FCC Form 481 - Carrier Annual Reporting Data Collection Form	FCC Forr OMB Co Decembe	ntrol No. 3060-0986/OMB Control No. 3060-0819
<010> Study Area Code	479025	
<015> Study Area Name	Newmax, LLC dba Intermax Networks	RECEIVED Fridaylune 23, 2023 2:23:15 PM
<020> Program Year	2024	IDAHO PUBLIC
<030> Contact Name: Person USAC should contact with questions about this data	Caitlin Kling	UTILITIES COMMISSION
<035> Contact Telephone Number: Number of the person identified in data line <030>	(208)415-1773	
<035> Ext:		
<039> Contact Email Address: Email of the person identified in data line <030>	ckling@intermaxteam.com	
Filing Type	High Cost (54.313) and Low Income (5	4.422)

(200) Service Outage Reporting (Voice)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	December 2020

<015>

<010> Study Area Code

Study Area Name

479025 Newmax, LLC dba Intermax Networks

Caitlin Kling

2024

<020> Program Year

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

<035> Contact Telephone Number - Number of person identified in data line <030> (208)415-1773

<039> Contact Email Address - Email Address of person identified in data line <030> ckling@intermaxteam.com

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

<220> Upload Service Outage Data

Name of Attached Document

NORS Reference Ou Number	utage Start Date	Outage Start									
	-	Outage Start							Did This Outage		
Number	Date		Outage End	Outage End	Number of		911 Facilities	Service Outage	Affect Multiple		
		Time	Date	Time	Customers Affected	Total Number of	Affected	Description (Check	Study Areas	Service Outage	Preventative
						Customers	(Yes / No)	all that apply)	(Yes / No)	Resolution	Procedures
					attao	chmentSort(	Drder=0,				
					attac	hmentPage	IndexOn				
					oBa	sed=26,					
							D 40				
					attac	chmentNum	Rows=13				

(400) Number of Complaints per 1,000 customers Data Collection Form			FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 December 2020
		470005	
<010>	Study Area Code	479025	
<015>	Study Area Name	Newmax, LLC dba Intermax Networks	
<020>	Program Year	2024	
<030>	Contact Name - Person USAC should contact regarding this data	Caitlin Kling	
<035>	Contact Telephone Number - Number of person identified in data line <030>	(208)415-1773	
<039>	Contact Email Address - Email Address of person identified in data line <030>	ckling@intermaxteam.com	

Select from the drop-down list to indicate how you would like to report

- <400> 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 mobile voice

23-06-2023 14:49:33

# (500) Compliance With Service Quality Standards and Consumer Protection Rules Data Collection Form

FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 December 2020

<010>	Study Area Code	479025
<015>	Study Area Name	Newmax, LLC dba Intermax Networks
<020>	Program Year	2024
<030>	Contact Name - Person USAC should contact regarding this data	Caitlin Kling
<035>	Contact Telephone Number - Number of person identified in data line <030>	(208)415-1773
<039>	Contact Email Address - Email Address of person identified in data line <030>	ckling@intermaxteam.com
<039>	Contact Email Address - Email Address of person identified in data line <030>	ckling@intermaxteam.com

<515> Certify compliance with applicable minimum service standards

• •	unctionality in Emergency Situations ollection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 December 2020
<010>	Study Area Code	479025	
<015>	Study Area Name	Newmax, LLC dba Intermax Networks	
<020>	Program Year	2024	
<030>	Contact Name - Person USAC should contact regarding this data	Caitlin Kling	
<035>	Contact Telephone Number - Number of person identified in data line <030>	(208)415-1773	
<039>	Contact Email Address - Email Address of person identified in data line <030>	ckling@intermaxteam.com	
<600>	Certify compliance regarding ability to function in emergency situations	yes	
<610>	Descriptive document for Functionality in Emergency Situations	Newmax 610.pdf	

(800) Operating Companies Data Collection Form				FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 December 2020
<010>	Study Area Code		479025	
<015>	Study Area Name		Newmax, LLC dba Intermax Networks	
<020>	Program Year		2024	
<030>	Contact Name - Person L	JSAC should contact regarding this data	Caitlin Kling	
<035>	Contact Telephone Num	ber - Number of person identified in data line <030>	(208)415-1773	
<039>	Contact Email Address - I	Email Address of person identified in data line <030>	ckling@intermaxteam.com	
<810>	Reporting Carrier	Newmax LLC		
<811>	Holding Company	Newmax, LLC dba Intermax Networks		
<812>	Operating Company	NA		

<813> Upload Operating Company Data

Name of Attached Document

<a1></a1>	<a2></a2>	<a3></a3>
Affiliates	SAC	Doing Business As Company or Brand Designation
	entSortOrder-	
	entPageIndex	OneBased=
27,		
attachm	entNumRows	=23
	8	L

Page 6

(900) Tribal Lands Reporting			FCC Form 481	
	Data Collection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819	
			December 2020	
	<010> Study Area Code	479025		

<010>	Study Area Code	177020
<015>	Study Area Name	Newmax, LLC dba Intermax Networks
<020>	Program Year	2024
<030>	Contact Name - Person USAC should contact regarding this data	Caitlin Kling
<035>	Contact Telephone Number - Number of person identified in data line <030>	(208)415-1773
<039>	Contact Email Address - Email Address of person identified in data line <030>	ckling@intermaxteam.com
<900>	Does the filing entity offer tribal land services? (V/N)	Ν

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

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

<920> Tribal Government Engagement Obligation

<921>

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

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# (1000) Voice and Broadband Service Rate Comparability Data Collection Form

# FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 December 2020

.04.0		
<010>	Study Area Code	479025
<015>	Study Area Name	Newmax, LLC dba Intermax Networks
<020>	Program Year	2024
<030>	Contact Name - Person USAC should contact regarding this data	Caitlin Kling (208)415-1773
<035>	Contact Telephone Number - Number of person identified in data line <	
<039>	Contact Email Address - Email Address of person identified in data line <	e<030> ckling@intermaxteam.com
<1000>	Voice services rate comparability certification	yes
<1010>	Attach detailed description for voice services rate comparability compliance	Newmax 1010.pdf Name of Attached Document
<1020>	Broadband comparability certification	Yes - no more than benchmark
<1030>	Attach detailed description for broadband comparability compliance	Newmax 1030.pdf
		Name of Attached Document

• •	o Terrestrial Backhaul Reporting ection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 December 2020
<010>	Study Area Code	479025
<015>	Study Area Name	Newmax, LLC dba Intermax Networks
<020>	Program Year	2024
<030>	Contact Name - Person USAC should contact regarding this data	Caitlin Kling
<035>	Contact Telephone Number - Number of person identified in data line <030>	(208)415-1773
<039>	Contact Email Address - Email Address of person identified in data line <030>	ckling@intermaxteam.com

<1100> Certify whether terrestrial backhaul options exist (Y/N)



<1130>

<1140> Alaska Plan rate-of-return certification (yes, no, or not applicable) of compliance with approved performance plan.

(1200) T	(1200) Terms and Condition for Lifeline Customers FCC Form 481					
Lifeline				OMB Control No. 3060-0986/OMB Control No. 3060-0819		
Data Col	lection Form			December 2020		
<010>	Study Area Code		479025			
<015>	Study Area Name		Newmax, LLC dba Intermax N	etworks		
<020>	Program Year		2024			
<030>	Contact Name - Person USAC should contact regarding this data		Caitlin Kling			
<035>	Contact Telephone Number - Number of person identified in data	line <030	> (208)415-1773			
<039>	Contact Email Address - Email Address of person identified in data	i line <030	> ckling@intermaxteam.com			
			Newmax 1220.pdf			
<1210>	Terms & Conditions of Voice Telephony Lifeline Plans					
<1220>	Link to Public Website	HTTP	intermaxnetworks.com			
		_				
<1221>	Information describing the terms and conditions of any voice	~				
	telephony service plans offered to Lifeline subscribers,					
<1222>	Details on the number of minutes provided as part of the plan,	<ul> <li></li> </ul>				
<1223>	Additional charges for toll calls, and rates for each such plan.	~				

(2005) Price Cap Carrier Additional Documentation Data Collection Form Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers			FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 December 2020
<010>	Study Area Code	479025	
<015>	Study Area Name	Newmax, LLC dba Intermax Networks	
<020>	Program Year	2024	
<030>	Contact Name - Person USAC should contact regarding this data	Caitlin Kling	
<035>	Contact Telephone Number - Number of person identified in data line <030>	(208)415-1773	
<039>	Contact Email Address - Email Address of person identified in data line <030>	ckling@intermaxteam.com	

Select the appropriate responses below to note compliance as a recipient of frozen High Cost support, High Cost support to offset access charge reductions set forth in 47 CFR 54.313(c),(d). The information reported on this form is accurate.

<2015> 2016 and future Frozen Support Certification 47 CFR § 54.313(c)(4)

Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}

<2016> Certification support used to build broadband

(3005) Rate Of Return Carrier Additional Documentation Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 December 2020		
<010>	Study Area Code	479025		
<015>	Study Area Name	Newmax, LLC dba Intermax Networks		
<020>	Program Year	2024		
<030>	Contact Name - Person USAC should contact regarding this data	Caitlin Kling		
<035>	Contact Telephone Number - Number of person identified in data line <030>	(208)415-1773		
<039>	Contact Email Address - Email Address of person identified in data line <030>	ckling@intermaxteam.com		

(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?

(3007a)	(3007b)
Name of Consultant	Name of Consultant Firm/Third Party

<010>	Study Area Code	479025
<015>	Study Area Name	Newmax, LLC dba Intermax Networks
<020>	Program Year	2024
<030>	Contact Name - Person USAC should contact regarding this data	Caitlin Kling
<035>	Contact Telephone Number - Number of person identified in data line <030>	(208)415-1773
<039>	Contact Email Address - Email Address of person identified in data line <030>	ckling@intermaxteam.com

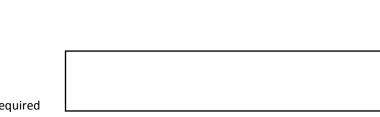
Select from the drop down menu or check the boxes below to note compliance with 54.313(f)(1). Privately held carriers must ensure compliance with the financial reporting requirements set forth in 47 CFR 54.313(f)(2). I further certify that the information reported on this form and in the documents attached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

(3010A)	Certification of Public Interest Obligations {47 CFR § 54.313(f)(1)(i)}			
(3010B)	Please Provide Attachment	Name of Attached Document 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 Document Listing	
	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 Inform	ation	
(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 Attache Information	d Document 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 3026 pursuant to § 54.313(f)(2), contains:	(Yes/No)	00	
(3019)	Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers			
(3020)	Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows			
(3021)	Management letter and/or audit opinion issued by the independent certified public accountant that			

- performed the company's financial audit. If the response is no on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:
- (3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers
- (3023) Underlying information subjected to a review by an independent certified public accountant
- (3024) Underlying information subjected to an officer certification.
- (3025) Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows
- (3026) Attach the worksheet listing required information

Name of Attached Document Listing Required Information





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

FCC Form 481

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

December 2020

<010>	Study Area Code	479025
<015>	Study Area Name	Newmax, LLC dba Intermax Networks
<020>	Program Year	2024
<030>	Contact Name - Person USAC should contact regarding this data	Caitlin Kling
<035>	Contact Telephone Number - Number of person identified in data line <030>	(208)415-1773
<039>	Contact Email Address - Email Address of person identified in data line <030>	ckling@intermaxteam.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

(TPIS)	

<010>	Study Area Code	479025
<015>	Study Area Name	Newmax, LLC dba Intermax Networks
<020>	Program Year	2024
<030>	Contact Name - Person USAC should contact regarding this data	Caitlin Kling
<035>	Contact Telephone Number - Number of person identified in data li	ne <030> (208)415-1773
<039>	Contact Email Address - Email Address of person identified in data li	ine <030> ckling@intermaxteam.com

# **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

23-06-2023 14:49:33

(5005) Alaska Plan Participants Additional Documentation Data Collection Form

# FCC Form 481

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

## December 2020

<010>	Study Area Code	479025
<015>	Study Area Name	Newmax, LLC dba Intermax Networks
<020>	Program Year	2024
<030>	Contact Name - Person USAC should contact regarding this data	Caitlin Kling
<035>	Contact Telephone Number - Number of person identified in data line <030>	(208)415-1773
<039>	Contact Email Address - Email Address of person identified in data line <030>	ckling@intermaxteam.com

# 5005 Alaska Plan

# Newly Available Terrestrial or other Satellite Backhaul (RoR Carriers)Please indicate whether any terrestrial backhaul or other satellite backhaul became<br/>commercially available in the previous calendar year in areas previously served<br/>exclusively by performance-limiting satellite backhaul.(Yes/No)(5012)Newly Available Terrestrial or other Satellite Backhaul (CETC Carriers)<br/>If the filing carrier identified in its approved perfomance plans that it relies exclusively on<br/>satellite backhaul for a certain poriton of the population in its service area, indicate whether any(Yes/No)

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> Upload Backhaul Technology Data

Name of Attached Document

<a></a>		<b></b>		<c></c>
Description Of Backhaul Technology		Date Backhaul Available	e	Newly Served Locations or Population
at	tachm	entSortOrder=2,		
		entPageIndexOr		ased=
at	tachm	entNumRows=2	3	
		<u>_</u>		

	se II Auction Reporting	FCC Form 481	
Data Collection Form		OMB Control No. 3060-0986/OMB Control No. 3060-081	
		December 2020	
<010>	Study Area Code	479025	
<015>	Study Area Name	Newmax, LLC dba Intermax Networks	
<020> <030>	Program Year Contact Name - Person USAC should contact regarding this data		
<030>	Contact Telephone Number - Number of person identified in data line <030>	Caitlin Kling (208)415-1773	
<039>	Contact Email Address - Email Address of person identified in data line <030>	ckling@intermaxteam.com	
<6010>	Enter the total amount of Phase II Auction Support, if any, the carrier used for capital expenditures.	939642.12	
	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) yes	
	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.	no	
<6012b>	number, name and address for each community anchor institution. Doc	me of Attached cument Listing Required ormation	
	Phase II Auction FCC Form 470 Postings		
<6013>	For the filing due July 1 following full implementation of this requirement answer yes, no, or not applicable to this certification request.	na	
	Phase II Auction Post-Final Deployment Milestone Performance Certification	ion	
<6014>	Starting the first July 1st after meeting the final service milestone, certify (yes, no, or not applicable) that the Phase II-funded network that the Phase auction recipient operated in the prior year meets the relevant performance requirements in § 54.309.		

# 23-06-2023 14:49:33

# FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819

December 2020

<010>	Study Area Code	479025
<015>	Study Area Name	Newmax, LLC dba Intermax Networks
<020>	Program Year	2024
<030>	Contact Name - Person USAC should contact regarding this data	Caitlin Kling
<035>	Contact Telephone Number - Number of person identified in data line <030>	(208)415-1773
<039>	Contact Email Address - Email Address of person identified in data line <030>	ckling@intermaxteam.com

# <7010> Price Cap Carrier and Fixed Competitive Eligible Telecommunications Carrier Transitional Support Requirement Certification

Please provide a response (either yes or no) to this certification request. Any price cap carrier or fixed competitive eligible telecommunications carrier that elects to continue receiving support pursuant to §54.312(d) or §54.307(e)(2)(iii) starting July 1, 2020 and annually thereafter on July 1 for each subsequent year they receive such support, that all such support the company received in the previous year was used to provide voice service throughout the highcost and extremely high-cost census blocks where they continue to have the federal high-cost eligible telecommunications carrier obligation to provide voice service pursuant to §54.201(d) at rates that are reasonably comparable to comparable offerings in urban areas. This certification is required by 47 C.F.R. § 54.313(m).

# (Yes/No)

# FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 December 2020

Name of Attached

Information

**Document Listing Required** 

<010>	Study Area Code	479025
<015>	Study Area Name	Newmax, LLC dba Intermax Networks
<020>	Program Year	2024
<030>	Contact Name - Person USAC should contact regarding this data	Caitlin Kling
<035>	Contact Telephone Number - Number of person identified in data line <030>	(208)415-1773
<039>	Contact Email Address - Email Address of person identified in data line <030>	ckling@intermaxteam.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 1 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. As required by 47 CFR Section 54.313(e)(2)(i)(A), attach the document which contains the community anchor institution details.

## 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 1 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.

# <8030> Uniendo a Puerto Rico Stage 2 Fixed – Disaster Preparedness and Response Documentation

54.313(n): Recipients of fixed support from Stage 2 of the Uniendo a Puerto Rico Fund shall certify that they have conducted an annual review of the documentation required by section 54.1515(a)-(c) to determine the need for and to implement changes or revisions to disaster preparation and recovery documentation.

#### <8040> Uniendo a Puerto Rico Stage 2 Mobile – Support Reimbursement

54.313(n): Recipients of Uniendo a Puerto Rico Fund Stage 2 mobile 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.

# <8050> Uniendo a Puerto Rico Stage 2 Mobile – Disaster Preparedness and Response Documentation

54.313(n): Recipients of mobile support from Stage 2 of the Uniendo a Puerto Rico Fund shall certify that they have conducted an annual review of the documentation required by section 54.1515(a)-(c) to determine the need for and to implement changes or revisions to disaster preparation and recovery documentation

# <8060> Uniendo a Puerto Rico Stage 2 Mobile – Mobile Disbursements Certification

54.313(o): Recipients of Uniendo a Puerto Rico Fund Stage 2 mobile support shall certify that they are in compliance with all requirements for receipt of such support to continue receiving Stage 2 mobile disbursements

<010>	Study Area Code	479025
<015>	Study Area Name	Newmax, LLC dba Intermax Networks
<020>	Program Year	2024
<030>	Contact Name - Person USAC should contact regarding this data	Caitlin Kling
<035>	Contact Telephone Number - Number of person identified in data line <030>	(208)415-1773
<039>	Contact Email Address - Email Address of person identified in data line <030>	ckling@intermaxteam.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 1 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. As required by 47 CFR Section 54.313(e)(2)(i)(A), Attach the document which contains the community anchor institution details.

Name of Attached Document Listing Required 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 1 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

<9030> 54.313(n): Recipients of fixed support from Stage 2 of the Connect USVI Fund shall certify that they have conducted an annual review of the documentation required by section 54.1515(a)-(c) to determine the need for and to implement changes or revisions to disaster preparation and recovery documentation.

#### **Connect USVI Fund Stage 2 Mobile - Support Reimbursement Certification**

<9040> 54.313(n): Recipients of Connect USVI Fund Stage 2 mobile 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. Recipients of mobile support from Stage 2 of the Connect USVI Fund shall certify that they have conducted an annual review of the documentation required by section 54.1515(a)-(c) to determine the need for and to implement changes or revisions to disaster preparation and recovery documentation.

## Connect USVI Fund Stage 2 Mobile - Disaster Preparedness and Response Documentation

<9050>

54.313(n): Recipients of mobile support from Stage 2 of the Connect USVI Fund shall certify that they have conducted an annual review of the documentation required by section 54.1515(a)-(c) to determine the need for and to implement changes or revisions to disaster preparation and response documentation.

# Connect USVI Fund Stage 2 Mobile - Mobile Disbursements Certification

<9060> 54.313(o): Recipients of Connect USVI Fund Stage 2 mobile support shall certify that they are in compliance with all requirements for receipt of such support to continue receiving Stage 2 mobile disbursements.

<010>	Study Area Code	479025
<015>	Study Area Name	Newmax, LLC dba Intermax Networks
<020>	Program Year	2024
<030>	Contact Name - Person USAC should contact regarding this data	Caitlin Kling
<035>	Contact Telephone Number - Number of person identified in data line <030>	(208)415-1773
<039>	Contact Email Address - Email Address of person identified in data line <030>	ckling@intermaxteam.com

## **RDOF Capital Expenditures**

<10010> Starting the first July 1 after receiving support until the July 1 after the recipient's support term has ended, recipients of Rural Digital Opportunity Fund support must submit the total amount of support, if any, the recipient used for capital expenditures in the previous calendar year. This is required by 47 C.F.R. § 54.313(e)(2)(i)(B).

# **RDOF Available Funds Certification**

<10011> Please provide a response (either yes or no) to this certification request for any recipient of Rural Digital Opportunity Fund support that 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 1 after receiving support until the recipient's penultimate year of support, as required by required by 47 C.F.R. § 54.313(e) (2)(ii).

## **RDOF Community Anchor Institutions**

<10012a> Recipients of Rural Digital Opportunity Fund support must attach a list containing the number, names, and addresses of community anchor institutions to which the eligible telecommunications carrier newly began providing access to broadband service in the preceding calendar year. This filing is required by 47 C.F.R. § 54.313(e)(2)(i)(A).

## **Please Provide Attachment**

<10012b> Using link, download template and list the number, name and address for each community anchor institution. As required by 47 CFR Section 54.313(e)(2)(i)(A), Attach the document which contains the community anchor institution details.

Name of Attached Document Listing Required Information

## **RDOF FCC Form 470 Postings**

<10013> For the filing due July 1st following full implementation of this requirement, please provide a response (either yes, no, or not applicable) to this certification request. Recipients of Rural Digital Opportunity Fund must respond affirmatively that they bid on category one telecommunications and Internet access services in response to all FCC Form 470 postings seeking broadband service that meets the connectivity targets for the schools and libraries universal service support program for eligible schools and libraries (as described in § 54.501) located within any area in a census block where the carrier is receiving Rural Digital Opportunity Fund, and that such bids were at rates reasonable comparable to rates charged to eligible schools and libraries in urban areas for Instructions for Completing FCC Form 481 OMB Control No. 3060-0986 (High-Cost) OMB Control No. 3060-0819 (Low-Income) November 2020 Page 44 comparable offerings. This filing is required by 47 C.F.R. § 54.313(e)(2)(i)(C). This certification will not be required until the July 1st following the E-Rate program year that this obligation has been fully implemented. Modernizing the E-Rate Program for Schools and Libraries et al., WC Docket. Nos. 13-184, 10-90, 29 FCC Rcd 15538, 15566-67, para. 72 (2014).

## **RDOF Post-Final Deployment Milestone Performance Certification**

<10014> Starting the first July 1st after a Rural Digital Opportunity Fund recipient meets its final service milestone until the July 1st after the support recipient's support term has ended, please provide a response (either yes, no, or not applicable) that the Rural Digital Opportunity Fund-funded network that the support recipient operated in the prior year meets the relevant performance requirements in 47 C.F.R. § 54.309. This filing is required by 47 C.F.R. § 54.313(e)(2)(iii).

ertify Filing ata Collecti				FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 December 2020
<010>	Study Area Code		479025	
<015>	Study Area Name		Newmax, LLC dba	Intermax Networks
<020>	Program Year		2024	
<030>	Contact Name - Person USAC should con	act regarding this data	Caitlin Kling	
<035>	Contact Telephone Number - Number of	person identified in data line <030>	(208)415-1773	
<039>	Contact Email Address - Email Address of	person identified in data line <030>	ckling@intermax	cteam.com
by any c threat to effective lease Pr	ompany designated by the Federal Com	support any equipment or services proc munications Commission as posing a nat orks or the communications supply chain Name of Attached Docume Information	tional security since the	yes
rovides ommun overed o	funds to be used for the capital expend ications services has been or will be use communications equipment or service, o	hrough a program administered by the C tures necessary for the provision of adva d to purchase, rent, lease, or otherwise o pr maintain any covered communications otherwise obtained, as required by 47 C.	anced obtain, any s equipment or	yes
	ovide Waiver Document File Type (pdf only)	Name of Attached Documer Information	nt Listing Required	
answer	yes or no (I am participating in the reim	pursement program and the removal, re	nlacement and	

services published on the Covered List, as required by 47 C.F.R. Section 54.11

Page 24

Certification - Reporting Carrier Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-081 December 2020	
<010>	Study Area Code	479025	
<015>	Study Area Name	Newmax, LLC dba Intermax Networks	
<020>	Program Year	2024	
<030>	Contact Name - Person USAC should contact regarding this data	Caitlin Kling	
<035>	Contact Telephone Number - Number of person identified in data line <030>	(208)415-1773	
<039>	Contact Email Address - Email Address of person identified in data line <030>	ckling@intermaxteam.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 CAF or LI Recipients				
I 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. I understand that making willful false statements in any part of this report and/or in these certifications is punishable by fine or imprisonment pursuant to 47 U.S.C. Sections 416(c), 503(b)(1)(B), and 18 U.S.C. Section 1001.	<ul> <li></li> <li></li> </ul>			
Name of Reporting Carrier: Newmax, LLC dba Intermax Networks				
Signature of Authorized Officer: CERTIFIED ONLINE	Date 2023-06-19			
Printed name of Authorized Officer: Caitlin Kling				
Title or position of Authorized Officer: General Counsel				
Study Area Code of Reporting Carrier: 479025 Filing Due Date for this form: 2023-0	17-03			
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 19 under Title 18 of the United States Code, 18 U.S.C. § 1001.	34, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment			

Attachments

<010>	Study Area Code	479025
<015>	Study Area Name	Newmax, LLC dba Intermax Networks
<020>	Program Year	2024
<030>	Contact Name - Person USAC should contact regarding this data	Caitlin Kling
<035>	Contact Telephone Number - Number of person identified in data line <030>	(208)415-1773
<039>	Contact Email Address - Email Address of person identified in data line <030>	ckling@intermaxteam.com

#### <220> Upload Service Outage Data

Name of Attached Document

Below is a preview of the CSV file attached for this section. To view all the data, please select "Full OMB Form with Attachments".

<220> <a> <b1> <e> <f> <b2> <b3> <b4> <c1> <c2> <d> <g> <h> Did This Outage 911 NORS Service Outage Outage Affect Multiple Outage Total Facilities Number of Reference **Description (Check Outage Start** Start Outage End End Customers Number of Affected Study Areas Service Outage Preventative Number all that apply) (Yes / No) Date Time Date Time Affected Customers Yes / No) Resolution Procedures

(800) Operating Companies Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 December 2020
<010>	Study Area Code	479025
<015>	Study Area Name	Newmax, LLC dba Intermax Networks
<020>	Program Year	2024
<030>	Contact Name - Person USAC should contact regarding this data	Caitlin Kling
<035>	Contact Telephone Number - Number of person identified in data line <030>	(208)415-1773
<039>	Contact Email Address - Email Address of person identified in data line <030>	ckling@intermaxteam.com

<813> Upload Operating Company Data

Name of Attached Document

Below is a preview of the CSV file attached for this section. To view all the data, please select "Full OMB Form with Attachments".

\_\_\_\_\_

<813>	<a1></a1>	<a2></a2>	<a3></a3>
	Affiliates	SAC	Doing Business As Company or Brand Designation

(5005) Alaska Plan Participants			FCC Form 481	
Data Collection Form			OMB Control No. 3060-0986/OMB Control No. 3060-0819 December 2020	
<010>	Study Area Code	479025		
<015>	Study Area Name	Newmax, LLC dba Intermax Networks		
<020>	Program Year	2024		
<030>	Contact Name - Person USAC should contact regarding this data	Caitlin Kling		
<035>	Contact Telephone Number - Number of person identified in data line <030>	(208)415-1773		
<039>	Contact Email Address - Email Address of person identified in data line <030>	ckling@intermaxteam.com		

<5013> Upload Backhaul Technology Data

Name of Attached Document

Below is a preview of the CSV file attached for this section. To view all the data, please select "Full OMB Form with Attachments".

<5013>	<a></a>	<b></b>	<c></c>
	Description Of Backhaul Technology	Date Backhaul Available	Newly Served Locations or Population