

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
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<010> Study Area Code	528005
<015> Study Area Name	United States Cellular Corporation
<020> Program Year	2014
<030> Contact Name: Person USAC should contact with questions about this data	Stephanie Cassioppi
<035> Contact Telephone Number: Number of the person identified in data line <030>	6302013501 ext.
<039> Contact Email: Email of the person identified in data line <030>	Stephanie.Cassioppi@USCellular.com

(check box when complete)

<040> <u>Has the information required pursuant to §54.1009 been provided with a Form 481 filing (Y/N)</u>		<input checked="" type="radio"/> <input type="radio"/>	
<041> Attach a description of the documents filed with the Form 481 reporting	<041>	528005WA041.pdf	
<042> Cite the Study Area Code (SAC) for the Form 481 reporting	<042>	529001	
<043> Cite the date of the Form 481 reporting	<043>	06/26/2014	
<050> <u>Carrier Contact Information</u> <small>(has the contact info. changed since prior filing? Yes or No)</small>		<input type="radio"/> <input checked="" type="radio"/>	
<small>(If yes, complete the attached worksheet)</small>	<050>		
<060> <u>Coverage and Performance Report</u> <small>(complete attached worksheet)</small>	<060>	<input checked="" type="checkbox"/>	
<070> <u>Urban Rate Comparability Certification</u> <small>(complete attached certification)</small>	<070>	<input checked="" type="checkbox"/>	
<080> <u>Tribal Lands Reporting (y/n?)</u> <small>(Does this study area cover tribal lands? Yes or No)</small>		<input type="radio"/> <input checked="" type="radio"/>	
<small>(If yes, complete the attached worksheet)</small>	<080>		
<090> <u>Project Update Information</u> <small>(complete attached worksheet)</small>	<090>	<input checked="" type="checkbox"/>	
<100> <u>Certifications</u>			
<101> Reporting Carrier Certification <small>(complete attached certification)</small>	<101>	<input checked="" type="checkbox"/>	
<102> Agent Certification <small>(complete attached certification)</small>	<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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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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<140>	Coverage and Performance Report Year	01/2013 - 12/2013

Electronic Shapefiles attachments
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

Percentage of Total Road Miles covered by Service

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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:	United States Cellular Corporation
Signature of Authorized Officer:	CERTIFIED ONLINE Date 07/25/2014
Printed name of Authorized Officer:	John Gockley
Title or position of Authorized Officer:	VP-Legal and Regulatory Affairs
Telephone number of Authorized Officer:	7738643167 ext.
Study Area Code of Reporting Carrier:	528005 Filing Due Date for this form: 07/31/2014
<small>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.</small>	

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:
<small>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.</small>	

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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<142> State _____

<143> County _____

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

<145> Tribal Government Engagement Obligation

Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes, No, 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:

- <146> Needs assessment and deployment planning with a focus on Tribal community anchor institutions;
- <147> Feasibility and sustainability planning;
- <148> Marketing services in a culturally sensitive manner;
- <149> Compliance with Rights of way processes
- <150> Compliance with Land Use permitting requirements
- <151> Compliance with Facilities Siting rules
- <152> Compliance with Environmental Review processes
- <153> Compliance with Cultural Preservation review processes
- <154> Compliance with Tribal Business and Licensing requirements.

Select (Yes, No, NA)

(090) Project Update Information

FCC Form 690

Approved by OMB

OMB Control No. 3060-1185

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<200>	Date Authorized to Receive Support	06/24/2013
<201>	Targeted Completion Date	[REDACTED]
<202>	Total Mobility Fund Support Awarded	1135416.5
<203>	Total Mobility Fund Support Disbursed	378472.17
<204>	Support Applied to Network Design	0.0
<205>	Support Applied to Construction	[REDACTED]
<206>	Support Applied to Deployment	[REDACTED]
<207>	Support Applied to Maintenance	0.0
<208>	Certify Network will Support 3G Mobile Service (Yes / No)	<input checked="" type="radio"/> <input type="radio"/>
<209>	Certify Network will Support 4G Mobile Service (Yes / No)	<input checked="" type="radio"/> <input type="radio"/>
<210>	Actual Completion Date	[REDACTED]
<211>	Project Status Description (attached)	528005WA211.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	<input checked="" type="checkbox"/>
<213>	Status of Network Deployment - Construction	<input checked="" type="checkbox"/>
<214>	Status of Network Deployment - Deployment	<input checked="" type="checkbox"/>
<215>	Status of Network Deployment - Maintenance	<input checked="" type="checkbox"/>
<216>	Project Budget Status	<input checked="" type="checkbox"/>
<217>	Project Plan Status	<input checked="" type="checkbox"/>

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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 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:	United States Cellular Corporation
Signature of Authorized Officer:	CERTIFIED ONLINE Date 07/25/2014
Printed name of Authorized Officer:	John Gockley
Title or position of Authorized Officer:	VP-Legal and Regulatory Affairs
Telephone number of Authorized Officer:	7738643167 ext.
Study Area Code of Reporting Carrier:	528005 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.	

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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: _____
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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: _____
<small>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.</small>	

Attachments

FCC FORM 690 LINE 211: PROJECT STATUS DESCRIPTION

Project Description and Statement of Technical Feasibility

Winning Bid Census Tract No. T53041970100 (Lewis, WA)

SAC 528005

Total Bid Amount: \$1,135,416.50

I. Project Summary

United States Cellular Corporation ("Applicant") currently provides wireless services in Washington. Applicant operates a 3G/4G wireless voice and data network incorporating state-of-the-art technologies including 3G CDMA [REDACTED] Voice, 3G [REDACTED] and 4G LTE (Long Term Evolution). For this particular winning bid census tract, Applicant plans to construct two (2) new LTE cell sites in order to provide coverage to the unserved qualifying roads in the eligible census blocks within the winning bid census tract.

Applicant plans to use [REDACTED] 4G LTE technology to provide the required service. LTE incorporates Multiple In Multiple Out (MIMO) technology, the Orthogonal Frequency Division Multiple Access (OFDMA) air interface in the downlink and Single Carrier FDMA in the uplink. This combination provides high levels of spectral efficiency and network performance, coupled with high network capacity and low latency [REDACTED] 4G LTE.

Installation of new cell sites will enable Applicant to meet its public interest obligations to provide rural citizens with access to advanced telecommunications and information technologies that are reasonably comparable to those available in urban areas. Applicant has

identified areas that lack high-quality coverage, that is, dead zones where citizens have inconsistent access to wireless network signals or where coverage is insufficient to allow mobile usage without dropped calls.

Use of support from Auction 901 will permit Applicant improve and expand coverage, and to cover operating and maintenance expenses expected in remote areas that are not expected to be cash flow positive for many years, if ever. In many areas where Applicant currently serves, consumers have access to data speeds that are insufficient to stream high quality video and transmit large files without significant delay. Installation of 4G service will significantly increase data speeds, well in excess of the 4/1 throughput requirement.

This will serve the public interest by allowing consumers to make more efficient use of high speed products and services, including smart phone devices, providing access to a wide variety of software applications. In every area where coverage is improved, rural citizens will see significant public safety benefits, as access to 911, E-911 and other important communications are all facilitated by improved connectivity in a mobile environment.

II. Project Timeline

MILESTONES	START	END
1. Network Design		
2. Drafting, Posting of RFPs if applicable		
3. Vendor Selection		
4. Contract Negotiation if applicable		
5. Construction		
6. Meeting requirements for \$\$ Installments		
a. 1st disbursement - upon award, no other requirements		6/15/2013
b. 2nd disbursement -		
i. report demonstrating 50% road miles covered		when 50% coverage attained
ii. 2nd LOC or increase to initial LOC to cover disbursement amount		when 50% coverage attained

c. 3rd/final disbursement -		
i. report demonstrating 75% road miles covered (3yrs for 4G)		Upon completion of construction

Applicant has already completed a preliminary network design, which has informed its bidding strategy. Upon grant of its application, Applicant will finalize its network design and budget, based on the then-current status of its network and then-current costs associated with purchasing the necessary equipment. Applicant employs radio-frequency engineers, as well as consulting engineers, to develop a final network design plan. Applicant expects that this process will take approximately four to six weeks.

Applicant is staging its construction project, ordering equipment, and beginning installations in a rapid but orderly fashion. Likewise, it is installing equipment needed to upgrade its backhaul and network core facilities, so that all new network equipment that is installed is capable of providing service immediately. Applicant has already selected its vendors and all contracting that was required has been completed.

Construction, installation and testing are expected to be complete [REDACTED] its Auction 901 grant. The actual date of network deployment will vary depending upon a number of factors, including for example, equipment availability, cell site preparation, zoning and permitting approvals, weather and other factors discussed above. Nonetheless, Applicant expects it will achieve 75% or greater coverage and that it will complete its network construction on or about [REDACTED].

III. Statement of Technical Feasibility

These network deployments and improvements are all technically feasible because they represent an extension of Applicant's existing network, which has been providing service for a number of years. The projected cost of Applicant's project plan and necessary operating and maintenance expenses exceed the amount of Auction 901 support that it will receive, and the company is prepared to invest the additional capital needed to complete the project. It has undertaken a financial analysis of the technical feasibility of meeting the FCC's coverage requirements and based on that analysis, it has determined that the combination of support and internally generated capital will be sufficient.

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

Applicant has already begun successfully rolling out 4G LTE service in parts of its existing network. Applicant has familiarity with the challenges of deploying 4G technology as well as established relationships with equipment and handset vendors. Applicant understands the challenges of deploying a high-speed data network in a rural area and is fully confident that the technology it has chosen is technically feasible and that it has the necessary expertise to deploy a technically capable network solution that meets the FCC's coverage and throughput requirements.

Applicant will purchase peripheral technologies such as battery back-ups and diesel generators to ensure that its new network equipment is sufficiently hardened to withstand natural and man-made disasters.

IV. Budget and Actual Spending Breakdown

Census Tract	County/State	Bid	Project Budget Total
T53041970100	Lewis, WA	\$1,135,416.50	

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

USAC Category	Project Budget Detail	Budget - Cost to Complete	Costs Incurred as of 12/31/2013	Actual to Budget Percentage
Network Design	Network Design	In House	In House	N/A
Construction				
Deployment				
Maintenance				
	Total			

The projected build plan set forth above, including costs and timeframes, are good-faith estimates based on current information and subject to change, depending on a variety of factors such as but not limited to terrain, zoning or other restriction on land usage, weather, and equipment availability from the selected vendors.

FCC Form 690

Mobility Fund Phase 1 - §54.1009 Annual Reporting

Line 041: Description of documents filed with Form 481 SAC 529001

The documents filed with FCC Form 481 for SAC 529001 on June 26, 2014 include:

- 529001WA310 Unfulfilled Service Requests (voice) Detail on Attempts
- 529001WA330 Unfulfilled Service Requests (broadband) Detail on Attempts
- 529001WA510 Service Quality Standards & Consumer Protection Rules Compliance
- 529001WA610 Functionality in Emergency Situations
- 529001WA920 Tribal Government Engagement Obligation
- 529001WA1010 Voice Services Rate Comparability

FCC FORM 690 FOR 2013

(060) COVERAGE AND PERFORMANCE REPORT

Construction has not been completed for the following SAC:

528005