified in data line <030>	paulpicklo@thumbcellular.com

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

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) <u>Ronald Richards</u> is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	Ronald Richards
Name of Reporting Carrier:	Thumb Cellular LLC
Signature of Authorized Officer:	CERTIFIED ONLINE Date: 10/09/2013
Printed name of Authorized Officer:	Neal Eichler
Title or position of Authorized Officer:	Vice President
Telephone number of Authorized Officer:	989-453-4391
Study Area Code of Reporting Carrier:	319005 Filing Due Date for this form: 10/15/2013
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	Thumb Cellular LLC
Name of Authorized Agent or Employee of Agent:	Ronald Richards
Signature of Authorized Agent or Employee of Agent:	CERTIFIED ONLINE Date: 10/09/2013
Printed name of Authorized Agent or Employee of Agent:	Ronald Richards
Title or position of Authorized Agent or Employee of Agent:	Attorney
Telephone number of Authorized Agent or Employee of Agent:	517-371-8154
Study Area Code of Reporting Carrier:	319005 Filing Due Date for this form: 10/15/2013
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Attachments

Thumb Cellular, LLC's demonstration of complying with applicable service quality standards and consumer protection rules:

The annual reporting requirements for ETCs require a certification of compliance with applicable service quality standards and consumer protection rules. See 47 CFR 54.313(a)(5) and 54.422(b)(3). Thumb Cellular, LLC (the "Company") is certifying that it has complied and will continue to comply with all applicable service quality standards and consumer protection rules.

In its *2005 ETC Order*,¹ the FCC found that an ETC must make "a specific commitment to objective measures to protect consumers."² The FCC found that for wireless ETCs, compliance with CTIA's Consumer Code for Wireless Service would satisfy this requirement" and that the sufficiency of other commitments would be considered on a case-by-case basis.³ In this context, the FCC stated, "to the extent a wireline or wireless ETC applicant is subject to consumer protection obligations under state law, compliance with such laws may meet our requirement."⁴

As a cellular provider, the Company is concerned about customer privacy and safety issues. The Company certifies that it has and will continue to comply with all applicable consumer protection laws and rules and all applicable service quality laws and rules. This document details the processes and procedures that the Company follows to ensure compliance.

The Company provides 2-way commercial mobile radio services (CMRS), or wireless service, to customers in Michigan's "Thumb" area (in the eastern part of the Lower Peninsula in Huron, Tuscola, and Sanilac Counties). Caro, Bad Axe, Vassar, Sandusky, Cass City, and

¹ *Federal-State Joint Board on Universal Service*, CC Docket No. 96-45, Report and Order, FCC 05-46 (rel. Mar. 17, 2005) ("2005 ETC Order").

² *Id.* at ¶ 28.

³ *Id.* at n. 71.

⁴ *Id.* at n. 72.

Croswell are the largest cities in those counties. The Company holds an FCC license for the B-side wireline cellular service market designated as Michigan Rural Service Area (RSA) 10. The Company's network consists of 48 cell sites with 134 sectors and a Nortel DMS-100 switch, through which it provides coverage to virtually all of the population located in RSA 10. The Company provides wireless telecommunications services to approximately 35,000 customers in its service area. It provides service as an ETC in the following exchanges within its FCC-authorized licensed area:

<u>Wire Center</u>	<u>CLLI Code</u>	<u>Study Area No.</u>
Pigeon Telephone	PGNIMIXJDS0	310721
Wolverine Telephone		
Fostoria	FSTRMIXIRS1	310738
Millington	MGTNMIXIDS1	310738
Century Telephone		
Marlette	MRLTMIXIDS0	310702
Caro	CAROMIXIDS1	310702
Port Hope	PTHPMIXIDS0	310702
Port Austin	PTASMIXIDS0	310702

As a wireless carrier in Michigan, the Company has operated for many years in the telecommunications industry, an industry that has had varying degrees of regulation over time. The Company's long-time operations in this industry have made it well aware of all applicable standards and rules, including those pertaining to service quality standards and consumer protection. The Company routinely reviews and stays abreast of changes in standards and rules, including those pertaining to service quality standards and consumer protection, among other ways, by (1) regularly conferring with and contacting consultants and attorneys who regularly monitor changes in federal and state law and who provide alerts and updates to the Company; and (2) continuing its membership in the Competitive Carriers Association – a national

telecommunications industry association that monitors changes in the law and provides information to its members.

As a preliminary matter, the Company has consistently complied and will continue to comply with the CTIA's Consumer Code for Wireless Service, among other ways, by the following: disclosing rates and terms of service to customers; making maps available that show where service is generally available; providing contract terms to customers and confirm changes in service; allowing a 14-day trial period for new customers; providing specific disclosures in advertising; identifying separately carrier charges from taxes on billing statements; providing customers with a right to terminate service for changes to contract terms; providing ready access to customer service; responding promptly to customer service inquiries and governmental agency complaints; abiding by policies to protect consumer privacy, including abiding by the CTIA's Best Practices and Guidelines for Location-Based Services; and providing customers with free notices for voice, data, and message use, and international roaming.

Moreover, as a licensed wireless carrier in Michigan, the Company is subject to the Michigan Telecommunications Act (MTA), MCL 484.2101 *et seq.* (to the extent it covers wireless carriers) and the Michigan Public Service Commission's (MPSC) jurisdiction (to the same extent). And insofar as it applies to wireless service, the Company must also comply with the applicable rules the MPSC adopts under the MTA, the federal Communications Act (FTA), and rules the FCC adopts under the FTA. And as a Michigan business, the Company must comply with generally applicable state consumer protection laws.

Some obligations imposed by state and federal law relate to both service quality and consumer protection. And there are also some obligations state or federal law imposes that are specifically for consumer protection. These obligations include the following:

- (1) complying with Michigan's consumer protection law, MCL 445.901 *et seq.*;
- (2) to the extent relevant to wireless carriers, complying with the MTA's consumer-oriented conduct requirements set forth in MCL 484.2502, which prohibits, among other things, false, deceptive, and misleading statements; charging a customer for a service the customer did not order; charging a customer for service after the customer has cancelled service; causing a probability of confusion or misunderstanding as to a customer's legal rights; misleading representations regarding the delivery of service; and certain disconnections;
- (3) to the extent relevant to wireless carriers, complying with Michigan Anti-Slamming Procedures, including those in the MTA, MCL 484.2305, and related rules the MPSC adopted, such as those adopted in Orders in MPSC Case Nos. U-11757 and U-11900;
- (4) to the extent relevant to wireless carriers, complying with the state and federal requirements regarding truth-in-billing, E 9-1-1 service, and basic local exchange service per Section 2305b(c) of the MTA, MCL 484.2305b(c);
- (5) complying with the MTA's duties applicable to all telecommunication providers, including providing a customer upon request with a simple

explanation of the terms of service, which includes a statement of all fees and charges that will be included on the customer's monthly bill, per MCL 464.2305b(a); and

- (6) to the extent relevant to wireless carriers, complying with state and federal requirements relating to protecting customers' privacy, including state and federal requirements as to confidential proprietary network information (CPNI) and identity theft.

The Company has consistently complied with all of the above obligations imposed by state and federal law related to service quality and consumer protection by, among other things, the following:

- it complies with all applicable state and federal consumer protection and service quality standards (including any that the MPSC and FCC adopted);
- it complies with Michigan consumer protection requirements in Michigan's consumer protection law, MCL 445.901 *et seq*;
- it has trained its customer service representatives to explain to customers rates, charges, and terms of service, available programs, customers' rights, and to furnish customers with reasonable access to information and assistance and the like;
- it has trained its customer service representatives to interact with customers respectfully and in accordance with consumer protections;
- it maintains a business office adequately staffed with qualified persons to assist customers and notify customers of their rights;
- to the extent applicable to wireless carriers, it complies with applicable state and federal requirements regarding truth-in-billing, E 9-1-1 service, and basic local exchange service per Section 2305b(c) of the MTA, MCL 484.2305b(c) and those identified in the MPSC's Orders in Case No. U-11043 (regarding billing standards);
- it has adopted a CPNI compliance manual consistent with all applicable laws;

- it certified to the FCC in February 2013 that it complies with the FCC's CPNI rules;
- it sends – at least annually and often twice a year – its customers an opt-out bill message regarding its privacy policy. (In 2013, it sent the notice that printed with its May 16, 2013 invoices and will also print and send another notice with its June 1, 2013 invoices);
- it regularly notifies its customers regarding the *67 feature and similar functions;
- it regularly notifies its customers of the Do-Not-Call list and how to participate;
- it has adopted an Identity Theft Prevention Program and Policy consistent with all applicable “Red Flag” rules;
- it passes through to its customers all state and federal Lifeline and Link-up discounts, and notifies its customers of the Lifeline and Link-up programs and how to apply if eligible;
- it complies with Michigan Anti-Slamming Procedures, including those in the MTA and related rules the MPSC adopted, such as those adopted in Orders in MPSC Case Nos. U-11757 and U-11900; and
- it complies with state and federal requirements relating to protecting customers' privacy, including state and federal requirements as to confidential proprietary network information (CPNI) and identity theft.

Thumb Cellular, LLC's Demonstration of Ability to Function in Emergency Situations

Thumb Cellular, LLC (the "Company") certifies that it is able to function in emergency situations as set forth in 47 CFR 54.202(a)(2)¹ and the Michigan Telecommunications Act (MTA), MCL 484.2305c.²

The Company has a central office in Pigeon, Michigan. Its central office is equipped with permanent battery back-up power – with battery packs bolted to the floor. That central office's battery packs provide up to about 12 hours of battery back-up functionality. It also has a standby generator in place in its central office. The Company also has a large portable generator that can also be used to provide functionality. Those generators, coupled with the permanent battery back-up, enable the Company's central office to keep running for up to about at least 12 hours on pure battery back-up power, and indefinitely until either power is restored on generator power (so long as fuel is available for the generators) or system changes are made to re-route traffic.

Therefore, as to the requirement in 47 CFR 54.202(a)(2), it has at least 12 hours of back-up battery power that allow it to function in an emergency situation without an external power source. The Company's permanent and portable generators at its central office also allow it to

¹ Section 54.201(a)(2) requires ETCs that are designated by the Commission to "demonstrate its ability to remain functional in emergency situations, including a demonstration that it has a reasonable amount of back-up power to ensure functionality without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations."

² MCL 484.2305c states:

"A facilities-based provider shall equip each central office, remote switch, remote line unit, and interexchange toll switching office or access tandem with a minimum of 3 hours of peak load battery reserve, if permanent auxiliary power is installed, and 5 hours of battery reserve, if permanent emergency power is not installed, or 8 hours of battery reserve if the central office is in a remote location. A facilities-based provider shall have available a mobile power unit to be delivered and connected to central offices, remote switches, and remote line units within 8 hours."

provide power if there is no external power source for an unlimited amount of time (as long as fuel was available).

Also, the Company has implemented industry practices to re-route traffic around damaged facilities and to manage traffic spikes resulting from emergency situations. It can re-route traffic around damaged facilities by through electrical redundancy for all routes that come to the Company's central office. Electrical redundancy means that if the Company had problems with one fiber, it could shift the traffic from that one fiber to another fiber in the same sheath since a fiber sheath has several fiber strands within it..

Further, it can manage traffic spikes resulting from an emergency situation by having back-up power ready and available and having toll electrical redundancy, meaning that all of the Company's facilities are able to keep traffic moving and connecting so as to manage any traffic spikes that may arise from emergency situations. The Company can also change call routing translations as needed to re-route traffic around damaged facilities. Changing call routing translations also allows the Company to manage traffic spikes throughout its network, as emergency situations require.

As the above demonstrates, the Company can re-route originating traffic to alternate transport carriers when interconnecting facilities are out of service. This allows all of the Company's facilities to keep traffic moving and connecting so as to manage any traffic spikes that may arise from emergency situations. The Company can also change call routing translations as needed to re-route traffic around damaged facilities. Changing call routing translations also allows the Company to manage traffic spikes throughout its network, as emergency situations require. Its network is engineered to provide maximum capacity to handle excess traffic in the event of traffic spikes resulting from emergency situations.

The Company also meets the requirements in MCL 484.2305c. As explained above, it has equipped its central office, remote switch, and remote line unit, and interexchange toll switching office or access tandem far above the minimum hours of peak load battery reserve. It also has a permanent generator at its central office, along with a portable generator that may be used to connect to its central offices, remote switches, and remote line units within 8 hours.³

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³ The Company has reasonable amounts of back-up power to provide functionality without an external power source in the form of battery back-up power at each cell site, which enables it to provide service for a minimum of 4-6 hours. It has back-up portable power generators that can be deployed in emergency situations.



Thumb Cellular

Thumb Cellular's Lifeline and Link-Up Services

The Lifeline Telephone Assistance Program makes residential telephone service more affordable for qualifying low-income households throughout Michigan.

Qualifying low-income households receive reduced charges on their monthly telephone bill and reduced installation charges.

Program Benefits

Lifeline offers three primary benefits to qualifying consumers:

Reduced Charges - Households receive a monthly discount in their local telephone service charges. In most cases, the discount is \$11.25 per month.

Option to Elect Toll Blocking in Lieu of a Service Deposit - Consumers have the option of blocking outgoing long distance toll calls free of charge. If the applicant elects this option, the local telephone company will not collect a service deposit in order to initiate Lifeline service.

Reduction in Local Telephone Line Installation Service Charges - Pursuant to the Link-up America Program, a qualifying customer is eligible for a 50% reduction on local telephone line installation service charges.

Eligibility

Lifeline and Link-Up services are available to certain low-income consumers who meet the following criteria:

- Applicant's household income does not exceed 150% of current federal poverty standards. Documentation of income is required.
- **-OR-** Enhanced Tribal Lifeline applicants may be eligible if they live on or near a federally recognized reservation and participate in one of the following programs:
 - Bureau of Indian Affairs
 - General Assistance Programs
 - Tribally Administered TANF
 - Head Start Programs (if you satisfy the income qualifying standards)
 - National School Lunch Program's Free Lunch Program.

The maximum income amount varies according to the number of people in the household. The application must be completed by the person in whose name the phone is listed, and the phone number listed must be the applicant's primary residence.

If you have questions or need any further information, please contact:

Lifeline Administration Service
PO Box 4173
East Lansing, MI 48823
Toll Free 866-321-2323

Thumb Cellular Voice Service Plans

Plan	Price	Peak Minutes	Off-Peak Minutes*	Additional Airtime Rate	Super-System Airtime Rate	Companion Rate	Additional Features Included
Local							
Thumb 100	\$19.99	100	n/a	\$0.30	\$0.40	\$10.00	N/A
Thumb 250	\$29.99	250	n/a	\$0.25	\$0.35	\$10.00	N/A
Thumb 350 FI	\$35.00	350	n/a	\$0.15	\$0.35	\$10.00	Free Incoming*
Thumb 3350	\$35.00	350	3000	\$.25 peak .10 off-peak	\$0.32	\$10.00	N/A
Thumb 5500	\$50.00	500	5000	\$.20 peak .10 off-peak	\$0.32	\$10.00	N/A
Thumb 8000	\$65.00	1000	7000	\$.18 peak .10 off-peak	\$0.32	\$10.00	N/A
Speak Freely	\$45.00	Unlimited	Unlimited	N/A	\$0.50	\$20.00	Can add National Minutes
Thumb 500	\$35.00	500	N/A	\$0.15	\$0.50	\$10.00	
Statewide							
Michigan 100	\$19.99	100	N/A	\$0.40	N/A	\$10.00	N/A
Michigan 200	\$29.99	200	N/A	\$0.35	N/A	\$10.00	N/A
Michigan 300	\$39.99	300	N/A	\$0.32	N/A	\$10.00	N/A
Michigan 450	\$49.99	450	N/A	\$0.30	N/A	\$10.00	N/A
Michigan 650	\$59.99	650	N/A	\$0.30	N/A	\$10.00	N/A
Michigan 850	\$79.99	850	N/A	\$0.28	N/A	\$10.00	N/A
Michigan 1150	\$99.99	1150	N/A	\$0.25	N/A	\$10.00	N/A
Michigan 1500	\$119.99	1500	N/A	\$0.25	N/A	\$10.00	N/A
Michigan 2000	\$149.99	2000	N/A	\$0.25	N/A	\$10.00	N/A
Michigan 2250	\$35.00	250	2000	\$.35 peak .10 off-peak	N/A	\$10.00	N/A
Michigan 4400	\$50.00	400	4000	\$.30 peak .10 off-peak	N/A	\$10.00	N/A
Michigan 6750	\$65.00	750	6000	\$.25 peak .10 off-peak	N/A	\$10.00	N/A
Xpress 500	\$35.00	500	N/A	\$0.30	N/A	\$10.00	Group Mobile to Mobile* and 3 Friends & Family #s*
Xpress 1000	\$55.00	1000	N/A	\$0.30	N/A	\$10.00	
Xpress 1500	\$75.00	1500	N/A	\$0.30	N/A	\$10.00	
Xpress 2000	\$95.00	1100	N/A	\$0.30	N/A	\$10.00	
National							
National Choice 750	\$40.00	750	Unlimited	\$0.25	N/A	\$15.00	Unlimited Home Mobile to Mobile*
National Choice 1500	\$70.00	1500	Unlimited	\$0.25	N/A	\$15.00	
National Choice 2250	\$100.00	2250	Unlimited	\$0.25	N/A	\$15.00	
National Choice 3000	\$125.00	3000	Unlimited	\$0.25	N/A	\$15.00	
Family Choice 800	\$49.99	800	N/A	\$0.25	N/A	\$12.00	Group Mobile to Mobile*, Free Calling to 10#s*, Carry Over Minutes
Family Choice 1600	\$79.99	1600	N/A	\$0.25	N/A	\$12.00	
Family Choice 2400	\$109.99	2400	N/A	\$0.25	N/A	\$12.00	
Family Choice 3500	\$149.99	3500	N/A	\$0.25	N/A	\$12.00	
Family Choice 4500	\$179.99	4500	N/A	\$0.25	N/A	\$12.00	
College Connection 1500	\$49.99	1500	N/A	\$0.25	N/A	N/A	Unlimited Texting and Nationwide Data.
College Connection 3000	\$69.99	3000	N/A	\$0.25	N/A	N/A	
Everything Plans - Smartphones	\$75.00	unlimited	unlimited	N/A	N/A	\$45.00	Unlimited Texting and Nationwide Data.
Everything Plans - feature phones	\$60.00	unlimited	unlimited	N/A	N/A	\$35.00	
Old National Plans							
National 100	\$29.99	100	N/A	\$0.45	N/A	\$10.00	N/A
National 200	\$39.99	200	N/A	\$0.40	N/A	\$10.00	N/A
National 350	\$59.99	350	N/A	\$0.35	N/A	\$10.00	N/A
National 550	\$79.99	550	N/A	\$0.25	N/A	\$10.00	N/A
National 750	\$99.99	750	N/A	\$0.25	N/A	\$10.00	N/A
National 1000	\$119.99	1000	N/A	\$0.25	N/A	\$10.00	N/A
National 1450	\$149.99	1450	N/A	\$0.25	N/A	\$10.00	N/A
National 1100	\$35.00	100	1000	\$.45 peak .10 off-peak	N/A	\$10.00	N/A
National 3200	\$50.00	200	3000	\$.40 peak .10 off-peak	N/A	\$10.00	N/A
National 5400	\$65.00	400	5000	\$.35 peak .10 off-peak	N/A	\$10.00	N/A

*Available in Home area only

LIFELINE APPLICATION

Eligible customers will receive \$11.25 off their monthly phone bill and seniors aged 65 and older can receive additional discounts.

TOLL FREE 1-866-321-2323

To apply for Lifeline Service, complete the application below and send it to:

Lifeline Administration Service

PO Box 11037, Lansing, Michigan 48901 OR fax to 517-482-3548

IDENTIFICATION INFORMATION (PLEASE PRINT)

Applicant's phone number:

Name of phone company:

Date of Birth:

Last 4-digits of Social Security Number:

Last Name:

First Name:

M.I.:

Street:

Residential street address only; FCC regulations prohibit the use of P.O. Boxes for the Lifeline program

City:

State:

ZIP Code:

This is my permanent address: Yes No

Billing Address, City, State and Zip Code (if different from Service Address)

There are multiple unique households (e.g. nursing home, assisted living facility) at my address, as defined in this program.

YES

NO

PROGRAM QUALIFICATION INFORMATION

To be eligible for Lifeline discounts, regulations require you to qualify via one of the two methods below. Please fill out one section only.

Method 1. My income is within the guidelines and I am providing the following photocopies that document my total household income, which is stated below. Please check all that apply.

TOTAL MONTHLY INCOME: \$

NUMBER OF HOUSEHOLD MEMBERS:

# of Household Members	Gross Monthly Income	Gross Annual Income*
1	\$1,396	\$16,755
2	\$1,891	\$22,695
3	\$2,386	\$28,635
4	\$2,881	\$34,575

*Add \$5,940 (\$495 monthly) for each additional household member.

Prior year's state or federal tax return.

Current Annual Income Statement from Employer

Social Security statement of benefits

Paycheck stubs or other official document containing income information for any 3 consecutive months within last 12 months

Retirement/pension statement of benefits

Veterans Administration statement of benefits

Unemployment/Worker's Compensation Statement of Benefits

Divorce decree or child support document containing income information

Method 2. I, or the member of my household named below, receives assistance from one of the listed programs. I am providing documentation of participation in the checked program.

Name: _____

Food stamps

Federal Public Housing Assistance or Section 8

Medicaid

Temporary Assistance for Needy Families (TANF)

Supplemental Security Income

National School Lunch - Free Lunch Program

Low-Income Home Energy Plan (LIHEAP)

LIFELINE ADMINISTRATION SERVICE PROCESSES APPLICATIONS FOR THE FOLLOWING COMPANIES

Ace Communications	Chippewa County Telephone Company	Sand Creek Telephone Company
Allendale Telephone Company	Climax Telephone Company	Southwest Michigan Communications
Baraga Telephone Company	Deerfield Farmers' Telephone Co.	Springport Telephone Company
Barry County Telephone Company	Hiawatha Telephone Company	TDS Telecom
Blanchard Telephone Company	Kaleva Telephone Company	Thumb Cellular
Bloomington Communications	Lennon Telephone Company	Upper Peninsula Telephone Company
Carr Telephone Company	Michigan Central Broadband Co.	Waldron Telephone Company
CenturyLink of Michigan	Midway Telephone Company	Westphalia Broadband, Inc.
CenturyLink of Midwest Michigan	Ogden Communications	Westphalia Telephone Company
CenturyLink of Northern Michigan	Ontonagon County Telephone Co.	Winn Telecom
CenturyLink of Upper Michigan	Pigeon Telephone Company	Winn Telephone Company
Chapin Telephone Company		

For more information, please call 1-866-321-2323.

If your phone company is not on the list above, please contact them directly to apply for Lifeline discounts.

APPLICANT ACKNOWLEDGEMENTS

PLEASE READ AND INITIAL EACH OF THE FOLLOWING STATEMENTS TO INDICATE THAT YOU UNDERSTAND AND AGREE:

- ___ I understand and consent to Lifeline Administration Service providing my Lifeline service account information, including but not limited to, my name, residential address, phone number, date of birth, the last 4 digits of my social security number, the date on which my Lifeline service was initiated/terminated, the amount of Lifeline support provided, and the means through which I qualified for Lifeline, to the Universal Service Administrative Company (USAC), USAC's agents and/or the National Lifeline Accountability Database to ensure the proper administration of the Lifeline program. I understand that if I fail to provide this consent, Lifeline Administration Service will deny me Lifeline service.
- ___ Lifeline is a non-transferable benefit and the subscriber may not transfer his or her benefit to any other person.
- ___ Lifeline is a federal benefit and willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment or being barred from the program.
- ___ Lifeline support is only available for a single phone line at my principal residence and no one else in my household is receiving Lifeline discounts. (A "household" is defined as any individual or group of individuals who live together at the same address and share income and expenses.)
- ___ Violation of the one-per-household limitation constitutes a violation of the Federal Communication Commission's rules and will result in the subscriber's de-enrollment from the program and potentially prosecution by the US government.
- ___ I understand that if I am identified as receiving more than one Lifeline benefit, all telephone service providers involved may be notified so that I may select one service and be de-enrolled from the other(s).
- ___ I will notify my telephone company within 30 days if I no longer qualify for Lifeline and I may be subject to penalties if I fail to do so.
- ___ I will notify my telephone company within 30 days of any changes to my residential address.
- ___ I will be required to certify my continued eligibility for Lifeline at least once a year and know failure to do so will result in termination of my participation in the program.

APPLICANT SIGNATURE

I certify, under penalty of perjury, that the information provided in this application and supporting documentation is true and complete.

Signature:

Date:

REVISED 6/2012