Legal Department
Stephen Athanson, Senior Attorney – Regulatory
9700 NW 112th Avenue | Miami, FL 33178
E-Mail: sathanson@tracfone.com

June 28, 2019

VIA OVERNIGHT MAIL

GNR-T-19-01

Jean Jewell, Secretary
Idaho Public Utilities Commission
472 W. Washington St.
Boise, ID 83720

Re: TracFone Wireless, Inc. – FCC Form 481 Report

Dear Ms. Jewell:

In accordance with the Federal Communication Commission's Lifeline Reform Order and 47 CFR 54.422(b) please find enclosed a copy of the FCC Form 481 of TracFone Wireless Inc. ("TracFone").

If you have any questions, please feel free to contact me at (305) 715-3613, or sathanson@tracfone.com.

Sincerely,

Stephen Athanson
Regulatory Counsel

Enc.

FCC Form 481 - Carrier Annual Reporting Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2018

<010>	Study Area Code	479021
<015>	Study Area Name	TracFone Wireless, Inc.
<020>	Program Year	2020
<030>	Contact Name: Person USAC should contact with questions about this data	Janet Morejon
<035>	Contact Telephone Number: Number of the person identified in data line <030>	3057156522 ext.
<039>	Contact Email Address: Email of the person identified in data line <030>	jmorejon@tracfone.com
	Form Type	54.422

(200) Service Outage Reporting (Voice)
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2018

<010>	Study Area Code	479021
<015>	Study Area Name	TracFone Wireless, Inc.
<020>	Program Year	2020
<030>	Contact Name - Person USAC should contact regarding this data	Janet Morejon
<035>	Contact Telephone Number - Number of person identified in data line <030>	3057156522 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jmorejon@tracfone.com

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

<220>

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

Contact Name - Person USAC should contact regarding this data	Janet Morejon
Contact Telephone Number - Number of person identified in data line 1030>	3057156522 ext.
Contact Email Address - Email Address of person identified in data line 1030>	jmorejon@tracfone.com

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.

Complaints per 1000 customers for fixed voice

Complaints per 1000 customers for mobile voice

(800) Operating Companies
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2018

<010>	Study Area Code	479021
<015>	Study Area Name	TracFone Wireless, Inc.
<020>	Program Year	2020
<030>	Contact Name - Person USAC should contact regarding this data	Janet Morejon
<035>	Contact Telephone Number - Number of person identified in data line <030>	3057156522 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jmorejon@tracfone.com

<810>	Reporting Carrier	TracFone Wireless Inc
<811>	Holding Company	Not Applicable
<812>	Operating Company	TracFone Wireless Inc

<813>

<a1> Affiliates	<a2> SAC	<a3> Doing Business As Company or Brand Designation
-- See attached worksheet --		

(900) Tribal Lands Reporting Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2018

<010>	Study Area Code	479021
<015>	Study Area Name	TracFone Wireless, Inc.
<020>	Program Year	2020
<030>	Contact Name - Person USAC should contact regarding this data	Janet Morejon
<035>	Contact Telephone Number - Number of person identified in data line <030>	3057156522 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jmorejon@tracfone.com

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

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

<920> 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:

		Select Yes or No or Not Applicable
<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.	

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

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2018

<010>	Study Area Code	479021
<015>	Study Area Name	TracFone Wireless, Inc.
<020>	Program Year	2020
<030>	Contact Name - Person USAC should contact regarding this data	Janet Morejon
<035>	Contact Telephone Number - Number of person identified in data line <030>	3057156522 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jmorejon@tracfone.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	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2018

<010>	Study Area Code	479021
<015>	Study Area Name	TracFone Wireless, Inc.
<020>	Program Year	2020
<030>	Contact Name - Person USAC should contact regarding this data	Janet Morejon
<035>	Contact Telephone Number - Number of person identified in data line <030>	3057156522 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jmorejon@tracfone.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 and Condition for Lifeline Customers
Lifeline
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2018

<010>	Study Area Code	479021
<015>	Study Area Name	TracFone Wireless, Inc.
<020>	Program Year	2020
<030>	Contact Name - Person USAC should contact regarding this data	Janet Morejon
<035>	Contact Telephone Number - Number of person identified in data line <030>	3057156522 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jmorejon@tracfone.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220> Link to Public Website HTTP www.safelink.com

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

<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, ☑

<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 July 2018

<010>	Study Area Code	479021
<015>	Study Area Name	TracFone Wireless, Inc.
<020>	Program Year	2020
<030>	Contact Name - Person USAC should contact regarding this data	Janet Morejon
<035>	Contact Telephone Number - Number of person identified in data line <030>	3057156522 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jmorejon@tracfone.com

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

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 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

<2019> Recipient certifies that it 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 located within any area in a census block where the carrier is receiving Phase II model-based support, and that such bids were at rates reasonably comparable to rates charged to eligible schools and libraries in urban areas for comparable offerings - 54.313(e)(1)(ii)(C)

(3005) Rate Of Return Carrier Additional Documentation Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2018
<010>	Study Area Code	479021
<015>	Study Area Name	TracFone Wireless, Inc.
<020>	Program Year	2020
<030>	Contact Name - Person USAC should contact regarding this data	Janet Morejon
<035>	Contact Telephone Number - Number of person identified in data line <030>	3057156522 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jmorejon@tracfone.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) Name of Consultant	(3007b) Name of Consultant Firm/Third Party

CAF BLS Reporting

(3008A) Please indicate whether new locations were deployed during the prior calendar year. (Yes/No)

(3008B) Please enter the number of new locations deployed in the prior calendar year associated with each of the following speed tiers.

(3008B1) Number of newly built locations with access to broadband speeds of at least 10/1 Mbps but less than 25/3 Mbps.

(3008B2) Number of newly built locations with access to broadband speeds of 25/3 Mbps or higher.

(3008C) Please provide the percentage of deployment across the entire study area.

Contact Email Address - Email Address of person identified in data line <030>

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

Progress Report on 5 Year Plan
Carrier certifies to 54.313(f)(1)(iii)

Certification of Public Interest Obligations {47 CFR § 54.313(f)(1)(i)}
Please Provide Attachment — Name of Attached Document Listing Required Information

Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}
Please Provide Attachment — Name of Attached Document Listing Required Information

Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)} (Yes/No)

If yes, does your company file the RUS annual report (Yes/No)

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:
Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)
Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows

If the response is yes on line 3014, attach your company's RUS annual report and all required documentation — Name of Attached Document Listing Required Information

If the response is no on line 3014, is your company audited? (Yes/No)

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:
Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers
Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows
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:
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
Underlying information subjected to a review by an independent certified public accountant

Underlying information subjected to an officer certification.

(3005) Rate Of Return Carrier Additional Documentation (Continued) Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2018

<010>	Study Area Code	479021
<015>	Study Area Name	TracFone Wireless, Inc.
<020>	Program Year	2020
<030>	Contact Name - Person USAC should contact regarding this data	Janet Morejon
<035>	Contact Telephone Number - Number of person identified in data line <030>	3057156522 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jmorejon@tracfone.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

Broadband Experiment

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

est Obligations – FCC 14-98 (paragraphs 26-29, 78)

ess Line 4001 regarding compliance with the Commission's public interest obligations. All RBE participants must provide a Line 4001.

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

Anchor Institutions – FCC 14-98 (paragraph 79)

participants must provide the number, names, and addresses of community anchor institutions to newly deployed broadband service in the preceding calendar year. On this line, please respond new community anchors, no – no new anchors) to indicate whether this list will be provided.

3A, please provide a response for 4003B.

de the number, names and addresses ty anchor institutions to which the wly began providing access to ervice in the preceding calendar year.

Name of Attached Document Listing Required Information

a Plan

Do you participate in the Alaska plan? (Yes/No)

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)

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/No)

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

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2018

<010>	Study Area Code	479021
<015>	Study Area Name	TracFone Wireless, Inc.
<020>	Program Year	2020
<030>	Contact Name - Person USAC should contact regarding this data	Janet Morejon
<035>	Contact Telephone Number - Number of person identified in data line <030>	3057156522 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jmorejon@tracfone.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.

Name of Reporting Carrier: TracFone Wireless, Inc.

Signature of Authorized Officer: CERTIFIED ONLINE Date 06/27/2019

Printed name of Authorized Officer: Javier Rosado

Title or position of Authorized Officer: Sr. Officer, Alternative Business Channels

Telephone number of Authorized Officer: 3057156575 ext.

Study Area Code of Reporting Carrier: 479021 Filing Due Date for this form: 07/01/2019

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.

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2018

<010>	Study Area Code	479021
<015>	Study Area Name	TracFone Wireless, Inc.
<020>	Program Year	2020
<030>	Contact Name - Person USAC should contact regarding this data	Janet Morejon
<035>	Contact Telephone Number - Number of person identified in data line <030>	3057156522 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jmorejon@tracfone.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)_____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.

Name of Authorized Agent:

Name of Reporting Carrier:

Signature of Authorized Officer: Date:

Printed name of Authorized Officer:

Title or position of Authorized Officer:

Telephone number of Authorized Officer:

Study Area Code of Reporting Carrier: Filing Due Date for this form:

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

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for 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 Employee:

Title or position of Authorized Agent or Employee of Agent

Telephone number of Authorized Agent or Employee of Agent:

Study Area Code of Reporting Carrier: Filing Due Date for this form:

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

TRACFONE WIRELESS INC
2019 FCC FORM 481
SPIN: 143030103

RESPONSE TO (400) COMPLAINTS PER 1000 CUSTOMERS

(010) **Study Area Code: 479021**
(015) **Study Area Name: Idaho**
(020) **Program Year: 2020**
(030) **Contact name: Janet Morejon**
(035) **Contact Telephone Number: 305-715-6522**
(039) **Contact Email Address: jmorejon@tracfone.com**

(420) **Number of Complaints (per 1,000 customers) Mobile Voice Telephony Service for the period 01/01/2017 - 12/31/2018**

2.8

TRACFONE WIRELESS INC
2019 FCC FORM 481
SPIN: 143030103

RESPONSE TO (610) FUNCTIONALITY IN EMERGENCY SITUATIONS:

(010) **Study Area Code: 479021**

(015) **Study Area Name: Idaho**

(020) **Program Year: 2020**

(030) **Contact name: Janet Morejon**

(035) **Contact Telephone Number: 305-715-6522**

(039) **Contact Email Address: jmorejon@tracfone.com**

<u>Certification that the ETC is able to function in emergency situations</u>

(610) **TracFone will be able to function in emergency situations to the extent that its underlying network providers are able to do so. TracFone provides service using the networks from several of the leading wireless companies in the nation, including Verizon Wireless, AT&T Mobility, and T-Mobile. TracFone relies on those networks' reliability in all situations, including emergency situations. Each of those companies complies with applicable requirements for emergency service, including available power supplies. Those network operators have implemented state-of-the-art network reliability standards, which TracFone and its customers benefit from their high standards.**

(800) Operating Companies
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2018

<010>	Study Area Code	479021
<015>	Study Area Name	TracFone Wireless, Inc.
<020>	Program Year	2020
<030>	Contact Name - Person USAC should contact regarding this data	Janet Morejon
<035>	Contact Telephone Number - Number of person identified in data line <030>	3057156522 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jmorejon@tracfone.com

<810>	Reporting Carrier	TracFone Wireless Inc
<811>	Holding Company	Not Applicable
<812>	Operating Company	TracFone Wireless Inc

<813>

<a1> Affiliates	<a2> SAC	<a3> Doing Business As Company or Brand Designation
TracFone Wireless Inc	349021	SafeLink Wireless