REDACTED - FOR PUBLIC INSPECTION

FCC Form 481 - Carrier Annual Reporting Data Collection Form

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

<010>	Study Area Code	339010
<015>	Study Area Name	WISCONSIN RSA #4 LIMITED PARTNERSHIP
<020>	Program Year	2015
<030>	Contact Name: Person USAC should contact with questions about this data	Larry L. Lueck
<035>	Contact Telephone Number: Number of the person identified in data line <030>	9206177175 ext.
<039>	Contact Email Address: Email of the person identified in data line <030>	larry.lueck@nsight.com

ANNUAL REPORTING FOR ALL CARRIERS

(check box when complete)

			54.313 Completion Required	54.422 Completion Required
<100>	Service Quality Improvement Reporting	(complete attached worksheet)		
<200>	Outage Reporting (voice)	(complete attached worksheet)	✓	✓
<210>	[ ] <-- check box if no outages to report		✓	
<300>	Unfulfilled Service Requests (voice)	0		
<310>	Detail on Attempts (voice)	(attach descriptive document)		
<320>	Unfulfilled Service Requests (broadband)	0	✓	
<330>	Detail on Attempts (broadband)	(attach descriptive document)		
<400>	Number of Complaints per 1,000 customers (voice)			
<410>	Fixed	0.0	✓	✓
<420>	Mobile	0.0		
<430>	Number of Complaints per 1,000 customers (broadband)		✓	
<440>	Fixed	0.0		
<450>	Mobile	0.0		
<500>	Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	✓	✓
<510>	339010wi510.pdf	(attached descriptive document)	✓	✓
<600>	Functionality in Emergency Situations	(check to indicate certification)	✓	✓
<610>	339010wi610.pdf	(attached descriptive document)	✓	✓
<700>	Company Price Offerings (voice)	(complete attached worksheet)	✓	
<710>	Company Price Offerings (broadband)	(complete attached worksheet)		
<800>	Operating Companies and Affiliates	(complete attached worksheet)	✓	✓
<900>	Tribal Land Offerings (Y/N)? (●) ( )	(if yes, complete attached worksheet)	✓	
<1000>	Voice Services Rate Comparability	(check to indicate certification)	✓	
<1010>	339010wi1010.pdf	(attach descriptive document)	✓	
<1100>	Terrestrial Backhaul (Y/N)? (●) ( )	(if not, check to indicate certification)	✓	
<1110>		(complete attached worksheet)		
<1200>	Terms and Condition for Lifeline Customers	(complete attached worksheet)		✓

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

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

<2000>	(check to indicate certification)	
<2005>	(complete attached worksheet)	

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

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

(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	339010
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<035>	Contact Telephone Number - Number of person identified in data line <030>	9206177175 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	larry.lueck@nsight.com

<110>	Has your company received its ETC certification from the FCC?	(yes / no) ○ ●
<111>	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes / no) ○ ○

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

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

Name of Attached Document

Please check these boxes below to confirm that the attached documents(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

<113>	Maps detailing progress towards meeting plan targets	☐
<114>	Report how much universal service (USF) support was received	☐
<115>	How (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.	☐

(200) Service Outage Reporting (Voice)
Data Collection Form

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

<010>	Study Area Code	339010
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<035>	Contact Telephone Number - Number of person identified in data line <030>	9206177175 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	larry.lueck@nsight.com

<220>

<a> NORS Reference Number	<b1> Outage Start Date	<b2> Outage Start Time	<b3> Outage End Date	<b4> Outage End Time	<c1> Number of Customers Affected	<c2> Total Number of Customers	<d> 911 Facilities Affected (Yes / No)	<e> Service Outage Description (Check all that apply)	<f> Did This Outage Affect Multiple Study Areas (Yes / No)	<g> Service Outage Resolution	<h> Preventative Procedures

-- See attached worksheet --

(700) Price Offerings including Voice Rate Data
Data Collection Form

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

<010>	Study Area Code	339010
<015>	Study Area Name	WISCONSIN RSA #4 LIMITED PARTNERSHIP
<020>	Program Year	2015
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<035>	Contact Telephone Number - Number of person identified in data line <030>	9206177175 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	larry.lueck@nsight.com

<701>	Residential Local Service Charge Effective Date	1/1/2014
<702>	Single State-wide Residential Local Service Charge	

<703>

<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<b4>	<b5>	<c>
State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fees

-- See attached worksheet --

(710) Broadband Price Offerings
Data Collection Form

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

<010>	Study Area Code	339010
<015>	Study Area Name	WISCONSIN RSA #4 LIMITED PARTNERSHIP
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Larry L. Lueck
<035>	Contact Telephone Number - Number of person identified in data line <030>	9206177175 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	larry.lueck@nsight.com

<711>

<a1>	<a2>	<b1>	<b2>	<c>	<d1>	<d2>	<d3>	<d4>
State	**Exchange (ILEC)**	**Residential Rate**	**State Regulated Fees**	**Total Rate and Fees**	**Broadband Service - Download Speed (Mbps)**	**Broadband Service - Upload Speed (Mbps)**	**Usage Allowance (GB)**	**Usage Allowance Action Taken When Limit Reached {*select*}**

-- See attached worksheet --

(800) Operating Companies
Data Collection Form

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

<010>	Study Area Code	339010
<015>	Study Area Name	WISCONSIN RSA #4 LIMITED PARTNERSHIP
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Larry L. Lueck
<035>	Contact Telephone Number - Number of person identified in data line <030>	9206177175 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	larry.lueck@nsight.com

<810>	Reporting Carrier	Wisconsin RSA #4 Limited Partnership
<811>	Holding Company	Northeast Communications of Wisconsin, Inc.
<812>	Operating Company	N/A

<813>

<a1>	<a2>	<a3>
Affiliates	**SAC**	**Doing Business As Company or Brand Designation**

-- See attached worksheet --

(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	339010
<015>	Study Area Name	WISCONSIN RSA #4 LIMITED PARTNERSHIP
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Larry L. Lueck
<035>	Contact Telephone Number - Number of person identified in data line <030>	9206177175 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	larry.lueck@nsight.com

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

Bad River Band of Lake Superior Tribe
Forest County Potawatomi Community
Lac du Flambeau Band of Lake Superior Chippewa Indians of the Lac du Flambeau Reservation of Wisconsin
Menominee Indian Tribe of Wisconsin
Oneida Tribe of Indians of Wisconsin
Sokaogon Chippewa Community
Stockbridge Munsee Community

<920> Tribal Government Engagement Obligation

339010wi920.pdf

Name of Attached Document

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

		Select (Yes,No, NA)
<921>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions.	Yes
<922>	Feasibility and sustainability planning;	Yes
<923>	Marketing services in a culturally sensitive manner;	Yes
<924>	Compliance with Rights of way processes	Yes
<925>	Compliance with Land Use permitting requirements	Yes
<926>	Compliance with Facilities Siting rules	Yes
<927>	Compliance with Environmental Review processes	Yes
<928>	Compliance with Cultural Preservation review processes	Yes
<929>	Compliance with Tribal Business and Licensing requirements.	Yes

(1100) No Terrestrial Backhaul Reporting Data Collection Form

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

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<039>	Contact Email Address - Email Address of person identified in data line <030>	larry.lueck@nsight.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) ☐

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

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

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<039>	Contact Email Address - Email Address of person identified in data line <030>	larry.lueck@nsight.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

339010wi1210.pdf

Name of Attached Document

<1220> Link to Public Website HTTP

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

<1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, ✓

<1222> Details on the number of minutes provided as part of the plan, ✓

<1223> Additional charges for toll calls, and rates for each such plan. ✓

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

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

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<039>	Contact Email Address - Email Address of person identified in data line <030>	larry.lueck@nsight.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.

Incremental Connect America Phase I reporting

<2010> 2nd Year Certification {47 CFR § 54.313(b)(1)}
<2011> 3rd Year Certification {47 CFR § 54.313(b)(2)}

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

<2012> 2013 Frozen Support Certification
<2013> 2014 Frozen Support Certification
<2014> 2015 Frozen Support Certification
<2015> 2016 and future Frozen Support Certification

Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}

<2016> Certification Support Used to Build Broadband

Connect America Phase II Reporting {47 CFR § 54.313(e)}

<2017> 3rd year Broadband Service Certification
<2018> 5th year Broadband Service Certification
<2019> Interim Progress Certification

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

<2021> Interim Progress Community Anchor Institutions

Name of Attached Document Listing Required Information

(3000) Rate Of Return Carrier Additional Documentation

Data Collection Form

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

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<035>	Contact Telephone Number - Number of person identified in data line <030>	9206177175 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	larry.lueck@nsight.com

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.

(3010) **Progress Report on 5 Year Plan**
Milestone Certification {47 CFR § 54.313(f)(1)(i)}

Name of Attached Document Listing Required Information

(3011) Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

(3012) Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}

Name of Attached Document Listing Required Information

(3013) Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)} (Yes/No)

(3014) If yes, does your company file the RUS annual report (Yes/No)

Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

(3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)

(3016) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

(3017) 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

(3018) If the response is no on line 3014, Is your company audited? (Yes/No)

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

(3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications

(3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

(3021) Management letter issued by the independent certified public accountant that performed the company's financial audit.

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:

(3022) 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,

(3023) Underlying information subjected to a review by an independent certified public accountant

(3024) Underlying information subjected to an officer certification.

(3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

(3026) Attach the worksheet listing required information

Name of Attached Document Listing Required Information

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

<010>	Study Area Code	339010
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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: WISCONSIN RSA #4 LIMITED PARTNERSHIP

Signature of Authorized Officer: CERTIFIED ONLINE Date 06/24/2014

Printed name of Authorized Officer: Mark Naze

Title or position of Authorized Officer: Treasurer

Telephone number of Authorized Officer: 9206177000 ext.

Study Area Code of Reporting Carrier: 339010 Filing Due Date for this form: 07/01/2014

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	339010
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<039>	Contact Email Address - Email Address of person identified in data line <030>	larry.lueck@nsight.com

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

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier

I certify that (Name of Agent)_____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.

Name of Authorized Agent:

Name of Reporting Carrier:

Signature of Authorized Officer: Date:

Printed name of Authorized Officer:

Title or position of Authorized Officer:

Telephone number of Authorized Officer:

Study Area Code of Reporting Carrier: Filing Due Date for this form:

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:

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.

Attachments

REDACTED - FOR PUBLIC INSPECTION

(200) Service Outage Reporting (Voice)
Data Collection Form

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

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<220>

<a>	<b1>	<b2>	<b3>	<b4>	<c1>	<c2>	<d>	<e>	<f>	<g>	<h>
NORS Reference Number	Outage Start Date	Outage Start Time	Outage End Date	Outage End Time	Number of Customers Affected	Total Number of Customers	911 Facilities Affected (Yes / No)	Service Outage Description (Check all that apply)	Did This Outage Affect Multiple Study Areas (Yes / No)	Service Outage Resolution	Preventative Procedures
[redacted]											

(700) Price Offerings including Voice Rate Data
Data Collection Form

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

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<035>	Contact Telephone Number - Number of person identified in data line <030>	9206177175 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	larry.lueck@nsight.com

<701>	Residential Local Service Charge Effective Date	1/1/2014
<702>	Single State-wide Residential Local Service Charge	

<703>

<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<b4>	<b5>	<c>
State	**Exchange (ILEC)**	**SAC (CETC)**	**Rate Type**	**Residential Local Service Rate**	**State Subscriber Line Charge**	**State Universal Service Fee**	**Mandatory Extended Area Service Charge**	**Total per line Rates and Fees**
WI			FR	19.95	0.0	0.38	0.0	20.33
WI			FR	50.0	0.0	0.96	0.0	50.96
WI			MS	24.7	0.0	0.47	0.0	25.17

REDACTED - FOR PUBLIC INSPECTION

(710) Broadband Price Offerings
Data Collection Form

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

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<039>	Contact Email Address - Email Address of person identified in data line <030>	larry.lueck@nsight.com

<711>

<a1> State	<a2> Exchange (ILEC)	<b1> Residential Rate	<b2> State Regulated Fees	<c> Total Rates and Fees	<d1> Broadband Service - Download Speed (Mbps)	<d2> Broadband Service -Upload Speed (Mbps)	<d3> Usage Allowance (GB)	<d4> Usage Allowance Action Taken When Limit Reached {select}
WI		0.0	0.0	0.0	0.0	0.0	0.0	Other, CETCs not required to file this information.

REDACTED - FOR PUBLIC INSPECTION

(800) Operating Companies
Data Collection Form

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<039>	Contact Email Address - Email Address of person identified in data line <030>	larry.lueck@nsight.com

<810>	Reporting Carrier	Wisconsin RSA #4 Limited Partnership
<811>	Holding Company	Northeast Communications of Wisconsin, Inc.
<812>	Operating Company	N/A

<813>

<a1>	<a2>	<a3>
Affiliates	**SAC**	**Doing Business As Company or Brand Designation**
Wausau Cellular Telephone Company, LP	339011	Cellcom
Wisconsin RSA #10 Limited Partnership	339012	Cellcom
Brown County MSA Cellular LTD Partnership	339014	Cellcom
Nsighttel Wireless, LLC	339015	Cellcom
Bayland Telephone Company	330925	Nsight
Bayland Communications	339004	Nsight
Northeast Telephone Company	330938	Nsight

Line 510 – Compliance with Service Quality Standards and Consumer Protection

Wisconsin RSA #4 Limited Partnership, d/b/a Cellcom, hereby certifies that it has reviewed its service quality and consumer protection practices, which it follows in connection with its provision of voice and broadband services, and that it is in compliance with all applicable service quality standards and consumer protection rules. Cellcom is a signatory to the CTIA–The Wireless Association® ("CTIA") Consumer Code for Wireless Service ("CTIA Code") as currently in effect. Cellcom follows the service quality and consumer protection practices found in the CTIA Code.

Line 610 – Functionality in Emergency Situations

Section 54.202(a)(2) of the Commission's Rules requires that each eligible telecommunications carrier ("ETC") must "[d]emonstrate 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."[1] Section 54.313(a)(6) requires ETCs to certify that they are "able to function in emergency situations as set forth in §54.202(a)(2)"[2] in connection with their provision of voice and broadband services.

Wisconsin RSA #4 Limited Partnership, d/b/a Cellcom, ("Cellcom") has deployed sufficient power generators throughout its network and also has the capability to deploy temporary microwave facilities quickly to the extent necessary for Cellcom's network to remain functional during emergencies. These generators and microwave facilities ensure that (1) a reasonable amount of back-up power will be available to ensure functionality without an external power source; (2) Cellcom will be able to reroute voice and broadband traffic around damaged facilities; and (3) Cellcom will be capable of managing spikes in voice and broadband traffic resulting from emergency situations.

[1] 47 C.F.R. § 54.202(a).

[2] 47 C.F.R. § 54.313(a)(6).

Line 920 – Tribal Government Engagement Obligation

Pursuant to the Federal Communications Commission's rules[1], in calendar year 2013, Wisconsin RSA #4 Limited Partnership, d/b/a Cellcom, ("Cellcom") sent letters to the Tribal governments for all Tribal entities whose boundaries are within Cellcom's study area. Several Tribal governments responded to those letters, and Cellcom has begun to exchange information with those Tribal entities. Cellcom expects to continue the dialogue throughout 2014.

Cellcom's engagement efforts addressed the following information:

(a) Assessing communications needs, including the needs of key community anchor institutions;

(b) Assessing the feasibility and sustainability of network investments;

(c) Marketing services in an appropriate and effective manner;

(d) Obtaining rights of way, land use permitting, facilities sighting and obtaining environmental and cultural preservation assessments and approvals; and

(e) Complying with local business and licensing requirements.

This certification should not be interpreted as Cellcom making any representations, express or implied, regarding compliance with any Tribal laws or regulations. That is outside the scope of this filing and this certification.

[1] *Connect America Fund*, Report and Order and Further Notice of Proposed Rulemaking, WC Docket No. 10-90, FCC 11-161, ¶ 604 (rel. Nov. 18, 2011) ("*Order*").

Line 1010 – Voice Services Rate Comparability

Wisconsin RSA #4 Limited Partnership, d/b/a Cellcom, ("Cellcom") only provides mobile wireless service. It does not provide fixed voice service. Therefore, a description of fixed voice service rate comparability is not applicable.

REDACTED - FOR PUBLIC INSPECTION

Cellcom® Built For You™

Application for Lifeline/Link Up Service Assistance Program

☐ Initial Enrollement ☐ Recertification of Enrollment

SECTION 1 - APPLICANT (Please Print)

Name: _____
(Qualified Individual-Last Name) (First Name) (Middle Initial)

Billing Address: _____
(May contain a P.O. Box) (City) (State) (Zip)

Residence Address: _____
(Street address is required for Lifeline verification) (Apt. # or Unit #)

Address: _____
(City) (State) (Zip) (County)

Place of Employment: _____
(Name) (Length of Employment)

Employer's Address: _____
(Street) (City)

Social Security #: _____ Date of Birth (MM/DD/YYYY): / ____/ _____ _____

Phone number (if existing service) or for messages: (_____) _____

☐ Select if your address is temporary.

☐ My residence address is located on federally-recognized Tribal lands.
☐ Yes
☐ No

SECTION 2 - ELIGIBILITY FOR LIFELINE ASSISTANCE *(CHECK ALL THAT APPLY)*

1.) I am applying for:
☐ Lifeline or Link Up monthly wireless service discount
☐ Link-Up wireless activation charge discount-waiving activation charge

2.) **I am currently eligible to receive benefits from one or more of the following public assistance program(s):**

☐ Badger Care
☐ Food Stamps
☐ Low-income Home Energy Assistance Program (*LIHEAP*)
☐ Medical Assistance (MA)
☐ Supplemental Security Income (*SSI*)
☐ ***Medicaid****
☐ ***Supplemental Nutrition****
☐ ***Wisconsin Homestead Tax Credit****
☐ ***Wisconsin Works****
☐ ***Bureau of Indian Affairs General Assistance****
☐ ***Head Start** (must satisfy income qualifying standard)**
☐ ***National School Lunch Program's Free Lunch Program****
☐ ***Temporary Assistance for Needy Families****
☐ ***Tribally Administered Temporary Assistance for Needy Families** (TANF)**
☐ ***Federal Public Housing Assistance** (Section 8)**

OR

☐ My total household income is at or below 135% of the Federal Poverty Guidlines.*
_____ Number of people in household

135% OF THE FEDERAL POVERTY GUIDELINES - 2014	
Persons in Family or Household	48 Contiguous States and D.C.
1	$15,755
2	$21,236
3	$26,717
4	$32,198
5	$37,679
6	$43,160
7	$48,641
8	$54,122
For Each Additional Person	Add $5,481

_____ ***(Must initial)***

***Requires documentation proof of participation in program at time of application.**

INTERNAL USE ONLY - SALES
Address Searched: YES or NO
*Program Document Rec'd: YES or NO
MDN: _____
MIN: _____
Date Assigned: _____
Personnel: _____
Faxed Provisioning on: _____

INTERNAL USE ONLY - PROVISIONING
Eligible: YES or NO
Documentation Verified (description): _____
Provisioning Rep: _____
Date Info Received: _____

SECTION 3 - APPLICANT CERTIFICATION AND AGREEMENT

Calling Plan & Feature Options: Please select the monthly service you wish to receive.

- ☐ $19.95/mo., Cellcom's Lifeline Calling Plan
- ☐ $19.95/mo., Cellcom's Lifeline Limited Calling Plan
- ☐ $14.95/mo., Cellcom's Tribal Lifeline Calling Plan (Includes: Voicemail and Caller ID)
- ☐ $14.95/mo., Cellcom's Tribal Lifeline Limited Calling Plan (Includes: Voicemail and Caller ID)

Available Services for an additional monthly fee: (Not available in Cellcom's Lifeline Limited calling plan.)

- ☐ Voicemail $4.95/mo.
- ☐ Caller ID $3.95/mo.
- ☐ Nquire/411 Directory Assistance $1.99/use
  Total Coverage
  - ☐ Tier 1 ($50 deductible per occurence) $4.99/mo.
  - ☐ Tier 2 ($100 deductible per occurrence) $6.99/mo.

Quik/TxT Pricing- please choose a package

- ☐ $3.95/mo. (100 outgoing messages)
- ☐ $5.95/mo. (300 outgoing messages)
- ☐ $9.95/mo. (unlimited outgoing messages)

(If you have not added the text messaging feature, you will not be able to send text messages on your phone.)

☐ **I AGREE to pay 2-year retail price + tax, and the cost of the first month's service.**

I ALSO HEREBY CERTIFY, UNDER PENALTY OF PERJURY, THAT;

- ☐ I acknowledge that Lifeline is a federal government benefit and that willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment or being barred from the program.
- ☐ I acknowledge that only one Lifeline service is available per household, and that, to the best of my knowledge, no other person in my household is receiving a Lifeline service. (For purposes of Lifeline, a "household" is any individual or group of individuals who live together at the same address and share income and expenses.)
- ☐ I acknowledge that a household is not permitted to receive Lifeline benefits from multiple providers and that violation of this limitation constitutes a violation of the rules of the Federal Communications Commission and will result in de-enrollment from the Lifeline program.
- ☐ If I am participating in another Lifeline program at the time I apply for Cellcom Lifeline service, I agree to cancel that Lifeline service with any other provider.
- ☐ I acknowledge that Lifeline is non-transferable and that I may not transfer my benefit to any other person.
- ☐ I acknowledge that providing false or fraudulent information to receive Lifeline benefits is punishable by law.
- ☐ I will notify Cellcom within 30 days if for any reason I no longer satisfy the criteria for receiving Lifeline services, such as no longer participating in any of the qualifying programs, or if I or a member of my household receives another Lifeline benefit.
- ☐ I acknowledge that I may be required to re-certify to my continued eligibility for Lifeline at any time, and that my failure to re-certify will result in de-enrollment and termination of my Lifeline benefits.
- ☐ If I move to a new address, I will provide the new address to Cellcom within 30 days.
- ☐ If I provided a temporary address, I will be required to verify my temporary address every 90 days. If I do not provide verification within 30 days, I will be de-enrolled from the Lifeline program.
- ☐ I acknowledge I meet the income-based or program-based eligibility criteria for receiving Lifeline.
- ☐ I acknowledge that I qualify for Lifeline as an eligible resident of Tribal lands, living on Tribal lands.
- ☐ I acknowledge the information contained in this application is true and correct to the best of my knowledge

_____ ***(Must initial)***

I ACKNOWLEDGE THAT IN ORDER TO CONTINUE RECEIVING A REDUCED CALLING PLAN ON THE LIFELINE PROGRAM, I AM RESPONSIBLE FOR PAYING ALL MONTHLY ACCESS CHARGES AND FEES INCURRED DURING EACH BILLING PERIOD.

I UNDERSTAND COMPLETION OF THIS APPLICATION DOES NOT CONSTITUTE IMMEDIATE ACCEPTANCE INTO THIS PROGRAM. I AUTHORIZE CELLCOM OR ITS' DULY APPOINTED REPRESENTATIVE TO ACCESS ANY RECORDS NECESSARY TO VERIFY THESE STATEMENTS TO CONFIRM MY CONTINUED PARTICIPATION IN THE ABOVE PROGRAMS. I AUTHORIZE REPRESENTATIVES OF THE ABOVE PROGRAMS, IF REQUESTED, TO DISCUSS WITH AND/OR PROVIDE COPIES TO CELLCOM TO VERIFY MY PARTICIPATION IN THE ABOVE PROGRAMS AND ELIGIBILITY FOR LIFELINE OR LINK-UP SERVICE. I FURTHER AGREE UPON REQUEST FROM CELLCOM TO PROVIDE DOCUMENTATION OF ELIGIBILITY.

I CERTIFY UNDER PENALTY OF PERJURY THAT ALL OF THE INFORMATION PROVIDED IS TRUE AND CORRECT, AND I AGREE TO COMPLY WITH ALL REQUIREMENTS OF THE LIFELINE/LINKUP ASSISTANCE PROGRAMS.

Printed Name: _____

Applicant's Signature: _____ **Date:** ____ / ____ / _____

Please return application to:

Cellcom Lifeline Program
P.O. Box 5370
De Pere, WI 54115

or take your completed application to a Cellcom retail location nearest you.