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	479018	
<015>	Study Area Name	Q Link Wireless LLC	
<020>	Program Year	2022	
<030>	Contact Name: Person USAC should contact with questions about this data	Heather Kirby	
<035>	Contact Telephone Number: Number of the person identified in data line <030>	7702327805 ext.	
<039>	Contact Email Address: Email of the person identified in data line <030>	etc@telecomcounsel.com	
	Form Type	54.422	

RECEIVED 2021 JUL -1 M 9:29 UTILITIES COMMISSION I aBC I

(200) Service Outage Reporting (Voice)

Data Collection Form

<010>	Study Area Code	479018
<015>	Study Area Name	Q Link Wireless LLC
<020>	Program Year	2022
<030>	Contact Name - Person USAC should contact regarding this data	Heather Kirby
<035>	Contact Telephone Number - Number of person identified in data line <030>	7702327805 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	etc@telecomcounsel.com

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

<220> <a>

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

<010>	Study Area Code	479018	
<015>	Study Area Name	Q Link Wireless LLC	
<020>	Program Year	2022	
<030>	Contact Name - Person USAC should cont	act regarding this data	er Kirby
<035>	Contact Telephone Number - Number of <030>	person identified in data line	7702327805 ext.
<039>	Contact Email Address - Email Address of <030>	person identified in data line	etc@telecomcounsel.com
<400>	Select from the drop-down list to indicate voice complaints (zero or greater) for voic calendar year for each service area in whi any facilities you own, operate, lease, or c	e telephony service in the prior ch you are designated an ETC fo	
<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 Data Collection Form

Study Area Code	479018
Study Area Name	Q Link Wireless LLC
Program Year	2022
Contact Name - Person USAC should contact regarding this data	Heather Kirby
Contact Telephone Number - Number of person identified in data line <030>	7702327805 ext.
Contact Email Address - Email Address of person identified in data line <030>	etc@telecomcounsel.com
	Study Area Name Program Year Contact Name - Person USAC should contact regarding this data Contact Telephone Number - Number of person identified in data line <030>

<515> Certify compliance with applicable minimum service standards

<010>	Study Area Code	479018
<015>	Study Area Name	Q Link Wireless LLC
<020>	Program Year	2022
<030>	Contact Name - Person USAC should contact regarding this data	Heather Kirby
<035>	Contact Telephone Number - Number of person identified in data line <030>	7702327805 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	etc@telecomcounsel.com
<600>	Certify compliance regarding ability to function in emergency situations	

<610> Descriptive document for Functionality in Emergency Situations

(800) Operating Companies

<010>	Study Area Code		479018
<015>	Study Area Name		O Link Wireless LLC
<020>	Program Year		2022
<030>	Contact Name - Person U	SAC should contact regarding this data	Heather Kirby
<035>	Contact Telephone Numb	per - Number of person identified in data line <030>	7702327805 ext.
<039>	Contact Email Address - E	mail Address of person identified in data line <030>	etc@telecomcounsel.com
<810>	Reporting Carrier	Q LINK WIRELESS LLC	
<811>	Holding Company	QUADRANT HOLDINGS GROUP LLC	
<812>	Operating Company	Q LINK WIRELESS LLC	

<813>

<	<a2></a2>	<a1></a1>
Doing Business As Comp	SAC	Affiliates

(900) Tribal Lands Reporting Data Collection Form

<920>

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

<010>	Study Area Code	479018
<015>	Study Area Name	Q Link Wireless LLC
<020>	Program Year	2022
<030>	Contact Name - Person USAC should contact regarding this data	Heather Kirby
<035>	Contact Telephone Number - Number of person identified in data line <030>	7702327805 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	etc@telecomcounsel.com

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

Tribal Government Engagement Obligation

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

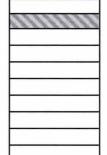
Name of Attached Document

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	479018
<015>	Study Area Name	Q Link Wireless LLC
<020>	Program Year	2022
<030>	Contact Name - Person USAC should contact regarding this data	Heather Kirby
<035>	Contact Telephone Number - Number of person identified in data line <030>	7702327805 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	etc@telecomcounsel.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	479018
<015>	Study Area Name	Q Link Wireless LLC
<020>	Program Year	2022
<030>	Contact Name - Person USAC should contact regarding this data	Heather Kirby
<035>	Contact Telephone Number - Number of person identified in data line <030>	7702327805 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	etc@telecomcounsel.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.

(1200) Terms Lifeline Data Collectio	and Condition for Lifeline Customers on Form			FCC Form 481 OMB Control No. 3060-0986/0 December 2020
<010> Stud	dy Area Code		479018	
	dy Area Name		Q Link Wireless LLC	
	gram Year		2022	
	tact Name - Person USAC should contact regarding this data		Heather Kirby	
	tact Telephone Number - Number of person identified in data line <)30>	7702327805 ext.	
	tact Email Address - Email Address of person identified in data line <		etc@telecomcounsel.com	
<1210> Terr	ms & Conditions of Voice Telephony Lifeline Plans	G) Link 1210_2021_generic with	
<1220> Lin	ik to Public Website HTT	ГР		Name of Attached Document
or the website l	hese boxes below to confirm that the attached document(s), on line 1210, listed, on line 1220, contains the required information pursuant to annual reporting for ETCs receiving low-income support, carriers must ::			
	ormation describing the terms and conditions of any voice phony service plans offered to Lifeline subscribers,	/		
<1222> Deta	ails on the number of minutes provided as part of the plan,	/		
<1223> Addi		7		

(2005) Price Cap Carrier Additional Documentation		FCC Form 481	
Data Collection Form		OMB Control No	
Including	Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers		December 2020
<010>	Study Area Code	479018	
<015>	Study Area Name	Q Link Wireless LLC	
<020>	Program Year	2022	
<030>	Contact Name - Person USAC should contact regarding this data	Heather Kirby	
<035>	Contact Telephone Number - Number of person identified in data line <030>	7702327805 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	etc@telecomcounsel.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	Certification support used to build broadband 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 institutions to which the carrier newly began providing access to broadband service in the preceding calendar year - 54.313(e)(1)(ii)(A)	Name of Attached Document Listing 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 Of Return Carrier Additional Documentation Data Collection Form		FCC Form 481 OMB Contro December 20
<010>	Study Area Code	479018
<015>	Study Area Name	Q Link Wireless LI
<020>	Program Year	2022
<030>	Contact Name - Person USAC should contact regarding this data	Heather Kirby
<035>	Contact Telephone Number - Number of person identified in data line <030>	7702327805 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	etc@telecomcounsel

(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)
Name of Consultant

53

<010>	Study Area Code	479018
<015>	Study Area Name	Q Link Wireless LLC
<020>	Program Year	2022
<030>	Contact Name - Person USAC should contact regarding this data	Heather Kirby
<035>	Contact Telephone Number - Number of person identified in data line <030>	7702327805 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	etc@telecomcounsel.com

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 Required Information	-	
	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 mormation	I	L
(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	ocument 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 479018	
<015> Study Area Name Q Link Wireless LLC	
<020> Program Year 2022	
<o3d> Contact Name - Person USAC should contact regarding this data Heather Kirby</o3d>	
<o35> Contact Telephone Number - Number of person identified in data line <o30> 7702327805 ext.</o30></o35>	
<039> Contact Email Address - Email Address of person identified in data line <030> etc@telecomcounsel.com	

Financial Data Summary	
(3027) Revenue	
(3028) Operating Expenses	
(3029) Net Income	
(3030) Telephone Plant In Service(TPIS)	
(3031) Total Assets	
(3032) Total Debt	
(3033) Total Equity	
(3034) Dividends	

Name of Attached Document Listing Required Information

0	-0	m	h	ar	21

<010>	Study Area Code	479018
<015>	Study Area Name	Q Link Wireless LLC
<020>	Program Year	2022
<030>	Contact Name - Person USAC should contact regarding this data	Heather Kirby
<035>	Contact Telephone Number - Number of person identified in data l	ine <030>
<039>	Contact Email Address - Email Address of person identified in data	line <030> etc@telecomcounsel.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	479018
<015>	Study Area Name	Q Link Wireless LLC
<020>	Program Year	2022
<030>	Contact Name - Person USAC should contact regarding this data	Heather Kirby
<035>	Contact Telephone Number - Number of person identified in data line <030>	7702327805 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	etc@telecomcounsel.com

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 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.	(Yes/Nc

<5013>	<8>		
	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	479018
<015>	Study Area Name	Q Link Wireless LLC
<020>	Program Year	2022
<030>	Contact Name - Person USAC should contact regarding this data	Heather Kirby
<035>	Contact Telephone Number - Number of person identified in data line <030>	7702327805 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	etc@telecomcounsel.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 starting the first July 1st after receiving support until the recipient's penultimate year of support

(Yes/No)

Phase II Auction Community Anchor Institutions

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

Phase II Auction FCC Form 470 Postings

For the filing due July 1 following full implementation of this <6013> 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

<010>	Study Area Code	479018
<015>	Study Area Name	Q Link Wireless LLC
<020>	Program Year	2022
<030>	Contact Name - Person USAC should contact regarding this data	Heather Kirby
<035>	Contact Telephone Number - Number of person identified in data line <030>	7702327805 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	etc@telecomcounsel.com

<7010> Phase II Auction recipient performance requirements certification

(Yes/No)

<010>	Study Area Code	479018
<015>	Study Area Name	Q Link Wireless LLC
<020>	Program Year	2022
<030>	Contact Name - Person USAC should contact regarding this data	Heather Kirby
<035>	Contact Telephone Number - Number of person identified in data line <030>	7702327805 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	etc@telecomcounsel.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 Re 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	479018
<015>	Study Area Name	Q Link Wireless LLC
<020>	Program Year	2022
<030>	Contact Name - Person USAC should contact regarding this data	Heather Kirby
<035>	Contact Telephone Number - Number of person identified in data line <030>	7702327805 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	etc@telecomcounsel.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	479018
<015>	Study Area Name	Q Link Wireless LLC
<020>	Program Year	2022
<030>	Contact Name - Person USAC should contact regarding this data	Heather Kirby
<035>	Contact Telephone Number - Number of person identified in data line <030>	7702327805 ext.

<039> Contact Email Address - Email Address of person identified in data line <030> etc@telecomcounsel.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 ecipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.		
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 - Agent / Carrier Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 December 2020
<010>	Study Area Code	479018
<015>	Study Area Name	Q Link Wireless LLC
<020>	Program Year	2022
<030>	Contact Name - Person USAC should contact regarding this data	Heather Kirby
<035>	Contact Telephone Number - Number of person identified in data line <030>	7702327805 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	etc@telecomcounsel.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 CAF or LI Recipients on Behalf of Reporting Carrier I certify that (Name of Agent) Expert Telecom Compliance is authorized to submit the information reported on behalf of the reporting carrier. If also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate. Name of Authorized Agent: Expert Telecom Compliance Name of Authorized Agent: Expert Telecom Compliance Name of Authorized Officer: Q Link Wireless LLC Signature of Authorized Officer: CERTIFIED ONLINE Printed name of Authorized Officer: I so 06/30/2021 Printed name of Authorized Officer: 8006101540 ext. Study Area Code of Reporting Carrier: 479018 Filing Due Date for this form: 07/01/2021 Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. § 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier		
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.		
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: Q Link Wireless LLC		
Name of Authorized Agent Firm: Expert Telecom Compliance		
Signature of Authorized Agent or Employee of Agent: CERTIFIED ONLINE Date: 06/30/2021		
Name of Authorized Agent Employee: Maddy Roberts		
Title or position of Authorized Agent or Employee of Agent Regulatory Specialist		
Telephone number of Authorized Agent or Employee of Agent: 7702329200 ext.		
Study Area Code of Reporting Carrier: 479018 Filing Due Date for this form: 07/01/2021		
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.		
18 of the United States Code, 18 U.S.C. § 1001.		

Certify Filing Data Collection		FCC Form 481 OMB Control No December 2020
<010>	Study Area Code	479018

<015>	Study Area Name	Q Link Wireless LLC
<020>	Program Year	2022
<030>	Contact Name - Person USAC should contact regarding this data	Heather Kirby
<035>	Contact Telephone Number - Number of person identified in data line <030>	7702327805 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	etc@telecomcounsel.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

 State of Florida
)
 CERTIFICATION BY ELIGIBLE TELECOMMUNICATIONS CARRIER

) ss
) ss
 OF COMPLIANCE WITH SERVICE QUALITY AND CUSTOMER

 County of Broward
)
 PROTECTION, ABILITY TO REMAIN FUNCTIONAL IN

 EMERGENCIES, AND USE OF FEDERAL HIGH-COST SUPPORT.

AFFIDAVIT OF BUSINESS OR CORPORATE OFFICER

The Idaho Public Utilities Commission Order No. 29841 requires that an Eligible Telecommunications Carrier certify that it is compliant with applicable service quality standards and consumer protection rules; and ETCs must demonstrate the ability to remain functional in emergencies. In addition, the Commission must file an annual certification with the USAC and the FCC that all federal high-cost support provided to ETCs within the State of Idaho will be used only for the provision, maintenance, and upgrading of facilities and services for which the support is intended. Accordingly, the undersigned states and verifies under oath the following:

- I am an officer of <u>Q Link Wireless LLC</u>, an eligible telecommunications carrier for receiving federal universal service support under section 214(e) of the Telecommunications Act of 1996 in the state of Idaho.
- I am familiar with the Company's day-to-day operations in the state of Idaho and with the State's service quality standards and consumer protection rules as set forth in Commission Order No. 29841.
- 3. <u>Q Link Wireless LLC</u> is complying with applicable service quality standards and consumer protection rules of the Federal Communications Commission and the Idaho Public Utilities Commission.
- 4. I certify to the Commission that the Company is able to remain functional in emergencies as set forth in Commission Order No. 29841 and in 47 C.F.R. § 54.201(a)(2).
- 5. I also certify that all federal universal service support funds received by <u>Q Link Wireless LLC</u> during the current calendar year will be used in a manner consistent with section 254(e); that is, for the provision, maintenance, and upgrading of facilities and services for which the support is intended. The company will continue to comply for the period of January 1, 2022, through December 31, 2022, to be eligible for federal universal service fund support.
- 6. This verification and affidavit is provided to be the Idaho Public Utilities Commission to enable the IPUC to certify to the FCC that federal universal service support received by the eligible carriers in the state will be used in a manner consistent with Section 254(e) of the Telecommunications Act.

VALERIE IRIZARRY MY COMMISSION # GG 278579 EXPIRES: November 25, 2022 Bonded Thru Notary Public Underwriters	Issa Asad, CEO 6/36/21 Date
SUBSCRIBED AND SWORN to before me this 30 da Notary Public My Commission Expire	

LIFELINE NON-TRIBAL:

Bundle Plan (Q LINK ALWAYS ON)

1,000 anytime minutes per month Unlimited text and picture messaging 4.5 GB data per month *Minutes & data do not rollover* Net cost to Lifeline customer: **\$0**

LIFELINE TRIBAL:

TRIBAL Bundle Plan (Q LINK ALWAYS ON TRIBAL)

Unlimited anytime minutes per month Unlimited text and picture messaging Unlimited data per month Net cost to Tribal Lifeline customer: **\$0**

All packages include:

- Free calls to Q LINK Customer Service
- Free calls to 911 emergency services
- Free access to Voicemail, Caller-ID, and Call Waiting features
- Voice minutes may be used for Domestic Long Distance at no extra charge

Additional airtime available for purchase

Current rates published at https://glinkwireless.com/members/cart/guickpurchase.aspx