Expert Telecom Compliance
1725 Windward Concourse
Suite 150
Alpharetta, Georgia 30005

Telephone: (770) 232-9200
Facsimile: (770) 232-9208

July 14, 2023

VIA ELECTRONIC FILING

Executive Secretary
Georgia Public Service Commission
244 Washington Street, SW
Atlanta, Georgia 30334

Re: Docket No. 36946, FCC Form 481
Air Voice Wireless, LLC

Dear Sir/Madam:

Pursuant to 47 C.F.R. § 54.422, please find for filing in the above-referenced docket Air Voice Wireless, LLC's Eligible Telecommunications Carrier Annual Report (FCC Form 481).

If you have any questions regarding this filing, please contact me at 770-232-9200 or etc@telecomcounsel.com.

Respectfully submitted,

/s/Rachael Sears

Rachael Sears, Regulatory Specialist
Expert Telecom Compliance

Attachments

FCC Form 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	229044
<015> Study Area Name	Airvoice Wireless LLC
<020> Program Year	2024
<030> Contact Name: Person USAC should contact with questions about this data	David Stewart
<035> Contact Telephone Number: Number of the person identified in data line <030>	(713)534-1950
<035> Ext:	330
<039> Contact Email Address: Email of the person identified in data line <030>	compliance@hthcomm.com
Filing Type	Low Income (54.422)

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

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

<010>	Study Area Code	229044
<015>	Study Area Name	Airvoice Wireless LLC
<020>	Program Year	2024
<030>	Contact Name - Person USAC should contact regarding this data	David Stewart
<035>	Contact Telephone Number - Number of person identified in data line <030>	(713)534-1950
<039>	Contact Email Address - Email Address of person identified in data line <030>	compliance@hthcomm.com

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

<220> Upload Service Outage Data _____

Name of Attached Document

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

attachmentSortOrder=0, attachmentPageIndexOneBased=26, attachmentNumRows=13

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

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December 2020

<010>	Study Area Code	229044
<015>	Study Area Name	Airvoice Wireless LLC
<020>	Program Year	2024
<030>	Contact Name - Person USAC should contact regarding this data	David Stewart
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<039>	Contact Email Address - Email Address of person identified in data line <030>	compliance@hthcomm.com

<400> Select from the drop-down list to indicate how you would like to report voice complaints (zero or greater) for voice telephony service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize.

<410> Complaints per 1000 customers for fixed voice

<420> Complaints per 1000 customers for mobile voice

(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	229044
<015>	Study Area Name	Airvoice Wireless LLC
<020>	Program Year	2024
<030>	Contact Name - Person USAC should contact regarding this data	David Stewart
<035>	Contact Telephone Number - Number of person identified in data line <030>	(713)534-1950
<039>	Contact Email Address - Email Address of person identified in data line <030>	compliance@hthcomm.com

<515> Certify compliance with applicable minimum service standards

(600) Functionality in Emergency Situations
Data Collection Form

FCC Form 481
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December 2020

<010>	Study Area Code	229044
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<020>	Program Year	2024
<030>	Contact Name - Person USAC should contact regarding this data	David Stewart
<035>	Contact Telephone Number - Number of person identified in data line <030>	(713)534-1950
<039>	Contact Email Address - Email Address of person identified in data line <030>	compliance@hthcomm.com
<600>	Certify compliance regarding ability to function in emergency situations	
<610>	Descriptive document for Functionality in Emergency Situations	

(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	229044
<015>	Study Area Name	Airvoice Wireless LLC
<020>	Program Year	2024
<030>	Contact Name - Person USAC should contact regarding this data	David Stewart
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<039>	Contact Email Address - Email Address of person identified in data line <030>	compliance@hthcomm.com

<810>	Reporting Carrier
<811>	Holding Company
<812>	Operating Company

<813> Upload Operating Company Data

Name of Attached Document

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

attachmentSortOrder=1, attachmentPageIndexOneBased=27, attachmentNumRows=23

(900) Tribal Lands Reporting Data Collection Form

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

<010>	Study Area Code	229044
<015>	Study Area Name	Airvoice Wireless LLC
<020>	Program Year	2024
<030>	Contact Name - Person USAC should contact regarding this data	David Stewart
<035>	Contact Telephone Number - Number of person identified in data line <030>	(713)534-1950
<039>	Contact Email Address - Email Address of person identified in data line <030>	compliance@hthcomm.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

<921>

<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
December 2020

<010>	Study Area Code	229044
<015>	Study Area Name	Airvoice Wireless LLC
<020>	Program Year	2024
<030>	Contact Name - Person USAC should contact regarding this data	David Stewart
<035>	Contact Telephone Number - Number of person identified in data line <030>	(713)534-1950
<039>	Contact Email Address - Email Address of person identified in data line <030>	compliance@hthcomm.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
December 2020

<010>	Study Area Code	229044
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<020>	Program Year	2024
<030>	Contact Name - Person USAC should contact regarding this data	David Stewart
<035>	Contact Telephone Number - Number of person identified in data line <030>	(713)534-1950
<039>	Contact Email Address - Email Address of person identified in data line <030>	compliance@hthcomm.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) Terms and Condition for Lifeline Customers
Lifeline
Data Collection Form

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

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<035>	Contact Telephone Number - Number of person identified in data line <030>	(713)534-1950
<039>	Contact Email Address - Email Address of person identified in data line <030>	compliance@hthcomm.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

<1220> Link to Public Website

HTTP https://airtalkwireless.com/qualify-georgia

<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
December 2020

<010>	Study Area Code	229044
<015>	Study Area Name	Airvoice Wireless LLC
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<030>	Contact Name - Person USAC should contact regarding this data	David Stewart
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<039>	Contact Email Address - Email Address of person identified in data line <030>	compliance@hthcomm.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	229044
<015>	Study Area Name	Airvoice Wireless LLC
<020>	Program Year	2024
<030>	Contact Name - Person USAC should contact regarding this data	David Stewart
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<039>	Contact Email Address - Email Address of person identified in data line <030>	compliance@hthcomm.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**

(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	229044
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<020>	Program Year	2024
<030>	Contact Name - Person USAC should contact regarding this data	David Stewart
<035>	Contact Telephone Number - Number of person identified in data line <030>	(713)534-1950
<039>	Contact Email Address - Email Address of person identified in data line <030>	compliance@hthcomm.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

Rate-of-Return Community Anchor Institutions

Name of Attached Document Listing Required Information

(3012A) Indicate if the carrier newly deployed broadband service to community anchor institution(s) in the previous calendar year.

(3012B) 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 47 C.F.R. § 54.313(f)(1)(ii)

Name of Attached Document Listing Required Information

(3013) Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)} (Yes/No)

(3014) 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:

(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 Document Listing Required Information

(3018) 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:

(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)

Data Collection Form

FCC Form 481

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

December 2020

<010>	Study Area Code	229044
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<039>	Contact Email Address - Email Address of person identified in data line <030>	compliance@hthcomm.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	

<010>	Study Area Code	229044
<015>	Study Area Name	Airvoice Wireless LLC
<020>	Program Year	2024
<030>	Contact Name - Person USAC should contact regarding this data	David Stewart
<035>	Contact Telephone Number - Number of person identified in data line <030>	(713)534-1950
<039>	Contact Email Address - Email Address of person identified in data line <030>	compliance@hthcomm.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

(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	229044
<015>	Study Area Name	Airvoice Wireless LLC
<020>	Program Year	2024
<030>	Contact Name - Person USAC should contact regarding this data	David Stewart
<035>	Contact Telephone Number - Number of person identified in data line <030>	(713)534-1950
<039>	Contact Email Address - Email Address of person identified in data line <030>	compliance@hthcomm.com

5005 Alaska Plan

(5011) **Newly Available Terrestrial or other Satellite Backhaul (RoR Carriers)**

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) **Newly Available Terrestrial or other Satellite Backhaul (CETC Carriers)** (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.

<5013> Upload Backhaul Technology Data

Name of Attached Document

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

attachmentSortOrder=2, attachmentPageIndexOneBased=28, attachmentNumRows=23

(6005) Phase II Auction Reporting Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 December 2020

<010>	Study Area Code	229044
<015>	Study Area Name	Airvoice Wireless LLC
<020>	Program Year	2024
<030>	Contact Name - Person USAC should contact regarding this data	David Stewart
<035>	Contact Telephone Number - Number of person identified in data line <030>	(713)534-1950
<039>	Contact Email Address - Email Address of person identified in data line <030>	compliance@hthcomm.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

<6012a> Indicate if the carrier newly deployed broadband service to community anchor institution(s) in the previous calendar year.

<6012b> Please Provide Attachment Using link, download template and list the number, name and address for each community anchor institution. Attach the document which contains the community anchor institution details as required by FCC 14-98 (paragraph 79). Name of Attached Document Listing Required Information

Phase II Auction FCC Form 470 Postings

<6013> For the filing due July 1 following full implementation of this requirement answer yes, no, or not applicable 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, no, or not applicable) 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.

(7005) Phase-Down Support Reporting Data Collection Form

FCC Form 481

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

December 2020

<010>	Study Area Code	229044
<015>	Study Area Name	Airvoice Wireless LLC
<020>	Program Year	2024
<030>	Contact Name - Person USAC should contact regarding this data	David Stewart
<035>	Contact Telephone Number - Number of person identified in data line <030>	(713)534-1950
<039>	Contact Email Address - Email Address of person identified in data line <030>	compliance@hthcomm.com

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

(Yes/No)

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 high-cost 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).

(8005) Uniedo a Puerto Rico Fixed and Mobile Funds Certification Data Collection Form

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

<010>	Study Area Code	229044
<015>	Study Area Name	Airvoice Wireless LLC
<020>	Program Year	2024
<030>	Contact Name - Person USAC should contact regarding this data	David Stewart
<035>	Contact Telephone Number - Number of person identified in data line <030>	(713)534-1950
<039>	Contact Email Address - Email Address of person identified in data line <030>	compliance@hthcomm.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.

Name of Attached Document Listing Required 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 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

(9005) Connect USVI Fixed and Mobile Funds Certification Data Collection Form

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

<010>	Study Area Code	229044
<015>	Study Area Name	Airvoice Wireless LLC
<020>	Program Year	2024
<030>	Contact Name - Person USAC should contact regarding this data	David Stewart
<035>	Contact Telephone Number - Number of person identified in data line <030>	(713)534-1950
<039>	Contact Email Address - Email Address of person identified in data line <030>	compliance@hthcomm.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.

(10005) Rural Digital Opportunity Fund Certification Data Collection Form

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

<010>	Study Area Code	229044
<015>	Study Area Name	Airvoice Wireless LLC
<020>	Program Year	2024
<030>	Contact Name - Person USAC should contact regarding this data	David Stewart
<035>	Contact Telephone Number - Number of person identified in data line <030>	(713)534-1950
<039>	Contact Email Address - Email Address of person identified in data line <030>	compliance@hthcomm.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).

Certify Filing
Data Collection Form

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

<010>	Study Area Code	229044
<015>	Study Area Name	Airvoice Wireless LLC
<020>	Program Year	2024
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<035>	Contact Telephone Number - Number of person identified in data line <030>	(713)534-1950
<039>	Contact Email Address - Email Address of person identified in data line <030>	compliance@hthcomm.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.

yes

Please Provide Waiver Document Allowable File Type (pdf only)

Name of Attached Document Listing Required Information

I certify that no Federal subsidy made available through a program administered by the Commission that provides funds to be used for the capital expenditures necessary for the provision of advanced communications services has been or will be used to purchase, rent, lease, or otherwise obtain, any covered communications equipment or service, or maintain any covered communications equipment or service previously purchased, rented, leased, or otherwise obtained, as required by 47 C.F.R. § 54.10.

yes

Please Provide Waiver Document Allowable File Type (pdf only)

Name of Attached Document Listing Required Information

Answer yes or no (I am participating in the reimbursement program and the removal, replacement, and disposal term has not expired) if the reporting ETC does not use covered communications equipment or services published on the Covered List, as required by 47 C.F.R. Section 54.11

no

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	229044
<015>	Study Area Name	Airvoice Wireless LLC
<020>	Program Year	2024
<030>	Contact Name - Person USAC should contact regarding this data	David Stewart
<035>	Contact Telephone Number - Number of person identified in data line <030>	(713)534-1950
<039>	Contact Email Address - Email Address of person identified in data line <030>	compliance@hthcomm.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. ✔

Name of Reporting Carrier: Airvoice Wireless LLC

Signature of Authorized Officer: CERTIFIED ONLINE Date 2023-06-22

Printed name of Authorized Officer: David Stewart

Title or position of Authorized Officer: Compliance Manager

Study Area Code of Reporting Carrier: 229044 Filing Due Date for this form: 2023-07-03

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.

Attachments

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

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

<010>	Study Area Code	229044
<015>	Study Area Name	Airvoice Wireless LLC
<020>	Program Year	2024
<030>	Contact Name - Person USAC should contact regarding this data	David Stewart
<035>	Contact Telephone Number - Number of person identified in data line <030>	(713)534-1950
<039>	Contact Email Address - Email Address of person identified in data line <030>	compliance@hthcomm.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> 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

(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	229044
<015>	Study Area Name	Airvoice Wireless LLC
<020>	Program Year	2024
<030>	Contact Name - Person USAC should contact regarding this data	David Stewart
<035>	Contact Telephone Number - Number of person identified in data line <030>	(713)534-1950
<039>	Contact Email Address - Email Address of person identified in data line <030>	compliance@hthcomm.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>	<a2>	<a3>
	Affiliates	**SAC**	**Doing Business As Company or Brand Designation**

(5005) Alaska Plan Participants Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 December 2020

<010>	Study Area Code	229044
<015>	Study Area Name	Airvoice Wireless LLC
<020>	Program Year	2024
<030>	Contact Name - Person USAC should contact regarding this data	David Stewart
<035>	Contact Telephone Number - Number of person identified in data line <030>	(713)534-1950
<039>	Contact Email Address - Email Address of person identified in data line <030>	compliance@hthcomm.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>	<b>	<c>
Description Of Backhaul Technology	**Date Backhaul Available**	**Newly Served Locations or Population**