(080) Trib	al Lands Reporting		All Control of the Co	C Form 690 oproved by CMB. MB Control No3066-1185 ge 5 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 identif		4253834215 ext.	
<039>	Contact Email Address - Email Address of person identi		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 Documen	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
<146>	Needs seems at and destruction of the second seems at the second	(Yes,No, NA)
11402	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) Projec	t Update Information	FCC Form 690
		Approved by OMB
	The Control of Control of the Contro	CMB Comprot No. 3059-1185
		Page 6 of 8 -
<010>	Study Area Code	440054
<015>	Study Area Name	448054 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)	O O
<209>	Certify Network will Support 4G Mobile Service (Yes / No)	Ŏ Ō
<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	(Name of For accucieu)
	211, contains a project status pursuant to §54.1005(b)(2)(v). The information	
	shall be submitted as appropriate.	
<212>	Status of Network Deployment - Network Design	
<213>	Status of Network Deployment - Construction	
<214>	Status of Network Deployment - Deployment	
<215>	Status of Network Deployment - Maintenance	
<216>	Project Budget Status	1

<217> Project Plan Status

(101) Cer	Cification - Reporting Carrier	FCC From 590 Approved by OMB CMB Control No. 3060 1185 Page 7 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.

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

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

certify that I am an officer of the reporting carrier; my responsibilit best of my knowledge, the information reported on this form and in	ies include ensuring the accuracy of the annual reporting requirements for Mobility Fund recipients; and, to t 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

<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:

I certify that (Name of Agent)	e an Agent to File Annual Reports for Mobility Fund Recipients on Behalf of Reporti is authorized to submit the Information reported on behalf of responsibilities include ensuring the accuracy of the annual data reporting requirements processing the responsibilities include ensuring the accuracy of the annual data reporting requirements processing the responsibilities include ensuring the accuracy of the annual data reporting requirements processing the responsibilities include ensuring the accuracy of the annual data reporting requirements processing the responsibilities include ensuring the accuracy of the annual data reporting requirements processing the responsibilities include ensuring the accuracy of the annual data reporting requirements processing the responsibilities in the res	alf of the reporting carrier.
agent; and, to the best of my knowledge, the reports an		rovided to the 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:	
Persons willfully making false statements on this form c	in be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine of under Title 18 of the United States Code, 18 U.S.C. § 1001.	or imprisonment

Certification of Agent Authorized to File Annual Reports for Mobility Fund Recipients on Behalf of Reporting Carrier					
	orized to submit the annual reports for Mobility Fund recipients of carrier; and, to the best of my knowledge, the information report				
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 Agen	t				
Telephone number of Authorized Agent or Employee of A	gent:				
Study Area Code of Reporting Carrier:	Filing Due Date for this form:				

Attachments

07/29/2014

(060) Ca	overage and Performance Report	PCC 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

06/2013 - 12/2013

<140>

Coverage and Performance Report Year

<141> Certify that Certify that Certify that Resident Total Resident Road Miles Total Road Electronic Drive Test Scattered Site Population Resident Population Road Miles | per Census Miles Shapefiles are Results are Tests are Population per Reached by Newly Reached per Census Block Newly covered per uploaded uploaded uploaded Census Block County 48323 State Census Block by Service Service Block Reached Census Block (yes/no) (yes/no) (yes/no) 48323950700 ТX 134 0 0 994.12 0.0 0.0 Yes

Percentage of Total
Percentage of Total
Population
Reached by
Service

Percentage of Total
Road Miles covered
by Service

	•	Annual Reporting	20 g.M	sir "	· · · · · · · · · · · · · · · · · · ·	Åvg. [®] Bı	urden Estimate per	Approved by OMB OMB 3060-1185 Respondent: 18 Hours
<010>	Study Ar	ea Code		448055				
<015>	Study Ar	ea Name		T-Mobile West LLC				
<020>	Program	Year		2014				
<030>		Name: Person USAC shou stions about this data	ld contact	Rhonda R. Thomas				
<035>		Telephone Number: of the person identified in	n data line <030>	4253834215 ext.				
<039>	Contact I Email of	Email: the person identified in da	ata line <030>	rhonda.thomas63@t	-mobile.com			
THE RESERVE AND ADDRESS OF	SHE 2017 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	L Company Comp						
<040>	Has the i	nformation required purs				<u>(N)</u> <040> C <041>	(check box when co	implete)
	<042> <043>	Cite the Study Area Cod		rm 481 reporting		<042>		
<050>	Carrier Co	ontact Information	has the contact info. chan	nged since prior filing? Yes o	r No)	0	•	
				(If yes, complete	the attached worksheet)	<050>	7	
<060>	Coverage	and Performance Report	:	(complete a	ttached worksheet)	<060> ✓	j	
<070>	<u>Urban Ra</u>	te Comparability Certifica	ition	(complete att	ached certification)	<070>]	
<080>	> Tribal Lands Reporting (y/n?) (Does this study area cover to		r tribal !ands? Yes or No)		0	\odot		
				(If yes, complete	the attached worksheet)	<080>]	
<090>	Project U	odate Information		(complete at	ttached worksheet)	<090>	j	
<100>	Certificati	ons						
	<101>	Reporting Carrier Certific	cation (comple	rte attached certification)		<101>]	
	<102>	Agent Certification	(comple	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.

(050) Car	rier Contact Form		FCC Form 690
	Control of the Contro	Contract Con	Approved by OMB
			OMB Control No. 3060-1185
The second		CONTRACTOR	Page 2 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> <039>	Contact Telephone Number - Number of person identified in data line <		
	Contact Email Address - Email Address of person identified in data line	*U3U> 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 In	<u>offormation</u>		
	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		
<u>Authorized</u>	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		
	Zip-Code		
	Telephone Number		
	Fax Number		
\128>	Email Address		

(060) Cox	erage and	Performance	≭ Report						Start Marie Carlo	Ap prov	ntrol No	
<010>	Study A	rea Code				4480	55					
<015>	Study A	rea Name				T-Mo	bile West	LLC				
<020>	Program	n Year				2014						
<030>	Contact	Name - Perso	on USAC should	d contact regardi	ng this data	Rhone	la R. Tho	nas				
<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>	140> Coverage and Performance Report Year 06/2013 - 12/2013											
		Electro	onic Shapefiles	attachments		8055_CPRd_TX.zi)				
		Drive	Test Results a	ttachments	Alam	ne of Attached Docu						
•		Scatte	red Site Test R	esults attachmer	its	ne of Attached Docu						
<141>	GIS*	- a2	435		 Resident	Total Resident	Road Miles	Road Miles per Census	Total Road Miles covered	Certify that Electron ic Shapefil es are	Result s are	Certify that
	State	County	Census Block	Resident Population per Census Block	Population Newly Reached by Service	Population d Reached by Service	per Census Block	Block Newly Reached	per Census Block	uploade d (yes/no)	ed (yes/n	Site Tests are uploaded (yes/no)
				9	see attacl	ned works	hoot	-				
					oc allaci	ISG WOIKS	III CCL				L	

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

OMB Control No. 3060-1185 Page 4 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

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

certify that I am an officer or employee o	of the reporting carrier; my respo	onsibilities 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-M	obile West LLC		
Signature of Authorized Officer:	CERTIFIED ONLINE		Date 07/29/2014
Printed name of Authorized Officer:	Christopher Miller		
itle or position of Authorized Officer:	VP, Tax		
elephone number of Authorized Officer:	4253834000 ext.		
Study Area Code of Reporting Carrier:	448055	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:

certify that (Name of Agent) arrier. I also certify that I am an officer or employee of the reporti authorized agent; and, to the best of my knowledge, the reports an	is authorized to submit the information reported on behalf of the reporting ng carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the d data provided to the authorized agent is accurate.
Name of Authorized Agent:	
lame of Reporting Carrier:	
ignature of Authorized Officer or Employee:	Date:
rinted 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:

I, as agent for the reporting carrier, certify that I am authorize	ed to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based o
data provided by the reporting carrier; and, to the best of m	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 Agent	
Telephone number of Authorized Agent or Employee of Agent	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:

(880) 7786	(GBO) Tribal Lands Reporting ECC Form 590 Approved by ONIB					
			and the control of th	MB 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 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 Documen	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
<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	Update Information 28		FCC Form 690
144			Approved by ONS
100		- su-	OMB Control No. 3060-1185
			Page 6 of 8
<010>	Study Area Code	448055	
<015>	Study Area Name	T-Mobile W	est LLC
_<020>	Program Year	2014	
<030>	Contact Name - Person USAC should contact regarding this data	Rhonda R.	
<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.tho	mas63@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	40680.0	12
<207>	Support Applied to Maintenance	0.0	
<208>	Certify Network will Support 3G Mobile Service (Yes / No)	<u></u>	0
<209>	Certify Network will Support 4G Mobile Service (Yes / No)	0	•
<210>	Actual Completion Date		
<211>	Project Status Description (attached)	448055_	_PSD_TX.pdf
	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.	{Name	of PDF attached}
<212>	Status of Network Deployment - Network Design	1]
<213>	Status of Network Deployment - Construction	✓]
<214>	Status of Network Deployment - Deployment	1	
<215>	Status of Network Deployment - Maintenance	✓	
<216>	Project Budget Status	/	1
<217>	Project Plan Status	I /	I

(101) Certification - Reporting Carrier Approved by OMB: OMB Control No. 3060-118	85
Page 7 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

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: 448055 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.

(102) Certification - Agent / Carrier PCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 8 of 6
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<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 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 re agent; and, to the best of my knowledge, the reports and dat	is authorized to submit the information reported on behalf of the reporting ca nsibilities include ensuring the accuracy of the annual data reporting requirements provided to the author ovided 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:

Certification of Agent Author	ized to File Annual Reports for Mobility Fund Recipients on Behalf of Reporting	Carrier
	rized to submit the annual reports for Mobility Fund recipients on behalf of the reporting car arrier; and, to the best of my knowledge, the information reported herein is accurate.	rrier; I have provided the data
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 Ag	ent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	

Attachments

244, 1999, 284, 9	overage and Performance Report	ECC Form 698. 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

06/2013 - 12/2013

<141>

Coverage and Performance Report Year

<039> <140>

(91)	≺82>	Ga35-1	-5022	(1)2>	<bs></bs> cb3> .	<0.7>	Kc2>	~3>	(d) >	<e></e>	ф
State	County	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)
тx	48351	48351950200	911	0	0	314.64	0.0	0.0	Yes		
								<u> </u>			
		,									
									i		
								! 			

Percentage of
Total Population
Reached by
Service

0		

Percentage of Total Road Miles covered by Service

-				
	-			
	0			

	Fund - §54.1009 Annual Reporting lection Form	Service Services	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	
17 100 N W	The manufacture of the second		
<040>	Has the information required pursuant to §54.1009 (<041> Attach a description of the documents file		Y/N) <040>
	<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. char.	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	r tribal lands? Yes or No)	\circ
		(If yes, complete the attached worksheet)	<080>
<090>	Project Update Information	(complete attached worksheet)	<090>
<100>	Certifications		
		te attached certification)	<101>
	<102> Agent Certification (comple	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.

(050) Car	rier Contact Form	FCC from 690 Approved by OMB COMB.Control No. 3060-1185 Page 2 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	P020-
<039>	Contact Email Address - Email Address of person identified in data	### rhonda.thomas63@t-mobile.com
	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	oformation 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) Co	rerage and	Performance	Report							7.A.	FCC Fors Ap prove OMB Con Page 3 of	d by OM trol No.	8060-1185
<010>	Study Are	ea Code					448056						
<015>	Study Ar						T-Mobi	le West I	LLC				
<020>	Program						2014			 			
<030>			n USAC should	contact regardin	g this data		Rhonda	R. Thoma	as				
<035>				r of person ident		line	<030> 425383	4215 ext.	•				
<039>	Contact Email Address - Email Address of person identified in							.thomas63	@t-mobile	. com			
<140>	Coverage	and Perform	ance Report Y	ear 06/2013	- 12/2013								
		Electro	nic Shapefiles	attachments	[56_CPRd_TX.zip	ment (.zip)					
		Drive ⁻	Test Results at	tachments		Vame :	of Attached Docum	nent (.zip)					
		Scatter	red Site Test Re	esults attachmen	L	Name	of Attached Docun	nent (.zip)					
<141>	<a1></a1>	<a25< td=""><td>(33)</td><td><61×</td><td><62></td><td></td><td>(b3)</td><td><c1></c1></td><td>422×</td><td><3></td><td><d>></d></td><td>Pcex:</td><td>de</td></a25<>	(33)	<61×	<62>		(b3)	<c1></c1>	42 2×	<3>	<d>></d>	Pcex:	de
	State	County			by Service	ched	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	covered per Census	Certify that Electron ic Shapefil es are uploade d (yes/no)	Result s are upload ed (yes/n	Certify that Scattered Site Tests are uploaded (yes/no)
		Percenta	ge of Total	0			Percentage c	of Total	0				

Population Reached by Service Road Miles covered

by Service

<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:

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 formand in any attachments is accurate.				
Name of Reporting Carrier: T-M	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			
elephone number of Authorized Officer:	4253834000 ext.			
tudy Area Code of Reporting Carrier:	448056	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:

is authorized to submit the information reported on behalf of the reporting ier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the provided to the authorized agent is accurate.
Date:
Filing Due Date for this form:

Certification of Agent Authorize	to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier
	to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based o
data provided by the reporting carrier; and, to the best of m	owledge, 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	unished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under
reisons will ally making laise statements on this form can	Title 18 of the United States Code, 18 U.S.C. § 1001.

				776
(080) Triba	l Lands Reporting	100	FC	C Form 690
			A Property of the Contract of	proved by CMB
			y e γ _{αν} οι οι οι	AP Control No. 3060-1185
	And the second s	Par Amer	Part of Part o	ge 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 identif	ied in data line <030>	4253834215 ext.	
<039>	Contact Email Address - Email Address of person identi		rhonda.thomas63@t-mobile.com	
<142>	State			_
				-
<143>	County			
444.	Table () and () and () block STC Common			
<144>	Tribal Land(s) on which ETC Serves			
				٦
-1.45	Tribal Courses to the second Obligation			
<145>	Tribal Government Engagement Obligation			J
		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.	

(000) Project	Update Information	FGC Form 690
(oso) riojes	- Control of the Cont	Approved by OME
		OK/B Control No. 13060-1125
		Page 6 of 8
A STREET ASSESSMENT ASSESSMENT		
<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)	O
<209>	Certify Network will Support 4G Mobile Service (Yes / No)	0 0
<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	
-242	shall be submitted as appropriate.	
<212>	Status of Network Deployment - Network Design	<u> </u>
<213>	Status of Network Deployment - Construction	
<214>	Status of Network Deployment - Deployment	
<215>	Status of Network Deployment - Maintenance	<u> </u>
<216>	Project Budget Status	✓

<217> Project Plan Status

a	01) Certification - Reporti	ng Carrier		Approx OMB C	m 690 ed by OMB ontrol No. 3060-1165 of 81-

<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:

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 pest of my knowledge, the information reported on this form and in any attachments is accurate.			
Name of Reporting Carrier: T-Mobile West L	С		
Signature of Authorized Officer: CERTIFIED	ONLINE		Date 07/29/2014
Printed name of Authorized Officer: Christoph	r Miller		
Title or position of Authorized Officer:			
Telephone number of Authorized Officer: 42538	34000 ext.		
Study Area Code of Reporting Carrier: 44	056 Filing Due E	ate for this form: 07/31/2014	

(102) Certification - Agent / Carrier SCC_Form 590 S. Approved by OMB OMB Control No. 1060-1185 Page 9 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) also certify that I am an officer of the reporting carrier; agent; and, to the best of my knowledge, the reports an	is authorized to submit the information reported on behalf of ny responsibilities include ensuring the accuracy of the annual data reporting requirements provide I 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 o	an be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or impunder Title 18 of the United States Code, 18 U.S.C. § 1001.	risonment			

Certification of Agent Author	rized to File Annual Reports for Mobility Fund Recipients on	Behalf of Reporting Carrier				
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 eported 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:						
Fitle or position of Authorized Agent or Employee of Agent						
Telephone number of Authorized Agent or Employee of Ag	ent:					
	Filing Due Date for this form:					

Attachments

	The state of the s
(060) Coverage and Performance Report	FCC Come 500
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	Property of the CARD
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	LIMBLOHICH NO. SING-FIAS
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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
<140>	Coverage and Performance Report Year	06/2013 - 12/2013

<ai>z</ai>	<92>	<o3></o3>	 (bi>	<b2></b2>	cb35	(CD)	<02>	403 5	SdD>	<6>	 ←D>
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	48507	48507950100	1189	0	0	681.0	0.0	0.0	Yes		
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Percentage of Total Population Reached by Service

<141>

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Percentage of Total Road Miles covered by Service

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1		9 Annual Reporting	The state of the s	:8 ^k	* * * * * * * * * * * * * * * * * * * *	<.	**	***	AVE	. Burd	en Estimate po	FCC Forr Approved by OM OMB 3060-118 er Respondent: 18 Hour	1B 35
<010>	Study A	rea Code			448057								
<015>	Study A	rea Name			T-Mobile West	LLC							
<020>	Program	Year			2014								
<030>	Contact with que	Name: Person USAC sh estions about this data	ould contact		Rhonda R. Tho	mas							
<035>	Contact Number	Telephone Number: of the person identified	f in data line <	:030>	4253834215 ext	t.							
<039>	Contact Email of	Email: the person identified in	data line <030	0>	rhonda.thomase	63@t-mobi	ile.com						
						Mile No.			COMPANIE COMME	***************************************			_
<040>	Has the i	information required po							<040> (<u>C</u>	(check box when	complete)	7
	<042> <043>	Cite the Study Area C			481 reporting	g			:042>[_ :043>[_	-			
<050>	Carrier Co	ontact Information	(has the contact is	info. changed	d since prior filing?	Yes or No)			(C	\odot		
					(If yes, com	nplete the at	tached workshee	et) <	050>				
<060>	Coverage	and Performance Repo	ort .		(compl	lete attache	d worksheet)	<	060> [7			
<070>	<u>Urban Ra</u>	te Comparability Certifi	ication		(complet	te attached	certification)	<	070>	/			
<080>	Tribal Lan	nds Reporting (y/n?)	(Does this study a	area cover tri	bal lands? Yes or N	10)				\mathcal{I}	\odot		
					(If yes, com	plete the att	ached workshee	r) <(080>				
<090>	Project U	odate Information			(comple	ete attached	(worksheet)	<(090>	<u></u>			
<100>	Certificati	ons											
•	<101>	Reporting Carrier Cert	ification	(complete a	attached certificatio	on)		<1	101>	7			
	<102>	Agent Certification		(complete a	ittached certificatio	on)		<1	102>	ī			

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.

Options in the Security		
(050) Ca	rrier Contact Form	FCC Form 690
	The second secon	Approved by OMB OMB Control No. 3060,1185
		Page 2 of 8
<010>	Study Area Code	448057
<015>		T-Mobile West LLC
<020>	Program Year	2014
<030>		Rhonda R. Thomas
<035>	The state of the s	4253834215 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	rhonda.thomas63@t-mobile.com
Reportin	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	office and the state of the sta	
-120-	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	
.420-	if no agent, indicate in this box	
<120>	Name (First, MI, Last, Suffix)	
<121>	Company	
	Street Address (or PO Box)	
<123>	City	
<124>	State	
<125>	Zip-Code	
<126>	Telephone Number	
<127>	Fax Number	
<128>	Email Address	

(060) Co	werage and Performance Report			*FCC Form 690	
er in		Pre-		Ap proved by OMB OMB Control No. 3069- Page 3 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 d	lata	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	n data line <030>	rhonda.thomas63@t-mobile.com	n	
<140>	Coverage and Performance Report Year 06/2013 - 12/				
	Elements Character and allower	448057_CPR	l_TX.zip		
	Electronic Shapefiles attachments	Name of Attac	hed Document (.zip)		
	Drive Test Results attachments				
		Name of Attacl	ed Document (.zip)		
	Scattered Site Test Results attachments				
		Name of Attack	ned Document (zin)		

\$31> \$32> 1 \$33> 501> 1 \$65> 2808> 1 \$65> \$65 \$65 \$65 <141> Certify Certify that that Drive Total Electron Test Road Road ic Result Road Miles per Miles Shapefil s are Certify that Resident Total Resident | Miles Census covered es are upload Scattered Population Population per Block per uploade ed Site Tests are Population per Newly Reached Reached by Census Newly Census (yes/n uploaded County Census Block Census Block by Service Service Block Reached Block (yes/no) o) (yes/no) -- See attached worksheet

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

(0 70) บก	pari Rate Comparability Certification Compliance	CC Form 690 Approved by OMB OMB Control No. 3060-1185 Page-4 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

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 form and in any attachments is accurate.	of the reporting carrier; my respo	nsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on thi		
Name of Reporting Carrier: T-M	Mobile West LLC			
Signature of Authorized Officer:	CERTIFIED ONLINE	Date 07/29/2014		
Printed name of Authorized Officer:	Christopher Miller			
itle or position of Authorized Officer:	VP, Tax			
elephone number of Authorized Officer:	4253834000 ext.			
itudy Area Code of Reporting Carrier:	448057	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:

certify that (Name of Agent)	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 ting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the
Name of Authorized Agent:	nd data provided to the authorized agent is accurate.
Name of Reporting Carrier:	
Signature of Authorized Officer or Employee:	Date:
Printed name of Authorized Officer or Employee:	Vol.C.
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 pun und	shed by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment or Title 18 of the United States Code, 18 U.S.C. § 1001.

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 authorize data provided by the reporting carrier; and, to the best of my I	to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based on moved 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:	5000
Fitle or position of Authorized Agent or Employee of Agent	
Telephone number of Authorized Agent or Employee of Agent:	
tudy Area Code of Reporting Carrier:	Filing Due Date for this form:
Pareone willfully making false statement and in false	punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under

(080) Trib	al Lands Reporting	The state of the s	The state of the s	CC Form 690
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	The Laboratory of the Control of the			MB Control No. 3060-1185
-1.				age 5 of 8
<010>	Study Area Code			
<015>	Study Area Code Study Area Name		448057	
<020>	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 identif	ied in data line <030>	4253834215 ext.	
<039>	Contact Email Address - Email Address of person identi		rhonda.thomas63@t-mobile.com	
			Anonda, Chomaseswc-mobile, Com	
<142>	State			
				-
				,
<143>	County			
	·			
<144>	Tribal Land(s) on which ETC Serves			
/144/	Tribal Land(s) on which ETC Serves			
<145>	Tribal Government Engagement Obligation			
	The solution and a solution of the solution of	Name of Attached Documer	nt (ndf)	
		Name of Attached Documen	n (.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
<146>	Noods assessment and dealer-mark already with a fact of Till I	(Yes,No, NA)
14-10-	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.	

(OOO) Design	# Update Information	
(new) riujes	A OPERE MURICIPATION OF THE PROPERTY OF THE PR	FCC Form 690.
		Approved by CMB
		OMB Costrol No. 3060-1185
		CONTRACTOR
<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>	
<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)	O O
<209>	Certify Network will Support 4G Mobile Service (Yes / No)	0 0
<210>	Actual Completion Date	
<211>	Project Status Description (attached)	448057_PSD_TX.pdf
	Nove I del de la companya de la comp	{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	
-717 5	shall be submitted as appropriate.	
<212> <213>	Status of Network Deployment - Network Design	<u> </u>
<213> <214>	Status of Network Deployment - Construction	
<214> <215>	Status of Network Deployment - Deployment	<u> </u>
<215> <216>	Status of Network Deployment - Maintenance	<u>✓</u>
<216>	Project Blan Status	
~21/2	Project Plan Status	✓

(101) Certification - Reporting Carrier		FEC Form 690 Approved by OA OMIS Control No Page 7 of 8	иВ х.: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

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

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 th 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: CERTIFIE	D ONLINE	Date 07/29/2014		
Printed name of Authorized Officer: Christop	her Miller			
Title or position of Authorized Officer:	×			
Telephone number of Authorized Officer: 4253	834000 ext.			
Study Area Code of Reporting Carrier: 4	48057 Filing Due Date for th	s form: 07/31/2014		
Persons willfully making false statements on th		unications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment		

(102) Certification - Agent / Cargler FCC Tolkin 690 Approved by CMB OMB Control No. 3060-1185 Page 8 078

<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 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 ca 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 author 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:		
	shed by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment or Title 18 of the United States Code, 18 U.S.C. § 1001.		

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 auti reported herein based on data provided by the reportin	thorized to submit the annual reports for Mobility Fund recipient g carrier; and, to the best of my knowledge, the information rep	ts on behalf of the reporting carrier; I have provided the data ported 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 Ager	ent			
Telephone number of Authorized Agent or Employee of A	Agent:			
Study Area Code of Reporting Carrier:	Filing Due Date for this form:			

Attachments

07/29/2014

(060) Co	everage and Performance	e Report	Andrew Control of the		FCC Form 690 Approved by OMB OMB Control No. 300	60- 1 185
-010-	Cerralis Amon Condo					

<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

<141>

<a1></a1>	492>	*82*	+ kb1×	-\$62×	<bs>db3×</bs>	303>	<c>></c>	<63>	<d><d></d></d>	s es	e do
State	County 48507	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)
ТX	48507	48507950301	911	0	0	540.76	0.0	0.0	Yes		
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	l o	
Percentage of		F
Total Population	i	
Reached by		
Service		

Percentage of Total Road Miles covered by Service

0			