DOCKET NO. GNR-T-21-01

Cover Sheet for Submission of 2021 Annual ETC Certification Reports

RECEIVED

2021 JUN 30 AM 8: 52

Name of Eligible Telecommunications Carrier: Assurance Wireless USA D.P.O PUBLIC
USAC Study Area Code: 479015
Filing date: 6-29-21
Lifeline Only ETC? Yes or No Yes
Is this: Original submission? Yes OR Revised /Augmented submission?
Person to contact for questions:
Name Tami Schwonek
Phone number
E-mail address
Documents included in this filing (please check applicable items):
Affidavit for High-Cost Support
CAF/ICC Support (47 CFR § 54.304)
XX Form 481
HUBB Portal Broadband Deployment Data
***If No, Affidavit must accompany first original submission

FCC For	m 481 - Carrier Annual Reporting Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 December 2020
<010>	Study Area Code	479015	
<015>	Study Area Name	Assurance Wireless USA L.P.	
<020>	Program Year	2022	
<030>	Contact Name: Person USAC should contact with questions about this data	Tami Shwonek	
<035>	Contact Telephone Number: Number of the person identified in data line <030>	4253835551 ext.	
<039>	Contact Email Address: Email of the person identified in data line <030>	tami.shwonek@t-mobile.com	
	Form Type	54.422	

I aBC 1

(200) Service Outage Reporting (Voice)

Data Collection Form

December 2020

<010>	Study Area Code	479015
<015>	Study Area Name	Assurance Wireless USA L.P.
<020>	Program Year	2022
<030>	Contact Name - Person USAC should contact regarding this data	Tami Shwonek
<035>	Contact Telephone Number - Number of person identified in data line <030>	4253835551 ext.
<0395	Contact Email Address - Email Address of person identified in data line <030>	tami shwonek@t-mohile.com

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

<210> For the prior calendar year, were there any reportable voice service outages?

<220>	<a>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<c1></c1>	<c2></c2>	<d></d>	<e></e>	<f></f>
	NORS Reference Number	Outage Start Date	Outage Start Time	Outage End Date	Outage End Time	Number of Customers Affected	Total Number of Customers	911 Facilities Affected (Yes / No)	Service Outage Description (Check all that apply)	Did This Outag Affect Multipl
					_					

(400) Number of Complaints per 1,000 customers Data Collection Form

<010>	Study Area Code	479015	
<015>	Study Area Name	Assurance Wireless USA L.P.	
<020>	Program Year	2022	
<030>	Contact Name - Person USAC should cont	act regarding this data	
<035>	Contact Telephone Number - Number of <030>	person identified in data line	
<039>	Contact Email Address - Email Address of <030>	person identified in data line tami.shwonek@t-mobile.com	
<400>	Select from the drop-down list to indicate how you would like to report voice complaints (zero or greater) for voice telephony service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize.		
<410>	Complaints per 1000 customers for fixed voice		
<420>	Complaints per 1000 customers for mobil	e voice	

(500) Compliance With Service Quality Standards and Consumer Protection Rules FCC Form 481 OMB Control No. 30 Data Collection Form December 2020 <010> Study Area Code 479015 Assurance Wireless USA L.P. <015> Study Area Name 2022 <020> Program Year Tami Shwonek <030> Contact Name - Person USAC should contact regarding this data 4253835551 ext. <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> tami.shwonek@t-mobile.com

<515> Certify compliance with applicable minimum service standards

<010> Stu	udy Area Code	479015
<015> Stu	udy Area Name	Assurance Wireless USA L.P.
<020> Pro	ogram Year	2022
<030> Con	ntact Name - Person USAC should contact regarding this data	Tami Shwonek
<035> Con	ntact Telephone Number - Number of person identified in data line <030>	4253835551 ext.
<039> Con	ntact Email Address - Email Address of person identified in data line <030>	tami.shwonek@t-mobile.com
<600> Certi	tify compliance regarding ability to function in emergency situations	

<610> Descriptive document for Functionality in Emergency Situations

Data Collection Form

<010>	Study Area Code		479015
<015>	Study Area Name		Assurance Wireless USA L.P.
<020>	Program Year		2022
<030>	Contact Name - Person U	SAC should contact regarding this data	Tami Shwonek
<035>	Contact Telephone Num	per - Number of person identified in data line <030>	4253835551 ext.
<039>	Contact Email Address - E	mail Address of person identified in data line <030>	tami.shwonek@t-mobile.com
<810>	Reporting Carrier	Assurance Wireless USA, L.P.	
<811>	Holding Company	T-Mobile USA Inc.	
<812>	Operating Company	Assurance Wireless USA, L.P.	

<813

13> <a1></a1>	<a2></a2>	<a3></a3>
Affiliates	SAC	Doing Business As Compan
See at	tached worksheet	

(900) Tribal Lands Reporting Data Collection Form

<920>

FCC Form 481 OMB Control No. 3060-0 December 2020

<010>	Study Area Code	479015	
<015>	Study Area Name	Assurance Wireless USA L.P.	
<020>	Program Year	2022	
<030>	Contact Name - Person USAC should contact regarding this data	Tami Shwonek	
<035>	Contact Telephone Number - Number of person identified in data line <030>	4253835551 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	tami.shwonek@t-mobile.com	

<900> Does the filing entity offer tribal land services? (Y/N)

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

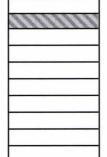
Tribal Government Engagement Obligation

Name of Attached Document

If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(5) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select	
Yes or No or	
Not Applicable	



<010>	Study Area Code	479015
<015>	Study Area Name	Assurance Wireless USA L.P.
<020>	Program Year	2022
<030>	Contact Name - Person USAC should contact regarding this data	Tami Shwonek
<035>	Contact Telephone Number - Number of person identified in data line <030>	4253835551 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tami.shwonek@t-mobile.com

<1000> Voice services rate comparability certification

<1010> Attach detailed description for voice services rate comparability compliance

Name of Attached Document

<1020> Broadband comparability certification

<1030> Attach detailed description for broadband comparability compliance

Name of Attached Document

(1100) No Terrestrial Backhaul Reporting Data Collection Form

<010>	Study Area Code	479015
<015>	Study Area Name	Assurance Wireless USA L.P.
<020>	Program Year	2022
<030>	Contact Name - Person USAC should contact regarding this data	Tami Shwonek
<035>	Contact Telephone Number - Number of person identified in data line <030>	4253835551 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tami.shwonek@t-mobile.com

- <1100> Certify whether terrestrial backhaul options exist (Y/N)
- <1130> Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(g).
- <1140> Alaska Plan rate-of-return certification (yes, no, or not applicable) of compliance with approved performance plan.

Lifeline	erms and Condition for Lifeline Customers lection Form	FCC Form 481 OMB Control No. 3060- December 2020	0986/0
<010>	Study Area Code	479015	
<015>	Study Area Name	Assurance Wireless USA L.P.	
<020>	Program Year		
<030>	Contact Name - Person USAC should contact regarding this data	2022 Tami Shwonek	
<035>	Contact Telephone Number - Number of person identified in data line <030>	4253835551 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	tami.shwonek@t-mobile.com	
<1210>	Terms & Conditions of Voice Telephony Lifeline Plans		
		Name of Attached Docu	nent
<1220>	Link to Public Website HTTP ht	Name of Attached Docum	
"Please of the we	theck these boxes below to confirm that the attached document(s), on line 1210, ebsite listed, on line 1220, contains the required information pursuant to 2(a)(2) annual reporting for ETCs receiving low-income support, carriers must		
"Please of or the we § 54.422	theck these boxes below to confirm that the attached document(s), on line 1210, ebsite listed, on line 1220, contains the required information pursuant to 2(a)(2) annual reporting for ETCs receiving low-income support, carriers must		
"Please of or the we § 54.422 annually	theck these boxes below to confirm that the attached document(s), on line 1210, ebsite listed, on line 1220, contains the required information pursuant to 2(a)(2) annual reporting for ETCs receiving low-income support, carriers must report:		

2005) Pi	rice Cap Carrier Additional Documentation	FCC Form 481
Data Collection Form Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers		OMB Control N
		December 2020
<010>	Study Area Code	479015
<015>	Study Area Name	Assurance Wireless USA L.P.
<020>	Program Year	2022
<030>	Contact Name - Person USAC should contact regarding this data	Tami Shwonek
<035>	Contact Telephone Number - Number of person identified in data line <030>	4253835551 ext.
	Contact Email Address - Email Address of person identified in data line <030>	tami.shwonek@t-mobile.com

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of frozen High Cost s to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR 54.313(c),(d),(e). The inf form and in the documents attached below is accurate.

<2015>	2016 and future Frozen Support Certification 47 CFR § 54.313(c)(4)	
Price Cap	o Carrier Connect America ICC Support {47 CFR § 54.313(d)}	
<2016>		
Connect	America Phase II Reporting {47 CFR § 54.313(e)}	
<2017A>	Connect America Fund Phase II recipient?	
<2017C>	Total amount of Phase II support, if any, the price cap carrier used for capital expenditures in 2018.	
<2018>	Attach the number, names, and addresses of community anchor	Name of Attached Document Listing
	institutions to which the carrier newly began providing access to broadband service in the preceding calendar year - 54.313(e)(1)(ii)(A)	Required Information

Connect America Phase II – FCC Form 470 Postings

<2019> For the filing due July 1 following full implementation of this requirement, answer yes, no, or not applicable to this certification request

(3005) Rate (Data Collecti	Of Return Carrier Additional Documentation on Form	FCC Form 481 OMB Contro December 20
<010>	Study Area Code	479015
<015>	Study Area Name	Assurance Wireless
<020>	Program Year	2022
<030>	Contact Name - Person USAC should contact regarding this data	Tami Shwonek
<035>	Contact Telephone Number - Number of person identified in data line <030>	4253835551 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tami.shwonek@t-mok

(3007) Does this filing retain a Cost Consultant and/or Firm, or other Third Party to prepare financial and operations data disclosures submitted to the National Exchange Carrier Association (NECA), USAC, or the Administrator?

(3007b	(3007a)
Name of Consultant	Name of Consultant

(3005) Rate Of Return Carrier Additional Documentation Data Collection Form FCC Form 481 OMB Control No December 2020

<010>	Study Area Code	479015
<015>	Study Area Name	Assurance Wireless US
<020>	Program Year	2022
<030>	Contact Name - Person USAC should contact regarding this data	Tami Shwonek
<035>	Contact Telephone Number - Number of person identified in data line <030>	4253835551 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tami.shwonek@t-mobile

Select from the drop down menu or check the boxes below to note compliance with 54.313(f)(1). Privately held carrier financial reporting requirements set forth in 47 CFR 54.313(f)(2). I further certify that the information reported on this attached below is accurate.

(3009)	Progress Report on 5 Year Plan Carrier certifies to 54.313(f)(1)(iii)			
(3010A)	Certification of Public Interest Obligations {47 CFR § 54.313(f)(1)(i)}			
(3010B)	Please Provide Attachment		cument Listing Required	
	Rate-of-Return Community Anchor Institutions	Information		
(3012A)	Indicate if the carrier newly deployed broadband service to community anchor institution(s) in the previous calendar year.			
(3012B)	Please Provide Attachment	Name of Attached Do		
	Using link, download template and list the number, name and address for each community anchor institution. Attach the document which contains the community anchor institution details as required by 47 C.F.R. § 54.313(f)(1)(ii)	Required Information		
(3013)	Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)}	(Yes/No)	0 0	
(3014)	If yes, does your company file the RUS annual report	(Yes/No)	$\circ \circ$	
	Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:			
(3015)	Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)			
(3016)	Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows			
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	Name of Attached Do Information	cument Listing Required	
(3018)	If the response is no on line 3014, is your company audited? If the response is yes on line 3018, please check the boxes below to confirm your submission on line	(Yes/No)	00	

(3005) Rate Of Return Carrier Additional Documentation (Continued)

Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819 December 2020

<010>	Study Area Code	479015
<015>	Study Area Name	Assurance Wireless USA L.P.
<020>	Program Year	2022
<030>	Contact Name - Person USAC should contact regarding this data	Tami Shwonek
<035>	Contact Telephone Number - Number of person identified in data line <030>	4253835551 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tami.shwonek@t-mobile.com
Revenue (Containent)		

Financial Data Summary	
(3027) Revenue	
(3028) Operating Expenses	
(3029) Net Income	
(3030) Telephone Plant In Service(TPIS)	
(3031) Total Assets	
(3032) Total Debt	
(5552) 15141 5651	
(3033) Total Equity	

Name of Attached Document Listing Required Information

December 20

<010>	Study Area Code	479015
<015>	Study Area Name	Assurance Wireless USA L.P.
<020>	Program Year	2022
<030>	Contact Name - Person USAC should contact regarding this data	Tami Shwonek
<035>	Contact Telephone Number - Number of person identified in data	4253035551 ext.
<039>	Contact Email Address - Email Address of person identified in data	line <030> tami.shwonek@t-mobile.com

4005 Rural Broadband Experiment

Authorized Rural Broadband Experiment (RBE) recipients must address the certification for public interest obligations and provide a list of newly served community anchor institutions.

Public Interest Obligations - FCC 14-98 (paragraphs 26-29, 78)

Please address Line 4001 regarding compliance with the Commission's public interest obligations. All RBE participants must provide a response to Line 4001.

4001. Recipient certifies that it is offering broadband meeting the requisite public interest obligations consistent with the category for which they were selected, including broadband speed, latency, usage capacity, and rates that are reasonably comparable to rates for comparable offerings in urban areas.

RBE Community Anchor Institutions

<4003a> Indicate if the carrier newly deployed broadband service to community anchor institution(s) in the previous calendar year

<4003b> Please Provide Attachment: Using link, download template and list the number, name and address for each community anchor institution. Attach the document which contains the community anchor institution details as required by FCC 14-98 (paragraph 79) Name of Attached Document Listing Required Information

(5005) Alaska Plan Participants Additional Documentation Data Collection Form FCC Form 481

OMB Control No. 306

December 2020

<010>	Study Area Code	479015
<015>	Study Area Name	Assurance Wireless USA L.P.
<020>	Program Year	2022
<030>	Contact Name - Person USAC should contact regarding this data	Tami Shwonek
<035>	Contact Telephone Number - Number of person identified in data line <030>	4253835551 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tami.shwonek@t-mobile.com
10332	contact Email Address - Email Address of person identified in data line coso-	tami.snwonek@t-mod

5005 Alaska Plan

(5011)	Please indicate whether any terrestrial backhaul or other satellite backhaul became commercially available in the previous calendar year in areas previously served exclusively by performance-limiting satellite backhaul.	(Yes/No
(5012)	If the filing carrier identified in its approved perfomance plans that it relies exclusively on satellite backbaul for a certain portion of the population in its service area, indicate whether	(Yes/Nc

(5012) satellite backhaul for a certain poriton of the population in its service area, indicate whether any terrestrial backhaul or other satellite backhaul became commercially available in the previoius calendar year in areas that were previoiusly served exclusively by satellite backhaul.

<5013> <a>		
Description Of Backhaul Technology	Date Backhaul Available	Newly Served Loc

(6005) Phase II Auction Reporting Data Collection Form FCC Form 481

OMB Control No. 3

December 2020

<010>	Study Area Code	479015
<015>	Study Area Name	Assurance Wireless USA L.P.
<020>	Program Year	2022
<030>	Contact Name - Person USAC should contact regarding this data	Tami Shwonek
<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>	tami.shwonek@t-mobile.com

<6010> Enter the total amount of Phase II Auction Support, if any, the carrier used for capital expenditures

Phase II Auction and New York Funds Certification

<6011> Certify (either yes or no) regarding whether the recipient has available funds for all project costs that will exceed the amount of support that will be received for the next calendar year. This certification must be provided (Yes starting the first July 1st after receiving support until the recipient's penultimate year of support

(Yes/No)

Phase II Auction Community Anchor Institutions

- <6012a> Indicate if the carrier newly deployed broadband service to community anchor institution(s) in the previous calendar year
- <6012b> Please Provide Attachment Using link, download template and list the number, name and address for each community anchor institution. Attach the document which contains the community anchor Information Information institution details as required by FCC 14-98 (paragraph 79)
 Name of Attached Document Listing Required Information

Phase II Auction FCC Form 470 Postings

<6013> For the filing due July 1 following full implementation of this requirement answer yes or no to this certification request

Phase II Auction Post-Final Deployment Milestone Performance Certification

<6014> Starting the first July 1st after meeting the final service milestone, certify (yes or no) that the Phase II-funded network that the Phase II auction recipient operated in the prior year meets the relevant performance requirements in § 54.309

	-	1	-	L	90	92	20	-	2	
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<010>	Study Area Code	479015	
<015>	Study Area Name	Assurance Wireless USA L.P.	
<020>	Program Year	2022	
<030>	Contact Name - Person USAC should contact regarding this data	Tami Shwonek	
<035>	Contact Telephone Number - Number of person identified in data line <030>	4253835551 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	tami.shwonek@t-mobile.com	

<7010> Phase II Auction recipient performance requirements certification

(Yes/No)

<010>	Study Area Code	479015
<015>	Study Area Name	Assurance Wireless USA L.P.
<020>	Program Year	2022
<030>	Contact Name - Person USAC should contact regarding this data	Tami Shwonek
<035>	Contact Telephone Number - Number of person identified in data line <030>	4253835551 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tami.shwonek@t-mobile.com

<8010> Uniendo a Puerto Rico Stage 2 Fixed – Capital Expenditures

Enter the total amount of Uniendo a Puerto Rico Stage 2 fixed support, if any, the carrier used for capital expenditures.

<8011> Uniendo a Puerto Rico Stage 2 Fixed – Available Funds Certification

Certify (either yes or no) regarding whether the recipient has available funds for all project costs that will exceed the amount of support that will be received for the next calendar year. This certification must be provided starting the first July 1st after receiving support until the recipient's penultimate year of support.

<8012a> Uniendo a Puerto Rico Stage 2 Fixed – Community Anchor Institutions

Indicate if the carrier newly deployed broadband service to community anchor institution(s) in the previous calendar year.

Please Provide Attachment

<8012b> Using link, download template and list the number, name and address for each community anchor institution. Attach the document which contains the community anchor institution details as required by 47 C.F.R. § 54.313(e)(2)(A). Allowable File Types.

Name of Attached Document Listing R Information

Uniendo a Puerto Rico Stage 2 Fixed – FCC Form 470 Postings

<8013> For the filing due July 1 following full implementation of this requirement answer yes, no, or not applicable to this certification request.

<8014> Uniendo a Puerto Rico Stage 2 Fixed – Post-Final Deployment Milestone Performance Certification

Starting the first July 1st after meeting the final service milestone, certify (yes or no) that the Uniendo a Puerto Rico Stage 2-funded network that the Stage 2 recipient operated in the prior year meets the relevant performance requirements in § 54.309.

<8020> Uniendo a Puerto Rico Stage 2 Fixed – Support Reimbursement Certification

54.313(n): Recipients of Uniendo a Puerto Rico Fund Stage 2 fixed support shall certify that such support was not used for costs that are (or will be) reimbursed by other sources of support, including of federal or local government aid or insurance reimbursements; and that support was not used for other purposes, such as the retirement of company debt unrelated to eligible expenditures, or other expenses not directly related to network restoration, hardening, and expansion consistent with the framework of the Uniendo a Puerto Rico Fund.

<010>	Study Area Code	479015
<015>	Study Area Name	Assurance Wireless USA L.P.
<020>	Program Year	2022
<030>	Contact Name - Person USAC should contact regarding this data Tami Shwonek	
<035>	Contact Telephone Number - Number of person identified in data line <030> 4253835551 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	tami.shwonek@t-mobile.com

<9010> Connect USVI Stage 2 Fixed – Capital Expenditures

Enter the total amount of Connect USVI Fund Stage 2 fixed support, if any, the carrier used for capital expenditures.

<9011> Connect USVI Stage 2 Fixed – Available Funds Certification

Certify (either yes or no) regarding whether the recipient has available funds for all project costs that will exceed the amount of support that will be received for the next calendar year. This certification must be provided starting the first July 1st after receiving support until the recipient's penultimate year of support.

<9012a> Connect USVI Stage 2 Fixed – Community Anchor Institutions

Indicate if the carrier newly deployed broadband service to community anchor institution(s) in the previous calendar year.

Please Provide Attachment

<9012b> Using link, download template and list the number, name and address for each community anchor institution. Attach the document which contains the community anchor institution details as required by 47 C.F.R. § 54.313(e)(2)(i)(A).

Name of Attached Document Listing Information

Connect USVI Stage 2 Fixed – FCC Form 470 Postings

<9013> For the filing due July 1 following full implementation of this requirement answer yes, no, or not applicable to this certification request.

Connect USVI Stage 2 Fixed – Post-Final Deployment Milestone Performance Certification

<9014> Starting the first July 1st after meeting the final service milestone, certify (yes or no) that the Connect USVI Fund Stage 2-funded network that the Stage 2 recipient operated in the prior year meets the relevant performance requirements in § 54.309.

Connect USVI Stage 2 Fixed – Support Reimbursement Certification

<9020> 54.313(n): Recipients of Connect USVI Fund Stage 2 fixed support shall certify that such support was not used for costs that are (or will be) reimbursed by other sources of support, including of federal or local government aid or insurance reimbursements; and that support was not used for other purposes, such as the retirement of company debt unrelated to eligible expenditures, or other expenses not directly related to network restoration, hardening, and expansion consistent with the framework of the Connect USVI Fund.

Connect USVI Stage 2 Fixed – Disaster Preparedness and Response Documentation

Certification - Reporting Carrier Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 December 2020
<010>	Study Area Code	479015
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<020>	Program Year	2022
<030>	Contact Name - Person USAC should contact regarding this data	Tami Shwonek
<035>	Contact Telephone Number - Number of person identified in data line <030>	4253835551 ext.
(020)	Contact Fueil Address - Fueil Address of person identified in data line (030)	hand all and all the second

<039> Contact Email Address - Email Address of person identified in data line <030> tami.shwonek@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 universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier: Assurance Wireless USA L.P	
Signature of Authorized Officer: CERTIFIED ONLINE	Date 06/25/20:
Printed name of Authorized Officer: Larry Weians	
Title or position of Authorized Officer: Vice President	
Telephone number of Authorized Officer: 9137941452 ext.	
Study Area Code of Reporting Carrier: 479015	Filing Due Date for this form: 07/01/2021

Certification - Agent / Carrier Data Collection Form			FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 December 2020
<010>	Study Area Code	479015	
<015>	Study Area Name	Assurance Wireless USA	L.P.
<020>	Program Year	2022	
<030>	Contact Name - Person USAC should contact regarding this data	Tami Shwonek	
<035>	Contact Telephone Number - Number of person identified in data line <030>	4253835551 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	tami.shwonek@t-mobile.c	com

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

TO BE COMPLETED BY THE AUTHORIZED AGENT:

 Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier

 I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.

 Name of Reporting Carrier:

 Name of Authorized Agent Firm:

 Signature of Authorized Agent or Employee of Agent:

 Date:

 Name of Authorized Agent or Employee of Agent

 Title or position 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. §1 1001.

Certify Filing Data Collection Form

<010>	Study Area Code	479015
<015>	Study Area Name	Assurance Wireless USA L.P.
<020>	Program Year	2022
<030>	Contact Name - Person USAC should contact regarding this data	Tami Shwonek
<035>	Contact Telephone Number - Number of person identified in data line <030>	4253835551 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tami.shwonek@t-mobile.com

I certify under penalty of perjury that no universal service support has been or will be used to purchase, obtain, maintain, improve, modify, or otherwise support any equipment or services produced or provided by any company designated by the Federal Communications Commission as posing a national security threat to the integrity of communications networks or the communications supply chain since the effective date of the designations

Please Provide Waiver Document Allowable File Type (pdf only) Name of Attached Document Listing Required Information

Yes

Data Collection Form

<010>	Study Area Code	479015
<015>	Study Area Name	Assurance Wireless USA L.P.
<020>	Program Year	2022
<030>	Contact Name - Person USAC should contact regarding this data	Tami Shwonek
<035>	Contact Telephone Number - Number of person identified in data line <030>	4253835551 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tami.shwonek@t-mobile.com
<810>	Reporting Carrier Assurance Wireless USA, L.P.	

<811>	Holding Company	T-Mobile USA Inc.
<812>	Operating Company	Assurance Wireless USA, L.P.

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Data Collection Form

<010>	Study Area Code	479015
<015>	Study Area Name	Assurance Wireless USA L.P.
<020>	Program Year	2022
<030>	Contact Name - Person USAC should contact regarding this data	Tami Shwonek
<035>	Contact Telephone Number - Number of person identified in data line <030>	4253835551 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tami.shwonek@t-mobile.com
~010>	Poporting Corrier Assurance Wireless USA L P	

<810>	Reporting Carrier	Assurance wireless USA, L.P.
<811>	Holding Company	T-Mobile USA Inc.
<812>	Operating Company	Assurance Wireless USA, L.P.

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Affiliates	SAC	Doing Business As Compan
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Virgin Mobile USA LP	219012	Assurance Wireless
Virgin Mobile USA LP	229015	Assurance Wireless
Virgin Mobile USA LP	359126	Assurance Wireless
Virgin Mobile USA LP	349033	Assurance Wireless
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Virgin Mobile USA LP	159018	Assurance Wireless

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<010>	Study Area Code	479015
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<035>	Contact Telephone Number - Number of person identified in data line <030>	4253835551 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tami.shwonek@t-mobile.com

<810>	Reporting Carrier	Assurance Wireless USA, L.P.
<811>	Holding Company	T-Mobile USA Inc.
<812>	Operating Company	Assurance Wireless USA, L.P.

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	Affiliates	SAC	Doing Business As Compan
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	Virgin Mobile USA LP	539011	Assurance Wireless
_	Virgin Mobile USA LP	179012	Assurance Wireless
	Virgin Mobile USA LP	589006	Assurance Wireless
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	Virgin Mobile USA LP	299018	Assurance Wireless
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	Virgin Mobile USA LP	339032	Assurance Wireless
_	Virgin Mobile USA LP	209015	Assurance Wireless
	PRWireless PR, LLC	639007	Open Mobile
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