

<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
<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

<142> State \_\_\_\_\_

<143> County \_\_\_\_\_

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

<145> Tribal Government Engagement Obligation

Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes, No, NA) for each of these boxes to confirm the status described on the attached PDF, on line 145, demonstrates coordination with the Tribal government pursuant to § 54.1004 includes:

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

Select (Yes, No, NA)

<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
<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	1327244.45
<203>	Total Mobility Fund Support Disbursed	442414.82
<204>	Support Applied to Network Design	419814.22
<205>	Support Applied to Construction	0.0
<206>	Support Applied to Deployment	22600.6
<207>	Support Applied to Maintenance	0.0
<208>	Certify Network will Support 3G Mobile Service (Yes / No)	<input checked="" type="radio"/> <input type="radio"/>
<209>	Certify Network will Support 4G Mobile Service (Yes / No)	<input type="radio"/> <input checked="" type="radio"/>
<210>	Actual Completion Date	
<211>	Project Status Description (attached)	448054_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 shall be submitted as appropriate.

<212>	Status of Network Deployment - Network Design	<input checked="" type="checkbox"/>
<213>	Status of Network Deployment - Construction	<input checked="" type="checkbox"/>
<214>	Status of Network Deployment - Deployment	<input checked="" type="checkbox"/>
<215>	Status of Network Deployment - Maintenance	<input checked="" type="checkbox"/>
<216>	Project Budget Status	<input checked="" type="checkbox"/>
<217>	Project Plan Status	<input checked="" type="checkbox"/>

**(101) Certification - Reporting Carrier**

FCC Form 690

Approved by OMB

OMB Control No. 3060-1185

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<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
<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**

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for Mobility Fund recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.

Name of Reporting Carrier: 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: 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

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.

**(102) Certification - Agent/Carrier**FCC Form 690  
Approved by OMB  
OMB Control No. 3060-1185  
Page 8 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
<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:**

<b>Certification of Officer to Authorize an Agent to File Annual Reports for Mobility Fund Recipients on Behalf of Reporting Carrier</b>	
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:**

<b>Certification of Agent Authorized to File Annual Reports for Mobility Fund Recipients on Behalf of Reporting Carrier</b>	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for Mobility Fund recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: _____	
Name of Authorized Agent or Employee of Agent: _____	
Signature of Authorized Agent or Employee of Agent: _____	Date: _____
Printed name of Authorized Agent or Employee of Agent: _____	
Title or position of Authorized Agent or Employee of Agent: _____	
Telephone number of Authorized Agent or Employee of Agent: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

## Attachments

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

<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
<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>

[illegible]

Percentage of  
Total Population  
Reached by  
Service

0

Percentage of Total  
Road Miles covered  
by Service

1

**Mobility Fund  
Phase 1 - \$54.1009 Annual Reporting  
Data Collection Form**

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

<010> Study Area Code	448055
<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

(check box when complete)

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

**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.

<010>	Study Area Code	448055
<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

**Reporting Carrier / Mobility Fund Phase 1 Winning Bidder**

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

**Contact Information**

if same as above, indicate in this box

☐

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

**Authorized Agent Information**

if no agent, indicate in this box

☐

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



<140>	Coverage and Performance Report Year	06/2013 - 12/2013
-------	--------------------------------------	-------------------

Name of Attached Document (.zip)

Name of Attached Document (.zip)

Name of Attached Document (.zip)

[illegible]

0

0

<010> Study Area Code	448055
<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 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-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:	VP, Tax
Telephone number of Authorized Officer:	4253834000 ext.
Study Area Code of Reporting Carrier:	448055 Filing Due Date for this form: 07/31/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

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

Certification of Officer or Employee to authorize an Agent to file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer or Employee:	Date:
Printed name of Authorized Officer or Employee:	
Title or position of Authorized Officer or Employee:	
Telephone number of Authorized Officer or Employee:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
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 Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	
Name of Authorized Agent or Employee of Agent:	
Signature of Authorized Agent or Employee of Agent:	Date:
Printed name of Authorized Agent or Employee of Agent:	
Title or position of Authorized Agent or Employee of Agent:	
Telephone number of Authorized Agent or Employee of Agent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
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.	

<010>	Study Area Code	448055
<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

&lt;142&gt; State

&lt;143&gt; County

&lt;144&gt; Tribal Land(s) on which ETC Serves

&lt;145&gt; Tribal Government Engagement Obligation

Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes, No, NA) for each of these boxes to confirm the status described on the attached PDF, on line 145, demonstrates coordination with the Tribal government pursuant to § 54.1004 includes:

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

Select (Yes, No, NA)

**(090) Project Update Information**

FCC Form 690

Approved by OMB

OMB Control No. 3060-1185

Page 6 of 8

<010>	Study Area Code	448055
<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

<200>	Date Authorized to Receive Support	06/24/2013
<201>	Targeted Completion Date	06/24/2015
<202>	Total Mobility Fund Support Awarded	826425.6
<203>	Total Mobility Fund Support Disbursed	275475.2
<204>	Support Applied to Network Design	234795.18
<205>	Support Applied to Construction	0.0
<206>	Support Applied to Deployment	40680.02
<207>	Support Applied to Maintenance	0.0
<208>	Certify Network will Support 3G Mobile Service (Yes / No)	<input checked="" type="radio"/> <input type="radio"/>
<209>	Certify Network will Support 4G Mobile Service (Yes / No)	<input type="radio"/> <input checked="" type="radio"/>
<210>	Actual Completion Date	
<211>	Project Status Description (attached)	448055_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 shall be submitted as appropriate.

<212>	Status of Network Deployment - Network Design	<input checked="" type="checkbox"/>
<213>	Status of Network Deployment - Construction	<input checked="" type="checkbox"/>
<214>	Status of Network Deployment - Deployment	<input checked="" type="checkbox"/>
<215>	Status of Network Deployment - Maintenance	<input checked="" type="checkbox"/>
<216>	Project Budget Status	<input checked="" type="checkbox"/>
<217>	Project Plan Status	<input checked="" type="checkbox"/>

<010>	Study Area Code	448055
<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	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for Mobility Fund recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	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:	VP, Tax
Telephone number of Authorized Officer:	4253834000 ext.
Study Area Code of Reporting Carrier:	448055
	Filing Due Date for this form: 07/31/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

<010> Study Area Code	448055
<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
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<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:**

Certification of Officer to Authorize an Agent to File Annual Reports for Mobility Fund Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent: _____	
Name of Reporting Carrier: _____	
Signature of Authorized Officer: _____	Date: _____
Printed name of Authorized Officer: _____	
Title or position of Authorized Officer: _____	
Telephone number of Authorized Officer: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

**TO BE COMPLETED BY THE AUTHORIZED AGENT:**

Certification of Agent Authorized to File Annual Reports for Mobility Fund Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for Mobility Fund recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: _____	
Name of Authorized Agent or Employee of Agent: _____	
Signature of Authorized Agent or Employee of Agent: _____	Date: _____
Printed name of Authorized Agent or Employee of Agent: _____	
Title or position of Authorized Agent or Employee of Agent: _____	
Telephone number of Authorized Agent or Employee of Agent: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

## Attachments

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

<010>	Study Area Code	448055
<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

[illegible]

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**Mobility Fund**  
**Phase 1 - \$54.1009 Annual Reporting**  
**Data Collection Form**

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

<010> Study Area Code	448056
<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

(check box when complete)

<040> <b>Has the information required pursuant to §54.1009 been provided with a Form 481 filing (Y/N)</b>	<040> <input type="radio"/> <input checked="" type="radio"/>
<041> Attach a description of the documents filed with the Form 481 reporting	<041> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
<042> Cite the Study Area Code (SAC) for the Form 481 reporting	<042> <div style="border: 1px solid black; height: 15px; width: 100%;"></div>
<043> Cite the date of the Form 481 reporting	<043> <div style="border: 1px solid black; height: 15px; width: 100%;"></div>
<050> <b>Carrier Contact Information</b> (has the contact info. changed since prior filing? Yes or No)	<050> <input type="radio"/> <input checked="" type="radio"/>
(if yes, complete the attached worksheet)	
<060> <b>Coverage and Performance Report</b> (complete attached worksheet)	<060> <input checked="" type="checkbox"/>
<070> <b>Urban Rate Comparability Certification</b> (complete attached certification)	<070> <input checked="" type="checkbox"/>
<080> <b>Tribal Lands Reporting (y/n?)</b> (Does this study area cover tribal lands? Yes or No)	<080> <input type="radio"/> <input checked="" type="radio"/>
(if yes, complete the attached worksheet)	
<090> <b>Project Update Information</b> (complete attached worksheet)	<090> <input checked="" type="checkbox"/>
<100> <b>Certifications</b>	
<101> Reporting Carrier Certification (complete attached certification)	<101> <input checked="" type="checkbox"/>
<102> Agent Certification (complete attached certification)	<102> <input type="checkbox"/>

**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-PER, 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.

<010>	Study Area Code	448056
<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

**Reporting Carrier / Mobility Fund Phase 1 Winning Bidder**

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

**Contact Information**

if same as above, indicate in this box

☐

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

**Authorized Agent Information**

if no agent, indicate in this box

☐

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



<010> Study Area Code	448056
<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:**

<b>Certification of Officer or Employee as to Compliance with 47 CFR §54.1009(a)(4)</b>	
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-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:	VP, Tax
Telephone number of Authorized Officer:	4253834000 ext.
Study Area Code of Reporting Carrier:	448056 Filing Due Date for this form: 07/31/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

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

<b>Certification of Officer or Employee to authorize an Agent to file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier</b>	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer or Employee:	Date:
Printed name of Authorized Officer or Employee:	
Title or position of Authorized Officer or Employee:	
Telephone number of Authorized Officer or Employee:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
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:**

<b>Certification of Agent Authorized to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier</b>	
I, as agent for the reporting carrier, certify that I am authorized to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	
Name of Authorized Agent or Employee of Agent:	
Signature of Authorized Agent or Employee of Agent:	Date:
Printed name of Authorized Agent or Employee of Agent:	
Title or position of Authorized Agent or Employee of Agent:	
Telephone number of Authorized Agent or Employee of Agent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
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.	

<010>	Study Area Code	448056
<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

<142> State \_\_\_\_\_

<143> County \_\_\_\_\_

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

<145> Tribal Government Engagement Obligation

Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes,No, NA) for each of these boxes to confirm the status described on the attached PDF, on line 145, demonstrates coordination with the Tribal government pursuant to § 54.1004 includes:

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

Select (Yes,No, NA)

**(090) Project Update Information**

FCC Form 690

Approved by OMB

OMB Control No. 3060-1185

Page 5 of 8

<010>	Study Area Code	448056
<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

<200>	Date Authorized to Receive Support	06/24/2013
<201>	Targeted Completion Date	06/24/2015
<202>	Total Mobility Fund Support Awarded	522720.81
<203>	Total Mobility Fund Support Disbursed	174240.27
<204>	Support Applied to Network Design	139371.27
<205>	Support Applied to Construction	0 0
<206>	Support Applied to Deployment	34869.0
<207>	Support Applied to Maintenance	0.0
<208>	Certify Network will Support 3G Mobile Service (Yes / No)	<input checked="" type="radio"/> <input type="radio"/>
<209>	Certify Network will Support 4G Mobile Service (Yes / No)	<input type="radio"/> <input checked="" type="radio"/>
<210>	Actual Completion Date	
<211>	Project Status Description (attached)	448056_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 shall be submitted as appropriate.

<212>	Status of Network Deployment - Network Design	<input checked="" type="checkbox"/>
<213>	Status of Network Deployment - Construction	<input checked="" type="checkbox"/>
<214>	Status of Network Deployment - Deployment	<input checked="" type="checkbox"/>
<215>	Status of Network Deployment - Maintenance	<input checked="" type="checkbox"/>
<216>	Project Budget Status	<input checked="" type="checkbox"/>
<217>	Project Plan Status	<input checked="" type="checkbox"/>

**(101) Certification - Reporting Carrier**

FCC Form 690

Approved by OMB

OMB Control No. 3060-1185

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<010>	Study Area Code	448056
<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**

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for Mobility Fund recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.

Name of Reporting Carrier: 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: VP, Tax

Telephone number of Authorized Officer: 4253834000 ext.

Study Area Code of Reporting Carrier: 448056

Filing Due Date for this form: 07/31/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

**(102) Certification - Agent / Carrier**

FCC Form 690

Approved by OMB

OMB Control No. 3060-1185

Page 8 of 8

<010>	Study Area Code	448056
<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:**

Certification of Officer to Authorize an Agent to File Annual Reports for Mobility Fund Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent: _____	
Name of Reporting Carrier: _____	
Signature of Authorized Officer: _____	Date: _____
Printed name of Authorized Officer: _____	
Title or position of Authorized Officer: _____	
Telephone number of Authorized Officer: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

**TO BE COMPLETED BY THE AUTHORIZED AGENT:**

Certification of Agent Authorized to File Annual Reports for Mobility Fund Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for Mobility Fund recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: _____	
Name of Authorized Agent or Employee of Agent: _____	
Signature of Authorized Agent or Employee of Agent: _____	Date: _____
Printed name of Authorized Agent or Employee of Agent: _____	
Title or position of Authorized Agent or Employee of Agent: _____	
Telephone number of Authorized Agent or Employee of Agent: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	



## Attachments

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

<141>

Percentage of  
Total Population  
Reached by  
Service

9

1

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

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

<010> Study Area Code	448057
<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

(check box when complete)

<040> <b>Has the information required pursuant to §54.1009 been provided with a Form 481 filing (Y/N)</b>	<040>	<input type="radio"/> <input checked="" type="radio"/>
<041> Attach a description of the documents filed with the Form 481 reporting	<041>	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>
<042> Cite the Study Area Code (SAC) for the Form 481 reporting	<042>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<043> Cite the date of the Form 481 reporting	<043>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<050> <b>Carrier Contact Information</b> (has the contact info. changed since prior filing? Yes or No)		<input type="radio"/> <input checked="" type="radio"/>
(If yes, complete the attached worksheet)	<050>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<060> <b>Coverage and Performance Report</b> (complete attached worksheet)	<060>	<input checked="" type="checkbox"/>
<070> <b>Urban Rate Comparability Certification</b> (complete attached certification)	<070>	<input checked="" type="checkbox"/>
<080> <b>Tribal Lands Reporting (y/n?)</b> (Does this study area cover tribal lands? Yes or No)		<input type="radio"/> <input checked="" type="radio"/>
(If yes, complete the attached worksheet)	<080>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<090> <b>Project Update Information</b> (complete attached worksheet)	<090>	<input checked="" type="checkbox"/>
<100> <b>Certifications</b>		
<101> Reporting Carrier Certification (complete attached certification)	<101>	<input checked="" type="checkbox"/>
<102> Agent Certification (complete attached certification)	<102>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>

**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.

<010>	Study Area Code	448057
<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

**Reporting Carrier / Mobility Fund Phase 1 Winning Bidder**

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

**Contact Information**

if same as above, indicate in this box

☐

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

**Authorized Agent Information**

if no agent, indicate in this box

☐

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

### Electronic Shapefiles attachments

448057\_CPRd\_TX.zip

Name of Attached Document (.zip)

### Drive Test Results attachments

Name of Attached Document (.zip)

### Scattered Site Test Results attachments

Name of Attached Document (.zip)

[illegible]

### Percentage of Total Population Reached by Service

**C**

Percentage of Total  
Road Miles covered  
by Service

1

<010>	Study Area Code	448057
<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 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-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:	VP, Tax
Telephone number of Authorized Officer:	4253834000 ext.
Study Area Code of Reporting Carrier:	448057 Filing Due Date for this form: 07/31/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

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

Certification of Officer or Employee to authorize an Agent to file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer or Employee:	Date:
Printed name of Authorized Officer or Employee:	
Title or position of Authorized Officer or Employee:	
Telephone number of Authorized Officer or Employee:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
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 Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	
Name of Authorized Agent or Employee of Agent:	
Signature of Authorized Agent or Employee of Agent:	Date:
Printed name of Authorized Agent or Employee of Agent:	
Title or position of Authorized Agent or Employee of Agent:	
Telephone number of Authorized Agent or Employee of Agent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
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.	

<010>	Study Area Code	448057
<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

&lt;142&gt; State

&lt;143&gt; County

&lt;144&gt; Tribal Land(s) on which ETC Serves

&lt;145&gt; Tribal Government Engagement Obligation

Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes, No, NA) for each of these boxes to confirm the status described on the attached PDF, on line 145, demonstrates coordination with the Tribal government pursuant to § 54.1004 includes:

	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

<010>	Study Area Code	448057
<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

<200>	Date Authorized to Receive Support	06/24/2013
<201>	Targeted Completion Date	06/24/2015
<202>	Total Mobility Fund Support Awarded	823757.99
<203>	Total Mobility Fund Support Disbursed	274586.0
<204>	Support Applied to Network Design	236658.0
<205>	Support Applied to Construction	0.0
<206>	Support Applied to Deployment	37928.0
<207>	Support Applied to Maintenance	0.0
<208>	Certify Network will Support 3G Mobile Service (Yes / No)	<input checked="" type="radio"/> <input type="radio"/>
<209>	Certify Network will Support 4G Mobile Service (Yes / No)	<input type="radio"/> <input checked="" type="radio"/>
<210>	Actual Completion Date	
<211>	Project Status Description (attached)	448057_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 shall be submitted as appropriate.

<212>	Status of Network Deployment - Network Design	<input checked="" type="checkbox"/>
<213>	Status of Network Deployment - Construction	<input checked="" type="checkbox"/>
<214>	Status of Network Deployment - Deployment	<input checked="" type="checkbox"/>
<215>	Status of Network Deployment - Maintenance	<input checked="" type="checkbox"/>
<216>	Project Budget Status	<input checked="" type="checkbox"/>
<217>	Project Plan Status	<input checked="" type="checkbox"/>



<010>	Study Area Code	448057
<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	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for Mobility Fund recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	T-Mobile West LLC
Signature of Authorized Officer:	CERTIFIED ONLINE
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:	448057
Filing Due Date for this form:	07/31/2014
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<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:

Certification of Officer to Authorize an Agent to File Annual Reports for Mobility Fund Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent: _____	
Name of Reporting Carrier: _____	
Signature of Authorized Officer: _____	Date: _____
Printed name of Authorized Officer: _____	
Title or position of Authorized Officer: _____	
Telephone number of Authorized Officer: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for Mobility Fund Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for Mobility Fund recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: _____	
Name of Authorized Agent or Employee of Agent: _____	
Signature of Authorized Agent or Employee of Agent: _____	Date: _____
Printed name of Authorized Agent or Employee of Agent: _____	
Title or position of Authorized Agent or Employee of Agent: _____	
Telephone number of Authorized Agent or Employee of Agent: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

## Attachments

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

<010>	Study Area Code	448057
<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

[illegible]

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