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REDACTED – FOR PUBLIC INSPECTION

SQUIRE PATTON BOGGS

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Monica S. Desai
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July 1, 2014

ACCEPTED/FILED
JUL 1 2014
Federal Communications Commission
Office of the Secretary

Ms. Marlene H. Dortch
Secretary
Federal Communications Commission
445 12th Street, SW
Washington, DC 20554

Re: **Windy City Cellular, LLC**
FCC Form 481 – WC Docket Nos. 10-90 and 11-42

Dear Ms. Dortch:

Monica Desai of Squire Patton Boggs, LLP, hereby files FCC Form 481 on behalf of Windy City Cellular, LLC. Pursuant to the Protective Order adopted in the above-referenced proceeding, please find enclosed one copy of the confidential version of this filing, and two copies of the public version of this filing in redacted form with an accompanying copy of this cover letter.

Each page of the confidential version bears the legend "CONFIDENTIAL FINANCIAL INFORMATION – SUBJECT TO PROTECTIVE ORDER IN WC DOCKET NOS. 10-90, 07-135, 05-337, 03-109, CC DOCKET NOs. 01-92, 96-45, GN Docket No. 09-51, WT DOCKET NO. 10-208, BEFORE THE FEDERAL COMMUNICATIONS COMMISSION."

The copies of the public version and the accompanying cover letter bear the legend "REDACTED – FOR PUBLIC INSPECTION."

Two copies of the confidential version of this filing also are being directed to Mr. Charles Tyler of the Telecommunications Access Policy Division – Wireline Competition Bureau, as required by the Protective Order.

No. of Copies rec'd 0+5
List ABCDE

44 Offices in 21 Countries

Squire Patton Boggs (US) LLP is part of the international legal practice Squire Patton Boggs, which operates worldwide through a number of separate legal entities.

Please visit squirepattonboggs.com for more information.

Should you have any questions with respect to the filing, please contact the undersigned.

Respectfully submitted,

Monica S. Desai
Squire Patton Boggs, LLP
2550 M Street, NW
Washington, DC 20037
202-457-7535
Counsel to Windy City Cellular, LLC

cc: Charles Tyler

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	619012
<015>	Study Area Name	Windy City Cellular
<020>	Program Year	2015
<030>	Contact Name: Person USAC should contact with questions about this data	Andilea Weaver
<035>	Contact Telephone Number: Number of the person identified in data line <030>	9072220844 ext.
<039>	Contact Email Address: Email of the person identified in data line <030>	aweaver@adaktu.net

ACCEPTED/FILED
JUL 1 2014
Federal Communications Commission
Office of the Secretary

ANNUAL REPORTING FOR ALL CARRIERS		54.313 Completion Required	54.422 Completion Required
		(check box when complete)	
<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>	(attached descriptive document)		
<600> Functionality in Emergency Situations	(check to indicate certification)		
<610>	(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>	(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

002

<010>	Study Area Code	619012
<015>	Study Area Name	Windy City Cellular
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Andilea Weaver
<035>	Contact Telephone Number - Number of person identified in data line <030>	9072220844 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	aweaver@adaktu.net

<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.

619012 AK Network Improvment.pdf

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

003

<010>	Study Area Code	619012
<015>	Study Area Name	Windy City Cellular
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Andilea Weaver
<035>	Contact Telephone Number - Number of person identified in data line <030>	9072220844 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	aweaver@adaktu.net

<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

(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

004

<010>	Study Area Code	619012
<015>	Study Area Name	Windy City Cellular
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Andilea Weaver
<035>	Contact Telephone Number - Number of person identified in data line <030>	9072220844 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	aweaver@adaktu.net

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

<703>

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

-- See attached worksheet

005

(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	619012
<015>	Study Area Name	Windy City Cellular
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Andilea Weaver
<035>	Contact Telephone Number - Number of person identified in data line <030>	9072220844 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	aweaver@adaktu.net

<711>

<a1> State	<a2> Exchange (ILEC)	<b1> Residential Rate	<b2> State Regulated Fees	<c> Total Rate 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*)

-- See attached worksheet --

(800) Operating Companies
Data Collection Form

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

900

<010>	Study Area Code	619012
<015>	Study Area Name	Windy City Cellular
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Andilea Weaver
<035>	Contact Telephone Number - Number of person identified in data line <030>	9072220844 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	aweaver@adaktu.net

<810>	Reporting Carrier	Windy City Cellular LLC
<811>	Holding Company	Adak Eagle Enterprises
<812>	Operating Company	Adak Eagle Enterprises

<813>	<a1>	<a2>	<a3>
	Affiliates	SAC	Doing Business As Company or Brand Designation

(900) Tribal Lands Reporting
Data Collection Form

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

007

<010>	Study Area Code	619012
<015>	Study Area Name	Windy City Cellular
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Andilea Weaver
<035>	Contact Telephone Number - Number of person identified in data line <030>	9072220844 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	aweaver@adaktu.net

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

<920> Tribal Government Engagement Obligation

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.	
<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

008

<010>	Study Area Code	619012
<015>	Study Area Name	Windy City Cellular
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Andilea Weaver
<035>	Contact Telephone Number - Number of person identified in data line <030>	9072220844 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	aweaver@adaktu.net

<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

600

<010>	Study Area Code	619012
<015>	Study Area Name	Windy City Cellular
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Andilea Weaver
<035>	Contact Telephone Number - Number of person identified in data line <030>	9072220844 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	aweaver@adaktu.net

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

619012 AK 1210 Lifeline Terms & Condt.pdf

Name of Attached Document

<1220> Link to Public Website HTTP http://adaktu.net

"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

010

<010>	Study Area Code	619012
<015>	Study Area Name	Windy City Cellular
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Andilea Weaver
<035>	Contact Telephone Number - Number of person identified in data line <030>	9072220844 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	aweaver@adaktu.net

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

011

<010>	Study Area Code	619012
<015>	Study Area Name	Windy City Cellular
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Andilea Weaver
<035>	Contact Telephone Number - Number of person identified in data line <030>	9072220844 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	aweaver@adaktu.net

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

REDACTED – FOR PUBLIC INSPECTION

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	619012
<015>	Study Area Name	Windy City Cellular
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Andilea Weaver
<035>	Contact Telephone Number - Number of person identified in data line <030>	9072220844 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	aweaver@adaktu.net

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: Windy City Cellular

Signature of Authorized Officer: CERTIFIED ONLINE Date 6/1/2014

Printed name of Authorized Officer: Andilea Weaver

Title or position of Authorized Officer: VP/COO

Telephone number of Authorized Officer: 9072220844 ext.

Study Area Code of Reporting Carrier: 619012 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.

REDACTED – FOR PUBLIC INSPECTION

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	619012
<015>	Study Area Name	Windy City Cellular
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Andilea Weaver
<035>	Contact Telephone Number - Number of person identified in data line <030>	9072220844 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	aweaver@adaktu.net

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

Network Improvement Plan
Pages 15 – 21
Redacted for Public Inspection

REDACTED – FOR PUBLIC INSPECTION

Adak Eagle Enterprises LLC

Network Improvement Projects
As of 2014 Annual Report Submission- June 1, 2014

Wire Center Name & CLLI	Description of improvement	Cost Estimate	Amount already	Regulated % Allocation	Amount in USF Support Area	% Voice	% Broadband	Area Impacted	Population Impacted	Target Completion Date	Actual Completion Date	Notes
A	B	C	Expensed	D	E=CXD	***	***	***	***	***	***	
Windy City Cellular												
Project 4	Relocate Satellite Dish (Location: baseball field "Adak")	$ 95,000.00	$ -	90%	$ 85,500.00	10%	90%	.75 Sq. miles	175	Q-4-2018	N/A	1
Project 5	Upgrade Cellular switches to LTE or 4G	$ 1,300,000.00	$ -	95%	$ 1,235,000.00	85%	15%	23.2 miles	145	Q-2-2018	N/A	2

Notes

1) Satellite dish purchase and relocate, 90% Broadband backhaul possible VOIP offerings

2) 95% of Upgrade costs would include equipment and switches that support non-regulated services, and 15% contributes to broadband services. (Calculation based off of 2012 subscribers through switches in: Adak)

(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	619012
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<030>	Contact Name - Person USAC should contact regarding this data	Andilea Weaver
<035>	Contact Telephone Number - Number of person identified in data line <030>	9072220844 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	aweaver@adaktu.net

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

<703>

<a1> State	<a2> Exchange (ILEC)	<a3> SAC (CETC)	<b1> Rate Type	<b2> Residential Local Service Rate	<b3> State Subscriber Line Charge	<b4> State Universal Service Fee	<b5> Mandatory Extended Area Service Charge	<c> Total per line Rates and Fees
AK	610898		FR	40.0	0.0	3.68	0.0	43.68

023

(710) Broadband Price Offerings
Data Collection Form

FCC Form 481
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July 2013

<010>	Study Area Code	619012
<015>	Study Area Name	Windy City Cellular
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<039>	Contact Email Address - Email Address of person identified in data line <030>	aweaver@adaktu.net

<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)
AK	619012	75.0	0.0	75.0	96.0	56.0	1.0	Overage Charge
AK	619012	100.0	0.0	100.0	128.0	96.0	1.5	Overage Charge
AK	619012	150.0	0.0	150.0	256.0	96.0	3.0	Overage Charge

ADAK TELEPHONE UTILITY
WINDY CITY CELLULAR
Lifeline and Link-Up Assistance Program
SUBSCRIBER APPLICATION FORM – Document must be completed by person seeking Lifeline service

First Name	Last	M.I.	Date
Address	Temporary or Permanent	Unit #	
City	State	ZIP	
Birthdate	E-mail Address		
Last 4 Digits of Social Security#	**Driver's License State**	**Driver's License #**	

Current Telephone Service

- ☐ I do not currently have telephone service
- ☐ I currently have telephone service at the above address: Phone # 907-_____
- ☐ I currently receive monthly Lifeline assistance for the above line.
  (Note: Lifeline assistance is limited to one phone line, landline or cellular)
- ☐ I previously received Link Up assistance at the above address.
  (Note: You may not receive Linkup Assistance more than once at the same residence)

ELIGIBILITY REQUIREMENTS – Assistance Program Participation or Household Income Level (Check A or B)

A. ☐ I currently participate in or receive benefits from one or more of the following Programs
(For each program checked, you will need to provide proof of participation before the application will be accepted).

Assistance Program Participation

- ☐ Medicaid (not Medicare)
- ☐ Food Stamps
- ☐ Supplemental Security Income
- ☐ Denali Kid Care
- ☐ Alaska Adult public Assistance program
- ☐ Veterans Administration (VA) Disability Pension
- ☐ State of Alaska Heating Assistance Program
- ☐ Alaska State Housing Corporation's Federal Public Housing Assistance (Section 8)
- ☐ Low Income Home Energy Assistance
- ☐ Temporary Assistance for Needy Families
- ☐ Alaska Temporary Assistance Program
- ☐ Child Care Assistance Program
- ☐ Senior Care
- ☐ Women, Infants and Children's Program
- ☐ Pioneer Home Payment Assistance
- ☐ National School Lunch Program
- ☐ Alaska State Housing Corporation's Programs (Public Housing, Interest Rate Reduction for Low Income Borrowers, Home Investment Partnership "HOME", Low Income Housing Tax Credit Program, Senior Citizen Housing Development or
- ☐ Other_____

B. ☐ There are _____members of my household and my household income is at or below 135% of the Federal Income Eligibility Thresholds. (Note: You must provide documentation verifying your household income. When providing documents pertaining to monthly benefits or wages, customer must provide 3 consecutive months of proof.)

Income Eligibility Thresholds

Size of Household	Lifeline eligibility Level for 2012 for Alaska	Documentation of "household" income must be provided in one of the following form:
1	$18,860	• A previous year's state of federal tax return • A current income statement from an employer or 3 months of paycheck stubs • A statement of benefits from the U.S. Social Security Admin. • A statement of benefits from the U.S. Dept. of Veterans Affairs • A retirement or pension statement of benefits • An unemployment or worker's compensation statement of benefits • A federal or tribal notice of letter of participation in general assistance • A divorce decree or child support document • Any other official documentation to substantiate income *"Household "means all persons who occupy a housing unit, regardless of whether they are related to each other.*
2	$25,542	
3	$32,225	
4	$38,907	
5	$45,590	
6	$52,272	
7	$58,955	
8	$65,637	
For each additional person, add	$6,683	

Lifeline Critical Information

- Lifeline service is a government program that enables qualified low-income consumers to receive discounted service on either a wireless or landline phone. Qualifying consumers are limited to one Lifeline service per household. A household is any individual or group of individuals who live together at the same address and share income and expenses.
- A household is not permitted to receive Lifeline benefits from multiple providers. Any such violation of the one-per-household limitation constitutes a violation of federal law and will result in the subscriber's de-enrollment from the program. Defrauding a federal government program may also result in fines and/or criminal prosecution, and/or being barred from future participation in government programs.
- Lifeline is a non-transferable benefit. The subscriber may not transfer his or her benefit to any other person at any time.

Participant Responsibilities

- Subscriber will notify their carrier within 30 days if, for any reason, he or she no longer meets the eligibility requirements listed above.
- If the subscriber moves to a new address, he or she will provide that new address to their carrier within 30 days.

Toll Limitation

☐ I elect to not allow the completion of outgoing toll (long distance) calls from my telephone. (Note: You will not be charged a deposit to initiate service if you elect toll limitation.)

Subscriber Acknowledgements

I acknowledge and certify under penalty of perjury that (1) I have read the information in this application; (2) the information contained in this application is true and correct; and (3) I understand that I must meet the above qualifications to receive Lifeline and Link-Up assistance.

1) I understand that Lifeline support is only available for a single telephone line at my principal residence or a cellular subscriber line.

2) I understand that I may not receive Link-Up assistance more than once at the same principle residence.

3) I understand that completion of this application does not constitute immediate enrollment in this program.

4) I understand service will be provided subject to the terms and conditions of service explained by the customer service agent, rate plan brochure and Lifeline and Link-Up application.

5) I agree to notify ATU/WCC within thirty (30) calendar days if (A) my household income exceeds 135% of the federal poverty guidelines or (B) I no longer participate in the program(s) identified above.

6) I further consent to the release of the information on this application internally (including financial information) pursuant to the administration of this program.

7) I understand that providing false statements in order to receive a federal government program is punishable by law.

8) I understand that at any time, I will be required to provide continued proof of eligibility, and if I fail to provide that information, it will result in my de-enrollment and the termination of my benefit of Lifeline service.

9) I give consent for my information to be shared with the Universal Service Administration Company (USAC) and/or its agents for the purpose of verifying that I do not receive more than one Lifeline benefit.

10) The information contained in this application is true and correct to the best of my knowledge.

_____

Printed Name of Applicant

_____

Signature of Applicant Date

*******OFFICIAL OFFICE USE ONLY*******

ADAK TELEPHONE UTILITY AND WINDY CITY CELLULAR INTERNAL

- **Application received and processed by:** _____
  Print Name

  _____
  Location
- **Type of Lifeline Service Applied for:** ☐ **Landline** ☐ **Mobile**
- **Link-Up benefit requested:** ☐ **Yes** ☐ **No**
- **Document reviewed for eligibility:** _____
- **Date of expiration:** _____
- **Name on Form matches Life line Application** ☐ **Yes** ☐ **No**
- **Address on Form matches Lifeline Application** ☐ **Yes** ☐ **No**
- **How was the document received:** _____
- **Date Form was reviewed for Certification:** _____
- **Date service was initiated:** _____
- **ATU/WCC Customer Number Assigned:** _____

REDACTED – FOR PUBLIC INSPECTION

[Company/Agency Letterhead]
Lifeline Household Worksheet

Name	
Address	
Telephone Number	

Lifeline is a government program that provides a monthly discount on home or mobile telephone services. Only ONE Lifeline discount is allowed per household. Members of a household are not permitted to receive Lifeline service from multiple telephone companies.

Your household is everyone who lives together at your address as one economic unit (including children and people who are not related to you).

The adults you live with are part of your economic unit if they contribute to and share in the income and expenses of the household. An adult is any person 18 years of age or older, or an emancipated minor (a person under age 18 who is legally considered to be an adult). Household expenses include food, health care expenses (such as medical bills) and the cost of renting or paying a mortgage on your place of residence (a house or apartment, for example) and utilities (including water, heat and electricity). Income includes salary, public assistance benefits, social security payments, pensions, unemployment compensation, veteran's benefits, inheritances, alimony, child support payments, worker's compensation benefits, gifts, and lottery winnings.

Spouses and domestic partners are considered to be part of the same household. Children under the age of 18 living with their parents or guardians are considered to be part of the same household as their parents or guardians. If an adult has no income, or minimal income, and lives with someone who provides financial support to that adult, both people are considered part of the same household.

You have been asked to complete this Worksheet because someone else currently receives a Lifeline-supported service at your address. This other person may or may not be a part of your household. Answer the questions below to determine whether there is more than one household residing at your address.

1. Does your spouse or domestic partner (that is, someone you are married to or in a relationship with) already receive a Lifeline-discounted phone? (*check no if you do not have a spouse or partner*) _____**YES** _____**NO**

- If you checked **YES**, you may not sign up for Lifeline because someone in your household already receives Lifeline. Only ONE Lifeline discount is allowed per household.
- If you checked **NO**, please answer question #2.

2. Other than a spouse or partner, do other adults (people over the age of 18 or emancipated minors) live with you at your address?

A. A parent	_____**YES**	_____**NO**	D. An adult roommate	_____**YES**	_____**NO**
B. An adult son or daughter	_____**YES**	_____**NO**	E. Other _____	_____**YES**	_____**NO**
C. Another adult relative (such as a sibling, aunt, cousin, grandparent, grandchild, etc.)	_____**YES**	_____**NO**			

- If you checked **NO** for each statement above, you do not need to answer the remaining questions. Please initial line B, below, and sign and date the worksheet.
- If you checked **YES**, please answer question #3.

3. Do you share living expenses (bills, food, etc.) and share income (either your income, the other person's income or both incomes together) with at least one of the adults listed above in question #2? _____**YES** _____**NO**

- If you checked **NO**, then your address includes **more than one household**. Please initial lines A and B below, and sign and date the worksheet.
- If you checked **YES**, then your address includes only **one household**. You may not sign up for Lifeline because someone in your household already receives Lifeline.

CERTIFICATION

Please initial the certifications below and sign and date this worksheet. Submit this worksheet to _____ [insert company or agency name] along with your Lifeline application.

A. _____*I certify that I live at an address occupied by multiple households.*
B. _____*I understand that violation of the one-per-household requirement is against the Federal Communication Commission's rules and may result in me losing my Lifeline benefits, and potentially, prosecution by the United States government.*

Signature_____ Date_____

USAC
Universal Service Administrative Company

USAC Home High Cost Program Search Tools Form 481

CONFIRMATION

Congratulations. Your filing has been successfully certified.

Filing 1 was successfully certified on Wed 25 Jun 14 03:54:46 PM EDT by aweaver@adaktu.net .

SAC : 619012

SPIN : 143033143

Carrier Name : Windy City Cellular

Program Year : 2015

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