

Control Number: 41506



Item Number: 6

Addendum StartPage: 0

Smith & Majcher

Attorneys at Law

Lawrence S. Smith lssmith@reglaw.com Dineen J. Majcher dmajcher@reglaw.com

4210 Spicewood Springs Road Suite 202 Austin, Texas 78759 Telephone: (512) 322-9044

Facsimile: (512) 322-9020

July 31, 2014

Central Records Filing Clerk Public Utility Commission of Texas 1701 North Congress Avenue Austin, Texas 78701

Re:

Project No. 41506 – Compliance Proceeding for Mobility Fund Eligible Telecommunications Carriers to Submit FCC Reports Required Pursuant to 47 C.F.R. 54.1009

Dear Ladies or Gentlemen:

On behalf of T-Mobile West LLC, attached is a copy of FCC Form 690, Carrier Mobility Fund Report, as it relates to Texas, which also has been filed with the FCC.

Please let us know if you have any questions whatsoever concerning this filing. Thank you for your attention to this matter.

Very truly yours,

Dineen J. Majcher

Attorney for T-Mobile West LLC

1.1 Background

The FCC Mobility Fund project is designed to improve coverage to underserved populations (roads) as part of a federal program to expand broadband coverage of unserved road miles with 3G/4G (3G = 200kbps/50kbps DL/UL) through rural America. T-Mobile was awarded funds to build approximately 122 sites across 17 census tracts in this two year program.

Funding Disbursements from FCC will be in THIRDS

- First 1/3 upon project awarded to T-Mobile (effective May 24, 2013)
- Second 1/3 upon demonstrating coverage of 50% of the awarded eligible roadmiles
- Last 1/3 upon demonstrating coverage of all eligible road miles awarded

1.2 Summary for CT 48137950300

Provide broadband coverage for 3,155.60 from a total of 3,292.40 road miles. T-Mobile will build 16 sites with planned census tract coverage of 83.3% of the total road miles per the FCC MF grant.

2 Project Status

Network Deployment - Network Design - Completed

Network Deployment - Deployment - In progress. All leases signed.

Network Deployment - Construction - Not started. Planned 10/13/2014

Network Deployment - Maintenance - Not started. Planned 06/25/2015

Project Budget Status - On track

1.1 Background

The FCC Mobility Fund project is designed to improve coverage to underserved populations (roads) as part of a federal program to expand broadband coverage of unserved road miles with 3G/4G (3G = 200kbps/50kbps DL/UL) through rural America. T-Mobile was awarded funds to build approximately 122 sites across 17 census tracts in this two year program.

Funding Disbursements from FCC will be in THIRDS

- First 1/3 upon project awarded to T-Mobile (effective May 24, 2013)
- Second 1/3 upon demonstrating coverage of 50% of the awarded eligible roadmiles
- Last 1/3 upon demonstrating coverage of all eligible road miles awarded

1.2 Summary for CT 48299970100

Provide broadband coverage for 27.85 from a total of 34.97road miles. T-Mobile will build 3 sites with planned census tract coverage of 85.0% of the total road miles per the FCC MF grant.

2 Project Status

Network Deployment - Network Design - Completed

Network Deployment - Deployment - In progress. All leases signed.

Network Deployment - Construction - Not started. Planned 10/13/2014

Network Deployment - Maintenance - Not started. Planned 06/25/2015

Project Budget Status - On track

1.1 Background

The FCC Mobility Fund project is designed to improve coverage to underserved populations (roads) as part of a federal program to expand broadband coverage of unserved road miles with 3G/4G (3G = 200kbps/50kbps DL/UL) through rural America. T-Mobile was awarded funds to build approximately 122 sites across 17 census tracts in this two year program.

Funding Disbursements from FCC will be in THIRDS

- First 1/3 upon project awarded to T-Mobile (effective May 24, 2013)
- Second 1/3 upon demonstrating coverage of 50% of the awarded eligible roadmiles
- Last 1/3 upon demonstrating coverage of all eligible road miles awarded

1.2 Summary for CT 48351950200

Provide broadband coverage for 289.51 from a total of 314.64 road miles. T-Mobile will build 7 sites with planned census tract coverage of 85.5% of the total road miles per the FCC MF grant.

2 Project Status

Network Deployment - Network Design - Completed

Network Deployment - Deployment - In progress. All leases signed.

Network Deployment - Construction - Not started. Planned 10/20/2014

Network Deployment - Maintenance - Not started. Planned 06/25/2015

Project Budget Status - On track

1.1 Background

The FCC Mobility Fund project is designed to improve coverage to underserved populations (roads) as part of a federal program to expand broadband coverage of unserved road miles with 3G/4G (3G = 200kbps/50kbps DL/UL) through rural America. T-Mobile was awarded funds to build approximately 122 sites across 17 census tracts in this two year program.

Funding Disbursements from FCC will be in THIRDS

- First 1/3 upon project awarded to T-Mobile (effective May 24, 2013)
- Second 1/3 upon demonstrating coverage of 50% of the awarded eligible roadmiles
- Last 1/3 upon demonstrating coverage of all eligible road miles awarded

1.2 Summary for CT 48323950201

Provide broadband coverage for 662.81 from a total of 669.70road miles. T-Mobile will build 5 sites with planned census tract coverage of 99.0% of the total road miles per the FCC MF grant.

2 Project Status

Network Deployment - Network Design - Completed

Network Deployment - Deployment - In progress. All leases signed.

Network Deployment - Construction - Not started. Planned 10/13/2014

Network Deployment - Maintenance - Not started. Planned 06/25/2015

Project Budget Status - On track

1.1 Background

The FCC Mobility Fund project is designed to improve coverage to underserved populations (roads) as part of a federal program to expand broadband coverage of unserved road miles with 3G/4G (3G = 200kbps/50kbps DL/UL) through rural America. T-Mobile was awarded funds to build approximately 122 sites across 17 census tracts in this two year program.

Funding Disbursements from FCC will be in THIRDS

- First 1/3 upon project awarded to T-Mobile (effective May 24, 2013)
- Second 1/3 upon demonstrating coverage of 50% of the awarded eligible roadmiles
- Last 1/3 upon demonstrating coverage of all eligible road miles awarded

1.2 Summary for CT 48323950700

Provide broadband coverage for 979.28 from a total of 994.12 road miles. T-Mobile will build 8 sites with planned census tract coverage of 96.6% of the total road miles per the FCC MF grant.

2 Project Status

Network Deployment - Network Design - Completed

Network Deployment - Deployment - In progress. All leases signed.

Network Deployment - Construction - Not started. Planned 10/31/2014

Network Deployment - Maintenance - Not started. Planned 06/25/2015

Project Budget Status - On track

1.1 Background

The FCC Mobility Fund project is designed to improve coverage to underserved populations (roads) as part of a federal program to expand broadband coverage of unserved road miles with 3G/4G (3G = 200kbps/50kbps DL/UL) through rural America. T-Mobile was awarded funds to build approximately 122 sites across 17 census tracts in this two year program.

Funding Disbursements from FCC will be in THIRDS

- First 1/3 upon project awarded to T-Mobile (effective May 24, 2013)
- Second 1/3 upon demonstrating coverage of 50% of the awarded eligible roadmiles
- Last 1/3 upon demonstrating coverage of all eligible road miles awarded

1.2 Summary for CT 48507950100

Provide broadband coverage for 672.76 from a total of 681.00 road miles. T-Mobile will build 10 sites with planned census tract coverage of 98.79% of the total road miles per the FCC MF grant.

2 Project Status

Network Deployment - Network Design - Completed

Network Deployment - Deployment - In progress. All leases signed.

Network Deployment - Construction - Not started. Planned 10/20/2014

Network Deployment - Maintenance - Not started. Planned 06/25/2015

Project Budget Status - On track

1.1 Background

The FCC Mobility Fund project is designed to improve coverage to underserved populations (roads) as part of a federal program to expand broadband coverage of unserved road miles with 3G/4G (3G = 200kbps/50kbps DL/UL) through rural America. T-Mobile was awarded funds to build approximately 122 sites across 17 census tracts in this two year program.

Funding Disbursements from FCC will be in THIRDS

- First 1/3 upon project awarded to T-Mobile (effective May 24, 2013)
- Second 1/3 upon demonstrating coverage of 50% of the awarded eligible roadmiles
- Last 1/3 upon demonstrating coverage of all eligible road miles awarded

1.2 Summary for CT 48507950301

Provide broadband coverage for 515.07 from a total of 540.76 road miles. T-Mobile will build 11 sites with planned census tract coverage of 98.5% of the total road miles per the FCC MF grant.

2 Project Status

Network Deployment - Network Design - Completed

Network Deployment - Deployment - In progress. All leases signed.

Network Deployment - Construction - Not started. Planned 10/07/2014

Network Deployment - Maintenance - Not started. Planned 06/25/2015

Project Budget Status - On track

	Fund - \$54,1009 Annual Reporting lection Form		FCC Form Approved by OMB OMB 3060-1185 Avg. Burden Estimate per Respondent: 18 Hours
<010>	Study Area Code	448051	
	Study Area Name	T-Mobile West LLC	
<020>	Program Year	2014	
<030>	Contact Name: Person USAC should contact with questions about this data	Rhonda R. Thomas	
<035>	Contact Telephone Number: Number of the person identified in data line <030>	4253834215 ext.	
<039>	Contact Email: Email of the person identified in data line <030>	rhonda.thomas63@t-mobile.com	
			(check box when complete)
<040>	Has the information required pursuant to §54.1009 <041> Attach a description of the documents file		(041>
	<042> Cite the Study Area Code (SAC) for the Fo	rm 481 reporting	<042>
	<043> Cite the date of the Form 481 reporting	, •	<043>
<050>	Carrier Contact Information (has the contact info. char	nged since prior filing? Yes or No)	\circ
		(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	er tribal lands? Yes or No)	\circ
		(If yes, complete the attached worksheet)	<080>
<090>	Project Update Information	(complete attached worksheet)	<090>
<100>	Certifications <101> Reporting Carrier Certification (compl	ete attached certification)	<101>
	<102> Agent Certification (compl	ete 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.

(050) Carr	Ter Contact Form.		PCC Form 690 Approved by OMB OMB Control No. 3060-1185 Rage 2 of 8
<010>	Study Area Code	448051	
<015>	Study Area Name	T-Mobile West LLC	
<020>	Program Year	2014	
<030>	Contact Name - Person USAC should contact regarding this of		
<035>	Contact Telephone Number - Number of person identified in Contact Email Address - Email Address of person identified i		
<039> Reporting	Carrier / Mobility Fund Phase 1 Winning Bidder	ta line <u3u> rhonda.thomas63@t-mobile.com</u3u>	
<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		
<120> <121> <122> <122> <123> <124> <125> <126> <127> <127> <128>	if same as above, indicate in this box Name (First, MI, Last, Suffix) Filing Carrier Name Street Address (or PO Box) City State Zip-Code Telephone Number Fax Number Email Address		
Authorize	d 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	· · · · · · · · · · · · · · · · · · ·	
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<126>	Telephone Number		
<127>	Fax Number		
<128>	Email Address		

(060) Cove	rage and	Performance	Report	97 august							FCC Form Ap prove OMS Con Page 3 of	d by OM trol No.	3060-1185
<010>	Study Are	na Code					448051						
<015>					T-Mobi	T-Mobile West LLC							
<020>					2014								
<030>						Rhonda	Rhonda R. Thomas						
<035>					<030> 425383	4215 ext.							
<039>				a line	<030> rhonda	.thomas63	@t-mobile	.com					
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<140>	Coverage	and Perform	ance Report Ye	ear 06/2013	- 12/2013								
	448051_CPRd_TX.zip												
		Electro	nic Shapefiles	attachments	L		. (*** . (5						
					Г	Name	of Attached Docu	nent (.zip)					
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		Dive	rest nesures at	Laciline III.3	Ļ	\(6 Attended Decum	(win)					
					Γ	vame c	of Attached Docum	nent (.zip)					
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		Scatter	ed Site Test Ke	sults attachmen		Name o	of Attached Docum	nent (.zip)					
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	Ì						Reached by		Newly	Census	d	(yes/n	uploaded
	State	County	Census Block	Census Block	by Service	-	Service	Block	Reached	Block	(yes/no)	0)	(yes/no)
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Percentage of Total Road Miles covered

by Service

Percentage of Total Population Reached by

Service

(070) Ui l	an Rate Comparability Certification Compliance	Approved by CMB - Control No. 3960-7385
<010>	Study Area Code	448051
<015>	Study Area Name	T-Mobile West LLC
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Rhonda R. Thomas
<035>	Contact Telephone Number - Number of person identified in data line <030>	4253834215 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	rhonda.thomas63@t-mobile.com

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

Certification of Officer or En	nployee as to Compliance with 47 C	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.						
bbile West LLC						
CERTIFIED ONLINE		Date 07/29/2014				
Christopher Miller						
VP, Tax						
4253834000 ext.						
448051	Filing Due Date for this form:	07/31/2014				
	the reporting carrier; my responsibile West LLC CERTIFIED ONLINE Christopher Miller VP, Tax 4253834000 ext.	bile West LLC CERTIFIED ONLINE Christopher Miller VP, Tax 4253834000 ext.				

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

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 repor	rting 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 a	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:
	ished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment
und	er Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authori	zed 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 or 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 Age	nt:				
Study Area Code of Reporting Carrier:	Filing Due Date for this form:				

(080) Triba	Lands Reporting	500	14.00 (1905) 11.00 (1905)	FCC Form 690
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		adjust the second	Substitution of the second	OMB Control No: 3060-1385
			E CALL THE REST	Page 5 of 8
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<010>	Study Area Code		448051	
<015>	Study Area Name		T-Mobile West LLC	
<020>	Program Year		2014	
<030>	Contact Name - Person USAC should contact regarding		Rhonda R. Thomas	
<035>	Contact Telephone Number - Number of person identifi	ed in data line <030>	4253834215 ext.	
<039>	Contact Email Address - Email Address of person identif	ied in data line <030>	rhonda.thomas63@t-mobile.com	
<142>	State			
<143>	County			
-1.445	Tribal Land(s) on which ETC Serves			
<144>	Tribal Land(s) of which ETC serves			
				·
.d AF:	Tribal Covers most Engagement Obligation			
<145>	Tribal Government Engagement Obligation	L	ant / milt)	
		Name of Attached Docume	ent (.paj)	

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;	
<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.	

(090) Project	Update Information	FCC Form 690
		Approved by OMB
		OMB Control No. 3060-1185
		Page 6 of 8 - 1
242	On the Associate	
<010>	Study Area Name	448051
<015> <020>	Study Area Name Program Year	T-Mobile West LLC
<030>	Contact Name - Person USAC should contact regarding this data	Rhonda R. Thomas
<035>	Contact Telephone Number - Number of person identified in data line <030>	4253834215 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	rhonda.thomas63@t-mobile.com
<200>	Date Authorized to Receive Support	06/24/2013
<201>	Targeted Completion Date	06/24/2015
<202>	Total Mobility Fund Support Awarded	8614214.16
<203>	Total Mobility Fund Support Disbursed	2871404.72
<204>	Support Applied to Network Design	2757006.28
<205>	Support Applied to Construction	0.0
<206>	Support Applied to Deployment	114398.44
<207>	Support Applied to Maintenance	0.0
<208>	Certify Network will Support 3G Mobile Service (Yes / No)	⊙ ○
<209>	Certify Network will Support 4G Mobile Service (Yes / No)	\circ
<210>	Actual Completion Date	
<211>	Project Status Description (attached)	448051_PSD_TX.pdf
	Plane should be a house halous to confirm that the attached PDE on line	{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	
<212>	Status of Network Deployment - Network Design 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	
		<u> </u>

(101) Certification - Reporting Carrier	ECForm 590 Approved by OMB OMB Control No. 3060-1185
	OMP control No. 3060-1186

<010>	Study Area Code	448051
<015>	Study Area Name	T-Mobile West LLC
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Rhonda R. Thomas
<035>	Contact Telephone Number - Number of person identified in data line <030>	4253834215 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	rhonda.thomas63@t-mobile.com

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

Legify that I am an officer of the repor	ting carrier: my responsibilities in	nclude ensuring the accuracy of the annual reporting requ	irements for Mobility Fund recipients; and, to the
best of my knowledge, the information			
Name of Reporting Carrier: T-Mob	ile West LLC		
Signature of Authorized Officer:	CERTIFIED ONLINE		Date 07/29/2014
Printed name of Authorized Officer:	Christopher Miller		
Title or position of Authorized Officer:	VP, Tax		
Telephone number of Authorized Office	4253834000 ext.		
Study Area Code of Reporting Carrier:	448051	Filing Due Date for this form: 07/31/2014	

(102) Certification—Agent / Carrier Approved by OMB OMB Control No. 3060-1185 Page 8 of 8

<010>	Study Area Code	448051
<015>	Study Area Name	T-Mobile West LLC
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Rhonda R. Thomas
<035>	Contact Telephone Number - Number of person identified in data line <030>	4253834215 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	rhonda.thomas63@t-mobile.com

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

i certify that (Name of Agent) also certify that I am an officer of the reporting carrier; my resp agent; and, to the best of my knowledge, the reports and data p	is authorized to submit the information reported on behalf of the reporting carrier. Insibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized revided 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:	
	Filing Due Date for this form:

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for Mobility Fund Recipients on Behalf of Reporting Carrier				
	o submit the annual reports for Mobility Fund recipients on behalf of the reporting carrier; I have provided the da 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 Agen				
Study Area Code of Reporting Carrier:	Filing Due Date for this form:			

Attachments

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and the contract of the contra	
(060) Coverage and Performance Report	
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	DA CIAID
CONTROL OF THE CONTRO	ATOLNOL SUBU-118:
	And the second s

<010>	Study Area Code	448051
<015>	Study Area Name	T-Mobile West LLC
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Rhonda R. Thomas
<035>	Contact Telephone Number - Number of person identified in data line <030>	4253834215 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	rhonda.thomas63@t-mobile.com
<140>	Coverage and Performance Report Year	06/2013 - 12/2013

<141>

<ai>></ai>	<=22>	442	Ke1>	. 452	ch3>	KOD.	KCD (S)	ec3>	4d>2 ² 7	₹e>	
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)
TX	48137	48137950300	1743	o		3292.4	0.0	0.0	Yes		
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Percentage of
Total Population
Reached by
Service

0			

Percentage of Total Road Miles covered by Service

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1	r Fund - §54.1009 Annual Reporting Election Form	And	FCC Form Approved by OMB OMB 3060-1185 Avg. Burden Estimate per Respondent: 18 Hours
<010>	Study Area Code	448052	
<015>	Study Area Name	T-Mobile West LLC	
<020>	Program Year	2014	
<030>	Contact Name: Person USAC should contact with questions about this data	Rhonda R. Thomas	
<035>	Contact Telephone Number: Number of the person identified in data line <030>	4253834215 ext.	
<039>	Contact Email: Email of the person identified in data line <030>	rhonda.thomas63@t-mobile.com	
200		The state of the s	
<040>	Has the information required pursuant to §54,1009 ((check box when complete) (N) <040>
	<042> Cite the Study Area Code (SAC) for the For <043> Cite the date of the Form 481 reporting	m 481 reporting	<042><043>
<050>	Carrier Contact Information (has the contact info. chan	ged since prior filing? Yes or No)	\circ
		(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)	$\circ \circ$
		(If yes, complete the attached worksheet)	<080>
<090>	Project Update Information	(complete attached worksheet)	<090>
<100>	Certifications		
-200	.404	te attached certification)	<101>
	<102> Agent Certification (complete	te 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.

INEON CO.	rrier Contact Form	
(vov) ca	rates contact form	FCC Form 690
2 46.00	and the second s	Approved by OMB
		GMB Control No. 3060-1185
10000	2	Page Z of B
<010>	Study Area Code	448052
<015>	Study Area Name	T-Mobile West LLC
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Rhonda R. Thomas
<035>	Contact Telephone Number - Number of person identified in data line	<030> 4253834215 ext.
<039>	Contact Email Address - Email Address of person identified in data lin-	<030> rhonda.thomas63@t-mobile.com
Donortin	g 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 Ir	nformation	
	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	
		
Authorize	d 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	

(060) Cove	erage and Performance Report Signature of the Control of the Cont	EEC Form 690: Ap proved by CIMB CIMB Control No. 3060-1185 Bage 87678
<010>	Study Area Code	448052

<010>	Study Area Code	448052
<015>	Study Area Name	T-Mobile West LLC
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Rhonda R. Thomas
<035>	Contact Telephone Number - Number of person identified in data line <030>	4253834215 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	rhonda.thomas63@t-mobile.com
<140>	Coverage and Performance Report Year 06/2013 - 12/2013	

	448052_CPRd_TX.zip	_
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> Certify Certify that that Drive Total Electron Test Road Road Result Miles per Miles Shapefil Road s are Certify that Resident **Total Resident** Miles upload Scattered Census covered es are Resident Population Population Block per uploade Site Tests are per ed Population per Newly Reached Reached by Census Newly Census uploaded (yes/n State County Census Block Census Block by Service Service Block Reached Block (yes/no) o) (yes/no) -- \$ee attached worksheet

Percentage of Total
Population Reached by
Service

Percentage of Total
Road Miles covered
by Service

(070) Ur	ban Rate Comparability Certification Compliance	Approved by OMB CMB Coatrol No. 3060-1125 Page 4 of 8
<010>	Study Area Code	448052
<015>	Study Area Name	T-Mobile West LLC
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Rhonda R. Thomas

4253834215 ext.

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

<039> Contact Email Address - Email Address of person identified in data line <030> rhonda.thomas63@t-mobile.com

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

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: T-Mo	obile West LLC			
Signature of Authorized Officer:	CERTIFIED ONLINE		Date 07/29/2014	
Printed name of Authorized Officer:	Christopher Miller			
Fitle or position of Authorized Officer:	VP, Tax			
elephone number of Authorized Officer:	4253834000 ext.			
Study Area Code of Reporting Carrier:	448052	Filing Due Date for this form: 07/31/3	2014	

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

certify that (Name of Agent)	is authorized to submit the information reported on behalf of the reporting g carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the 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:	
itle or position of Authorized Officer or Employee:	
elephone number of Authorized Officer or Employee:	
tudy Area Code of Reporting Carrier:	Filing Due Date for this form:

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				
elephone number of Authorized Agent or Employee of Agent				
tudy Area Code of Reporting Carrier:	Filing Due Date for this form:			

(080) Lisb	I Lands Reporting			CC Form 690 oproved by CMB IMB Control No. 3060-1185 age 5 of 8
<010>	Study Area Code		448052	
<015>	Study Area Name		T-Mobile West LLC	
<020>	Program Year		2014	
<030>	Contact Name - Person USAC should contact regarding	this data	Rhonda R. Thomas	
<035>	Contact Telephone Number - Number of person identif		4253834215 ext.	
<039>	Contact Email Address - Email Address of person identi	fied in data line <030>	rhonda.thomas63@t-mobile.com	
<142>	State			-
<143>	County			
<144>	Tribal Land(s) on which ETC Serves			
<145>	Tribal Government Engagement Obligation	Name of Attached Docume	nt (.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;	(103,10,111)
<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.	

6 1 60 4 8 8 9 0 1		
(090) Project	Update information	→ □FOC Form 690
		Approved by CMB.
		OMB Control No. 3060 1185
		Page 6 of 3
<010>	Study Area Code	448052
<015>	Study Area Name	T-Mobile West LLC
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Rhonda R. Thomas
<035>	Contact Telephone Number - Number of person identified in data line <030>	
<039>	Contact Email Address - Email Address of person identified in data line <030>	rhonda.thomas63@t-mobile.com
<200>	Date Authorized to Receive Support	06/24/2013
<201>	Targeted Completion Date	06/24/2015
<202>	Total Mobility Fund Support Awarded	517100.16
<203>	Total Mobility Fund Support Disbursed	172366.72
<204>	Support Applied to Network Design	151903.12
<205>	Support Applied to Construction	0.0
<206>	Support Applied to Deployment	20463.6
<207>	Support Applied to Maintenance	0.0
<208>	Certify Network will Support 3G Mobile Service (Yes / No)	O O
<209>	Certify Network will Support 4G Mobile Service (Yes / No)	\circ
<210>	Actual Completion Date	
<211>	Project Status Description (attached)	448052_PSD_TX.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	
<212>	shall be submitted as appropriate. Status of Network Deployment - Network Design	
<212> <213>	Status of Network Deployment - Network Design Status of Network Deployment - Construction	
<214>	Status of Network Deployment - Construction Status of Network Deployment - Deployment	-
<215>	Status of Network Deployment - Deployment Status of Network Deployment - Maintenance	- '-
<216>	Project Budget Status	
<217>	Project Plan Status	

		Approved by OMB OMB Control No. 3068-1185 Page 7 of 8
<010>	Study Area Code	448052
<015>	Study Area Name	T-Mobile West LLC
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Rhonda R. Thomas
<035>	Contact Telephone Number - Number of person identified in data line <030>	4253834215 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	rhonda thomas63@t-mobile.com

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

l 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: T-Mobile West LLC				
Signature of Authorized Officer: CERTIFIED ONLINE	Date 07/29/2014			
Printed name of Authorized Officer: Christopher Miller				
Title or position of Authorized Officer:				
Telephone number of Authorized Officer: 4253834000 ext.				
Study Area Code of Reporting Carrier: 448052	Filing Due Date for this form: 07/31/2014			

(102) Cei	tification - Agent / Carrier	ECC Form 698 Approved by OMB OMB Control No. 3060-1385. Page 8 of 8
<010>	Study Area Code	448052
<015>	Study Area Name	T-Mobile West LLC
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Rhonda R. Thomas
<035>	Contact Telephone Number - Number of person identified in data line <030>	4253834215 ext.

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

<039> Contact Email Address - Email Address of person identified in data line <030> rhonda.thomas63@t-mobile.com

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

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Autho	ized to File Annual Reports for Mobility Fund Recipients on Behalf of Reporting Carrier	
, as agent for the reporting carrier, certify that I am auth eported herein based on data provided by the reporting	rized to submit the annual reports for Mobility Fund recipients on behalf of the reporting carrier; I have provided arrier; and, to the best of my knowledge, the information reported herein is accurate.	the data
Name of Reporting Carrier:		
Name of Authorized Agent or Employee of Agent:		
signature of Authorized Agent or Employee of Agent:	Date:	
rinted name of Authorized Agent or Employee of Agent:		_
itle or position of Authorized Agent or Employee of Agen		
elephone number of Authorized Agent or Employee of A	nt:	
tudy Area Code of Reporting Carrier:	Filing Due Date for this form:	

Attachments

(060) Cd	werage and Performance Report	PCC Form 690 Approved by CRAB COMB Control No. 3050-178
<010>	Study Area Code	448052
<015>	Study Area Name	T-Mobile West LLC
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Rhonda R. Thomas
<035>	Contact Telephone Number - Number of person identified in data line <030>	4253834215 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	rhonda.thomas63@t-mobile.com

06/2013 - 12/2013

Contact Email Address - Email Address of person identified in data line <030> rhonda.thomas63@t-mobile.com

<140>

<141>

Coverage and Performance Report Year

Certify that Certify that Certify that Resident Total Resident Road Miles Total Road Electronic Drive Test Scattered Site Population Population Resident Road Miles per Census Miles Shapefiles are Results are Tests are Population per **Newly Reached** Reached by Block Newly per Census covered per uploaded uploaded uploaded Block Census Block Census Block (yes/no) State County by Service Service Reached Census Block (yes/no) (yes/no) 48299 48299970100 62 0 34.97 0.0 0.0 Yes

> Percentage of **Total Population** Reached by Service

0			

Percentage of Total Road Miles covered by Service

0			

1	•	Annual Reporting	38.78		7	y		eggine Stage 14 Son	Ž. Av	g. Burd	en Estimate	8	FCC Form Approved by OMB OMB 3060-1185 ondent: 18 Hours
<010>	Study Ar	ea Code			448053								
<015>	Study Ar	ea Name			T-Mobile	West LLC		·	- · · · · · · · · · · · · · · · · · · ·				
<020>	Program	Year			2014								
<030>		Name: Person USAC s stions about this data		ct	Rhonda R.	Thomas	** * #						
<035>	Contact Number	Felephone Number: of the person identific	ed in data line	e <030>	4253834215	5 ext.							
<039>	Contact I	Email: the person identified	in data line <	030>	rhonda.thc	omas63@t-mob	ile.com						
	Market St. St. of the Tax	W. W. Santa	T TO BOTH MANY										
<040>	Has the i	nformation required Attach a description							<040> <041>	0	(check box wi	hen complete)
	<042> <043>	Cite the Study Area			m 481 repo	rting			<042>[<043>[
<050>	Carrier Co	ontact Information	(has the cont	act info. chang	ged since prior f	iling? Yes or No)			(0	\odot		
					(if yes	s, complete the at	tached workshe	eet)	<050> [
<060>	Coverage	and Performance Re	port		(complete attache	d worksheet)	•	<060> [\checkmark			
<070>	<u>Urban Ra</u>	te Comparability Cert	ification		(co	omplete attached	certification)	•	<070> [√			
<080>	Tribal Lan	ds Reporting (y/n?)	(Does this stu	idy area cover i	tribal lands? Ye:	s or No)			(0	\odot		
					(If yes	, complete the at	tached workshe	et) <	<080> [
<090>	Project U	odate Information			(c	complete attached	d worksheet)	•	(090>	√			
<100>	Certificati	<u>ons</u>											
	<101>	Reporting Carrier Ce	rtification	(complete	e attached certij	fication)		<	:101> [√			
	<102>	Agent Certification		(complete	e attached certij	fication)		<	: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.

(050) Car	rrier Contact Form		FEC Form 690
		Continued Services Services	Approved by OMB
1.0		The Control of the Co	GME Control No. 3060-1185 Page 2 of 8
		The state of the s	
<010>	Study Area Code	448053	
<015>	Study Area Name	T-Mobile West LLC	
<020> <030>	Program Year Contact Name - Person USAC should contact regarding this data	2014	
<035>	Contact Name - Person OSAC should contact regarding this data Contact Telephone Number - Number of person identified in data line <030	Rhonda R. Thomas	
<039>	Contact Email Address - Email Address of person identified in data line <03		
Reporting	g Carrier / Mobility Fund Phase 1 Winning Bidder	THE STATE OF THE S	
<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 Ir	iformation 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	d Agent Information		
	if no agent, indicate in this box		
<120>	Name (First, MI, Last, Suffix)		
<121>	Company		
	Street Address (or PO Box)	<u> </u>	
<123>	City		
<124>	State		
	Zip-Code		
	Telephone Number		
	Fax Number		
<128>	Email Address		

(060),Co	verage and Performance Report	and the same	and the second	FCC Form 690	
Page 1				Ap proved by OMB OMB Control No. 3066 1185	
	A Company of the Comp			Page 3 of 8	Υ.
<010>	Study Area Code		448053		
<015>	Study Area Name		T-Mobile West LLC		_
<020>	Program Year	***	2014		
<030>	Contact Name - Person USAC should contact regarding this di	ata	Rhonda R. Thomas		_
<035>	Contact Telephone Number - Number of person identified in	data line <030>	4253834215 ext.		_
<039>	Contact Email Address - Email Address of person identified in	data line <030>	rhonda.thomas63@t-mobile.com		_
<140>	Coverage and Performance Report Year 06/2013 - 12/2	013			
					_
		448053_CPR	_TX.zip		
	Electronic Shapefiles attachments				
		Name of Attac	hed Document (.zip)		
	Drive Test Results attachments				
		Name of Attack	ned Document (.zip)		
	Scattered Site Test Results attachments				

<141> Certify Certify that that Drive Total Electron Test Road Road Result Road Miles per Miles Shapefil s are Certify that Resident Total Resident Miles Census covered es are upload Scattered Resident Population Population Block Site Tests are per per uploade ed Population per Newly Reached Reached by Census Newly Census (yes/n uploaded State County Census Block Census Block Block by Service Service Block Reached (yes/no) (yes/no) o) -- \$ee attached worksheet

Name of Attached Document (.zip)

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

(070) Ur	ban Kate Comparability Centil	tion Compliance FCC Form 690 Approved by OMB COME COME COME COME COME COME COME COME
<010>	Study Area Code	448053
<015>	Study Area Name	T-Mobile West LLC
<020>	Program Year	2014

Rhonda R. Thomas

rhonda.thomas63@t-mobile.com

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

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

<039> Contact Email Address - Email Address of person identified in data line <030>

<035> Contact Telephone Number - Number of person identified in data line <030> 4253834215 ext.

		mployee as to Compliance with 47 CFR §54.1009(-,(-)
I certify that I am an officer or employee o form and in any attachments is accurate.	f the reporting carrier; my respo	onsibilities include ensuring compliance with 47 CFR §54.	1009(a)(4), the information reported on this
Name of Reporting Carrier: T-Mc	obile West LLC		
Signature of Authorized Officer:	CERTIFIED ONLINE		Date 07/29/2014
Printed name of Authorized Officer:	Christopher Miller		
Title or position of Authorized Officer:	VP, Tax		
Telephone number of Authorized Officer:	4253834000 ext.		
Study Area Code of Reporting Carrier:	448053	Filing Due Date for this form: 07/31/2014	

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

I certify that (Name of Agent)	e an Agent to file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier
	is authorized to submit the information reported on behalf of the reporting rting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the 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:
Persons willfully making false statements on this form can be puni unde	ished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment er 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 Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier					
l, as agent for the reporting carrier, certify that I am authorized data provided by the reporting carrier; and, to the best of my	d to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based o 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:	- Color				
litle 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 b	punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment unde Title 18 of the United States Code, 18 U.S.C. § 1001.				

(080) Trib	al Lands Reporting	AN SE		CC Form 590
				pproved by GMB
				IMB Control No. 3060-1185 are 5 of 8
2	Control of the state of the sta	37.72	A Afgreen and a second a second and a second a second and	age 5 of 8
<010>	Study Area Code		448053	
<015>	Study Area Name	· · · · · · · · · · · · · · · · · · ·	T-Mobile West LLC	
<020>	Program Year		2014	
<030>	Contact Name - Person USAC should contact regarding	g this data	Rhonda R Thomas	
<035>	Contact Telephone Number - Number of person ident		4253834215 ext	The state of the s
<039>	Contact Email Address - Email Address of person ident	tified in data line <030>	rhonda.thomas63@t-mobile.com	
			3101100 3101100000000000000000000000000	
<142>	State			
				_
<143>	County			
\143 /	County			
<144>	Tribal Land(s) on which ETC Serves			
				٦
<145>	Tribal Government Engagement Obligation			
		Name of Attached Docume	ent (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 \S 54.1004 includes:

		Select
<146>	Needs assessment and deployment planning with a focus on Tribal	(Yes,No, NA)
	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.	

(090) Projec	t Update Information	100	FCCFor	o.690	
744 P.			Approve	d by OMB	
		198	9 ОМВ Со	ntrol No. 3060-1185	
		Se distribution	Page 6 o	f8	
<010>	Study Area Code				
<015>	Study Area Name	448053 T-Mobile We	est LLC		
<020>	Program Year	2014			
<030>	Contact Name - Person USAC should contact regarding this data	Rhonda R. T	Thomas		
<035>	Contact Telephone Number - Number of person identified in data line <030>	4253834215	ext.		
<039>	Contact Email Address - Email Address of person identified in data line <030>	rhonda.thom	nas63@t-mo	bile.com	
		<u> </u>			
<200>	Date Authorized to Receive Support	06/24/2	2013		
<201>	Targeted Completion Date	06/24/2	2015		
<202>	Total Mobility Fund Support Awarded	522837.	. 03		
<203>	Total Mobility Fund Support Disbursed	174279.	. 01		
<204>	Support Applied to Network Design	155787.	. 61		
<205>	Support Applied to Construction	0.0			
<206>	Support Applied to Deployment	18491.4			
<207>	Support Applied to Maintenance	0.0			
<208>	Certify Network will Support 3G Mobile Service (Yes / No)	0	0		
<209>	Certify Network will Support 4G Mobile Service (Yes / No)	Ŏ	Ō		
<210>	Actual Completion Date				
<211>	Project Status Description (attached)	448053_	PSD_TX.pdf	f	
		(Name (of PDF atto	rched}	
	Please check these boxes below to confirm that the attached PDF, on line	(o,	.c.reu,	
	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	1]		
<213>	Status of Network Deployment - Construction	/	1		
<214>	Status of Network Deployment - Deployment	/	1		
<215>	Status of Network Deployment - Maintenance	7	1		
<216>	Project Budget Status	1	1		
<217>	Project Plan Status	1			

<010>	Study Area Code	448053
<015>	Study Area Name	T-Mobile West LLC
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Rhonda R. Thomas
<035>	Contact Telephone Number - Number of person identified in data line <030>	4253834215 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	rhonda.thomas63@t-mobile.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 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. T-Mobile West LLC Name of Reporting Carrier: CERTIFIED ONLINE Date 07/29/2014 Signature of Authorized Officer: Christopher Miller Printed name of Authorized Officer: VP, Tax Title or position of Authorized Officer: 4253834000 ext. Telephone number of Authorized Officer: 448053 07/31/2014 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.

| Company | Comp

Rhonda R Thomas

rhonda.thomas63@t-mobile.com

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

<035> Contact Telephone Number - Number of person identified in data line <030> 4253834215 ext.

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	n can be punished by fine or forfeiture under the Communications Act of 1934, under Title 18 of the United States Code, 18 U.S.C. § 1001.	47 U.S.C. §§ 502, 503(b), or fine or imprisonment					

TO BE COMPLETED BY THE AUTHORIZED AGENT:

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

<039> Contact Email Address - Email Address of person identified in data line <030>

Certification of Agent Author	rized to File Annual Reports for Mobility Fund Recipients on Behalf of Reporting Carrier
I, as agent for the reporting carrier, certify that I am auth reported herein based on data provided by the reporting	orized to submit the annual reports for Mobility Fund recipients on behalf of the reporting carrier; I have provided the data 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:	
Fitle or position of Authorized Agent or Employee of Agen	
relephone number of Authorized Agent or Employee of A	ent:
Study Area Code of Reporting Carrier:	Filing Due Date for this form:

Attachments

The second secon					
(060) Coverage and Performance R	eport	Apple 1994 Apple 1994		FCC Form 6	90
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	4.00 m			. Approved .	JY OME
		46.0	1000	OVB Conti	ol No. 3060-1185
		100	1000	1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A	

<010>	Study Area Code	448053	
<015>	Study Area Name	T-Mobile West LLC	
<020>	Program Year	2014	
<030>	Contact Name - Person USAC should contact regarding this data	Rhonda R Thomas	
<035>	Contact Telephone Number - Number of person identified in data line <030>	4253834215 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	rhonda.thomas63@t-mobile.com	
<140>	Coverage and Performance Report Year	06/2013 - 12/2013	

<141>

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State	County	Census Block	Resident Population per Census Błock	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)
TX	48323	48323950201	76	0	0	669.7	0.0	0.0	Yes		
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		- 									

Percentage of
Total Population
Reached by
Service

0		

Percentage of Total Road Miles covered by Service

0			

	/ Fund - §54.1009 Annual Reporting llection Form		FCC Form Approved by OMB OMB 3060-1185 Avg. Burden Estimate per Respondent: 18 Hours
<010>	Study Area Code	448054	
<015>	Study Area Name	T-Mobile West LLC	
<020>	Program Year	2014	
<030>	Contact Name: Person USAC should contact with questions about this data	Rhonda R. Thomas	
<035>	Contact Telephone Number: Number of the person identified in data line <030>	4253834215 ext.	
<039>	Contact Email: Email of the person identified in data line <030>	rhonda.thomas63@t-mobile.com	
		TOTAL AND THE PROPERTY OF THE	
<040>	Has the information required pursuant to §54.1009 to 4041> Attach a description of the documents file		(check box when complete) (/N) <040> (041>
	<042> Cite the Study Area Code (SAC) for the For	m 481 reporting	<042>
	<043> Cite the date of the Form 481 reporting		<043>
<050>	Carrier Contact Information (has the contact info. change	ged since prior filing? Yes or No)	0 0
		(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)	\circ
		(If yes, complete the attached worksheet)	<080>
<090>	Project Update Information	(complete attached worksheet)	<090>
<100>	Certifications		
	<101> Reporting Carrier Certification (complete	e attached certification)	<101>
	<102> Agent Certification (complete	e 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.

(0 50) Cai	rier Contact Form	FCC Form 690 Approved by OMB CMB Control No. 3060, 1185
	Company of the second of the s	Page 2 of 8
<010>	Study Area Code	448054
<015> <020>	Study Area Name Program Year	T-Mobile West LLC
<030>	Contact Name - Person USAC should contact regarding this data	2014
<035>	Contact Telephone Number - Number of person identified in data lir	Rhonda R. Thomas e <030> 4253834215 ext.
<039>	Contact Email Address - Email Address of person identified in data li	
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	
<120> <121> <122> <122> <123> <124> <125> <126> <127> <128>	if same as above, indicate in this box Name (First, MI, Last, Suffix) Filing Carrier Name Street Address (or PO Box) City State Zip-Code Telephone Number Fax Number Email Address	
Authorized	d 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	
	State	
	Zip-Code	
	Telephone Number	
<127>	Fax Number	
<128>	Email Address	
		

(060) Cov	erage and	Performanc	e Report				Fig.			FCC For Ap provi OMB Co Page 3 c	ed by Ol oriol No	3060-1185
-010 >	Caudu A	on Cada				4480	5.4					
<010>		rea Code										
<015>		rea Name				T-MO 2014	bile West	LLC		-		
<020>	Program		- LICAC abouted	Landard samueli			da R. Thon					
<030>				contact regardir			834215 ext				****	
<035>				er of person iden		C 1000	··					
<039>	Contact	Email Addres	s - Email Addre	ss of person ider	itified in data iir	ie <030> Inon	da.thomas6	3@t-modil	e.com			
<140>	Coverage	e and Perforn	nance Report Y	'ear 06/2013	3 - 12/2013							
		Electro	onic Shapefiles	attachments		054_CPRd_TX.z	William	***				
					Nan	ne of Attached Do	cument (.zip)	1				
Drive Test Results attachments												
					Name	e of Attached Doc	ument (.zip)					
		Scatte	red Site Test Re	esults attachmen								
					Nam	e of Attached Doc	ument (.zip)					
	W 607 NIAMBLES LINES	C 41040104 S.O. ST. CTSSMCT.Commission CTS										
<141>	<al><-</al>	(a2>	(A) Kada	 data	46 2 5%, 1	<63>	< (1)	<c2≽< td=""><td><c3%< td=""><td>∵kd> ∠</td><td>ce></td><td>doi:</td></c3%<></td></c2≽<>	<c3%< td=""><td>∵kd> ∠</td><td>ce></td><td>doi:</td></c3%<>	∵kd> ∠	ce>	doi:
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							Road	Road Miles per	1	Certify that Electron ic Shapefil	Result s are	Certify that
				Resident	Resident Population	Total Residen	per	Census	covered	es are uploade	I -	Scattered Site Tests are
				Population per			Census	Newly	P		1	uploaded
	State	County		Census Block	by Service	Service	Block	Reached		(yes/no)		(yes/no)
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			ge of Total			Percentage						
			Reached by			Road Miles		 				
		Sen	vice			by Sen	/ice	L				

(070)·Uri	oan Rate Comparability Certification Compliance	FCC Form 690 Approved by OMB OMB control No. 3860-4185 Page 4 of 8
<010>	Study Area Code	448054
<015>	Study Area Name	T-Mobile West LLC
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Rhonda R. Thomas

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

<039> Contact Email Address - Email Address of person identified in data line <030> rhonda.thomas63@t-mobile.com

		nployee as to Compliance with 47 CFR §54.1009(a)			
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: T-Mo	obile West LLC				
Signature of Authorized Officer:	CERTIFIED ONLINE		Date 07/29/2014		
Printed name of Authorized Officer:	Christopher Miller				
Title or position of Authorized Officer:	VP, Tax				
Telephone number of Authorized Officer:	4253834000 ext.				
Study Area Code of Reporting Carrier:	448054	Filing Due Date for this form: 07/31/2014			

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

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 reporti	ng 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 an	d 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:
	rining Due Date for this form. led by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment
reasons winding making raise statements on this form can be publish	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 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 or				
ame of Reporting Carrier:				
ame of Authorized Agent or Employee of Agent:				
ignature of Authorized Agent or Employee of Agent:	Date:			
rinted name of Authorized Agent or Employee of Agent:				
itle or position of Authorized Agent or Employee of Agent				
elephone number of Authorized Agent or Employee of Agent				
tudy Area Code of Reporting Carrier:	Filing Due Date for this form:			