Mobility Fund
Phase 1 - §54.1009 Annual Reporting
Data Collection Form

FCC Form
Approved by OMB
OMB 3060-1185
Avg. Burden Estimate per Respondent: 18 Hours

<010>	Study Area Code	618005
<015>	Study Area Name	GCI Communication Corp.
<020>	Program Year	2014
<030>	Contact Name: Person USAC should contact with questions about this data	Emily Thatcher
<035>	Contact Telephone Number: Number of the person identified in data line <030>	9078685643 ext.
<039>	Contact Email: Email of the person identified in data line <030>	ethatcher@gci.com

(check box when complete)

<040> **Has the information required pursuant to §54.1009 been provided with a Form 481 filing (Y/N)** <040> ◉ ○

<041> Attach a description of the documents filed with the Form 481 reporting <041> Form481GCICommunicationCorp619014.pdf

<042> Cite the Study Area Code (SAC) for the Form 481 reporting <042> 619014

<043> Cite the date of the Form 481 reporting <043> 07/01/2014

<050> **Carrier Contact Information** *(has the contact info. changed since prior filing? Yes or No)* ○ ◉

(If yes, complete the attached worksheet) <050> ☐

<060> **Coverage and Performance Report** *(complete attached worksheet)* <060> ☑

<070> **Urban Rate Comparability Certification** *(complete attached certification)* <070> ☑

<080> **Tribal Lands Reporting (y/n?)** *(Does this study area cover tribal lands? Yes or No)* ◉ ○

(If yes, complete the attached worksheet) <080> ☑

<090> **Project Update Information** *(complete attached worksheet)* <090> ☑

<100> **Certifications**

<101> Reporting Carrier Certification *(complete attached certification)* <101> ☑

<102> Agent Certification *(complete attached certification)* <102> ☐

Notice to Individuals Required by the Paperwork Reduction Act of 1995
OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements)
Notice to Individuals Required by the Paperwork Reduction Act of 1995
Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.
THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

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<039>	Contact Email Address - Email Address of person identified in data line <030>	ethatcher@gci.com

Reporting Carrier / Mobility Fund Phase 1 Winning Bidder

<110> FCC Registration Number
<111> Filing Carrier Name
<112> Winning Bidder Carrier Name
<113> Street Address (or PO Box)
<114> City
<115> State
<116> Zip-Code
<117> Telephone Number
<118> Fax Number
<119> Email Address

Contact Information

if same as above, indicate in this box ☐

<120> Name (First, MI, Last, Suffix)
<121> Filing Carrier Name
<122> Street Address (or PO Box)
<123> City
<124> State
<125> Zip-Code
<126> Telephone Number
<127> Fax Number
<128> Email Address

Authorized Agent Information

if no agent, indicate in this box ☐

<120> Name (First, MI, Last, Suffix)
<121> Company
<122> Street Address (or PO Box)
<123> City
<124> State
<125> Zip-Code
<126> Telephone Number
<127> Fax Number
<128> Email Address

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<039>	Contact Email Address - Email Address of person identified in data line <030>	ethatcher@gci.com

<140> Coverage and Performance Report Year 12/2013 - 12/2013

Electronic Shapefiles attachments: 618005_CPRd_AK.zip

Name of Attached Document (.zip)

Drive Test Results attachments:

Name of Attached Document (.zip)

Scattered Site Test Results attachments:

Name of Attached Document (.zip)

<141>

<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<c1>	<c2>	<c3>	<d>	<e>	<f>
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 Electronic Shapefiles are uploaded (yes/no)**	**Certify that Drive Test Results are uploaded (yes/no)**	**Certify that Scattered Site Tests are 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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<039>	Contact Email Address - Email Address of person identified in data line <030>	ethatcher@gci.com

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

Certification of Officer or Employee as to Compliance with 47 CFR §54.1009(a)(4)

I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this form and in any attachments is accurate.

Name of Reporting Carrier: GCI Communication Corp.

Signature of Authorized Officer: CERTIFIED ONLINE Date 07/31/2014

Printed name of Authorized Officer: Lynda Tarbath

Title or position of Authorized Officer: VP & Chief Accounting Officer

Telephone number of Authorized Officer: 9078685638 ext.

Study Area Code of Reporting Carrier: 618005 Filing Due Date for this form: 07/31/2014

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.

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

Certification of Officer or Employee to authorize an Agent to file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier

I certify that (Name of Agent)_____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.

Name of Authorized Agent:

Name of Reporting Carrier:

Signature of Authorized Officer or Employee: Date:

Printed name of Authorized Officer or Employee:

Title or position of Authorized Officer or Employee:

Telephone number of Authorized Officer or Employee:

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

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TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier

I, as agent for the reporting carrier, certify that I am authorized to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.

Name of Reporting Carrier:

Name of Authorized Agent or Employee of Agent:

Signature of Authorized Agent or Employee of Agent: Date:

Printed name of Authorized Agent or Employee of Agent:

Title or position of Authorized Agent or Employee of Agent

Telephone number of Authorized Agent or Employee of Agent:

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

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<030>	Contact Name - Person USAC should contact regarding this data	Emily Thatcher
<035>	Contact Telephone Number - Number of person identified in data line <030>	9078685643 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	ethatcher@gci.com

<142> State: AK

<143> County: Bethel

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

<145> Tribal Government Engagement Obligation: 618005_TLRa5_AK.pdf

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 145, demonstrates coordination with the Tribal government pursuant to § 54.1004 includes:

		Select (Yes,No, NA)
<146>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions;	Yes
<147>	Feasibility and sustainability planning;	Yes
<148>	Marketing services in a culturally sensitive manner;	Yes
<149>	Compliance with Rights of way processes	Yes
<150>	Compliance with Land Use permitting requirements	Yes
<151>	Compliance with Facilities Siting rules	Yes
<152>	Compliance with Environmental Review processes	Yes
<153>	Compliance with Cultural Preservation review processes	Yes
<154>	Compliance with Tribal Business and Licensing requirements.	Yes

<010>	Study Area Code	618005
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<035>	Contact Telephone Number - Number of person identified in data line <030>	9078685643 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	ethatcher@gci.com

<200>	Date Authorized to Receive Support	12/23/2013
<201>	Targeted Completion Date	12/24/2015
<202>	Total Mobility Fund Support Awarded	1074.64
<203>	Total Mobility Fund Support Disbursed	358.21
<204>	Support Applied to Network Design	
<205>	Support Applied to Construction	358.21
<206>	Support Applied to Deployment	
<207>	Support Applied to Maintenance	
<208>	Certify Network will Support 3G Mobile Service (Yes / No)	○ ●
<209>	Certify Network will Support 4G Mobile Service (Yes / No)	○ ●
<210>	Actual Completion Date	
<211>	Project Status Description (attached)	618005_PSD_AK.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	✔

<010>	Study Area Code	618005
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<039>	Contact Email Address - Email Address of person identified in data line <030>	ethatcher@gci.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 Mobility Fund Recipients

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual 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: GCI Communication Corp.

Signature of Authorized Officer: CERTIFIED ONLINE Date 07/31/2014

Printed name of Authorized Officer: Lynda Tarbath

Title or position of Authorized Officer: VP & Chief Accounting Officer

Telephone number of Authorized Officer: 9078685638 ext.

Study Area Code of Reporting Carrier: 618005 Filing Due Date for this form: 07/31/2014

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<030>	Contact Name - Person USAC should contact regarding this data	Emily Thatcher
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<039>	Contact Email Address - Email Address of person identified in data line <030>	ethatcher@gci.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 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 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 Mobility Fund Recipients on Behalf of Reporting Carrier

I, as agent for the reporting carrier, certify that I am authorized to submit the annual 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.

Attachments

(060) Coverage and Performance Report

FCC Form 690
Approved by OMB
OMB Control No. 3060-1185

<010>	Study Area Code	618005
<015>	Study Area Name	GCI Communication Corp.
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Emily Thatcher
<035>	Contact Telephone Number - Number of person identified in data line <030>	9078685643 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	ethatcher@gci.com
<140>	Coverage and Performance Report Year	12/2013 - 12/2013

<141>

<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<c1>	<c2>	<c3>	<d>	<e>	<f>
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 Electronic Shapefiles are uploaded (yes/no)**	**Certify that Drive Test Results are uploaded (yes/no)**	**Certify that Scattered Site Tests are uploaded (yes/no)**
AK	Bethel	20500001002044	1	0	0	0.04	0.0	0.0	Yes		

Percentage of Total Population Reached by Service	0	Percentage of Total Road Miles covered by Service	0

GCI Communication Corp.
SACs: 618001 through 618218
Form 690, line 145 - Tribal Government Engagement Obligation:

GCI Communication Corp. filed Form 481 on July 1, 2014, for SAC 619014.

The Form 481 filing for SAC 619014 included the certifications and showings required in CFR 47§54.1004 for all 218 SACs assigned to GCI Communication Corp. in connection with the Mobility Fund 1 awards.

GCI Communication Corp.
SACs 618001 through 618218
Form 690 (060) Coverage and Performance Report

There are no newly covered 3G areas to report for this period.

(Dec 2013 – Dec 2013)

(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	619014
<015>	Study Area Name	GCI COMMUNICATION CORP.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Adam Taylor
<035>	Contact Telephone Number - Number of person identified in data line <030>	2025559977 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	ataylor@gci.com

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

This list will be attached to the Engagement Obligation pdf as it exceeds the 1000 character limit.

<920> Tribal Government Engagement Obligation

2014 Tribal Engagement Form 481 narrative & Tribal contact list.pdf, Tribal engagement exhibit for upload.pdf, Rural Travel and Statewide Community Events Calendar_2013_v3.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

GCI Mobility Phase I

Project Description Update

SACs 618001 through 618218

The project description submitted with GCI's long form application has few changes. The original description is still substantially accurate in regard to network design, technology, spectrum, budget, construction and deployment plans, services and coverage. The service turn-up dates for the four project groups in Bethel were moved from December 2013 to April 30, 2014. The drive tests for these are now scheduled for August 2014. Equipment including radios and antennas has been purchased for all locations; construction activity for the other nine villages is in progress and is expected to complete by the end of the 2014 construction season as described in the original project description schedule.