

## **ELECTRONICALLY FILED**

June 23, 2017

Secretary of the Commission Public Utilities Commission of Ohio 180 East Broad Street Columbus, Ohio 43215

Re: Sage Telecom Communications, LLC Copy of FCC Form 481 Filling Study Area Code 309021 (Ohio): Docket No. 17-1116-TP-COI

To Whom It May Concern:

Enclosed, pursuant to FCC Rule § 54.422 (c), is a copy of Sage Telecom Communications, LLC's FCC Form 481 submission to the Universal Service Administrative Company and the Federal Communications Commission with respect to Lifeline services in Ohio.

If you have any questions regarding this correspondence, please contact me at (214) 495-4723 or cmilligan@truconnect.com.

Respectfully,

Cassandra Milligan Regulatory Affairs

Sage Telecom Communications, LLC

Enclosures

FCC Foi	rm 481 - Carrier Annual Reporting Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	309021	
<015>	Study Area Name	Sage Telecom Communications LLC	
<020>	Program Year	2018	
<030>	Contact Name: Person USAC should contact with questions about this data	Cassandra Milligan	
<035>	Contact Telephone Number: Number of the person identified in data line <030>	2144954723 ext.	
<039>	Contact Email Address: Email of the person identified in data line <030>	cmilligan@truconnect.com	
	Form Type	54.422	

(200) Service Outage Reporting (Voice)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	309021
<015>	Study Area Name	Sage Telecom Communications LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cassandra Milligan
<035>	Contact Telephone Number - Number of person identified in data line <030>	2144954723 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cmilligan@truconnect.com
<210>	For the prior calendar year, were there any reportable voice service or	utages?

<220>	<a></a>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<c1></c1>	<c2></c2>	<d></d>	<e></e>	<f></f>	<g></g>	<h></h>

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

	fulfilled Service Request ection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
-010:	St. J. Avy Cyl.	309021	
<010>	Study Area Code	Sage Telecom Communications LLC	
<015>	Study Area Name		
<020>	Program Year	2018	
<030>	Contact Name - Person USAC should contact regarding this data	Cassandra Milligan	
<035>	Contact Telephone Number - Number of person identified in data line <030>	2144954723 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	cmilligan@truconnect.com	
<300> U	nfulfilled service request (voice)	•	
<310> [	Detail on attempts (voice)		
<320>	Unfulfilled service request (broadband)	e of Attached Document	
<330>	Detail on attempts (broadband)	lame of Attached Document	

(400) Number of Complaints per 1,000 customers	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	309021
<015>	Study Area Name	Sage Telecom Communications LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should conta	act regarding this data Cassandra Milligan
<035>	Contact Telephone Number - Number of p <030>	person identified in data line 2144954723 ext.
<039>	Contact Email Address - Email Address of   <030>	person identified in data line cmilligan@truconnect.com
<400>	Select from the drop-down list to indicate voice complaints (zero or greater) for voice calendar year for each service area in which any facilities you own, operate, lease, or or	e telephony service in the prior ch you are designated an ETC for
<410>	Complaints per 1000 customers for fixed v	voice
<420>	Complaints per 1000 customers for mobile	e voice
<430>	Select from the drop-down list to indicate end-user customer complaints (zero or grethe prior calendar year for each service are an ETC for any facilities you own, operate,	eater) for broadband service in ea in which you are designated
<440>	Complaints per 1000 customers for fixed b	proadband
<450>	Complaints per 1000 customers for mobile	e broadband

•	npliance With Service Quality Standards and Consumer Protection Rules lection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013	
<010>	Study Area Code	309021	
<015>	Study Area Name	Sage Telecom Communications LLC	_
<020>	Program Year	2018	
<030>	Contact Name - Person USAC should contact regarding this data	Cassandra Milligan	
<035>	Contact Telephone Number - Number of person identified in data line <030>	2144954723 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	cmilligan@truconnect.com	
<500>	Certify compliance with applicable service quality standards and consumer pro-	otection rules	
<510>	Descriptive document for Service Quality Standards & Consumer Protection Ru	ules Compliance	
<515>	Certify compliance with applicable minimum service standards		

(600) Functionality in Emergency Situations	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

<010×	Study Area Code	
<010>	Study Area Code	309021
<015>	Study Area Name	Sage Telecom Communications LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cassandra Milligan
<035>	Contact Telephone Number - Number of person identified in data line <030>	2144954723 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cmilligan@truconnect.com
<600>	Certify compliance regarding ability to function in emergency situations	
<610>	Descriptive document for Functionality in Emergency Situations	

(700) Price Offerings including Voice Rate Data  Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010> Study Area Code	309021	
<015> Study Area Name	Sage Telecom Communications LLC	
<020> Program Year	2018	
<030> Contact Name - Person USAC should contact regarding this data	Cassandra Milligan	
<035> Contact Telephone Number - Number of person identified in data	line <030> 2144954723 ext.	
<039> Contact Email Address - Email Address of person identified in data	line <030> cmilligan@truconnect.com	
<701> Residential Local Service Charge Effective Date  1/1/2017  702> Single State-wide Residential Local Service Charge		

<703>	<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<b5></b5>	<c></c>
					Residential Local			Mandatory Extended Area	
	State	Exchange (ILEC)	SAC (CETC)	Rate Type	Service Rate	State Subscriber Line Charge	State Universal Service Fee	Service Charge	Total per line Rates and Fees
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(710) Broadbrand Price Offerings	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

<010>	Study Area Code 3	09021
<015>	Study Area Name	Sage Telecom Communications LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cassandra Milligan
<035>	Contact Telephone Number - Number of person identified in data line <030>	2144954723 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cmilligan@truconnect.com

<711>	<a1></a1>	<a2></a2>	<b1></b1>	<b2></b2>	<c></c>	<d1></d1>	<d2></d2>	<d3></d3>	<d4></d4>
	State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rate and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached {select }
ŀ									

(800) Operating Companies	FCC Form 481		
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819		
	July 2013		

<010>	Study Area Code		309021
<015>	Study Area Name		Sage Telecom Communications LLC
<020>	Program Year		2018
<030>	Contact Name - Person U	JSAC should contact regarding this data	Cassandra Milligan
<035>	Contact Telephone Number - Number of person identified in data line <030>		2144954723 ext.
<039>	Contact Email Address - E	Email Address of person identified in data line <030>	cmilligan@truconnect.com
<810>	Reporting Carrier	Sage Telecom Communications, LLC	
<811>	Holding Company	TSC Acquisition Corporation	
<812>	Operating Company	Sage Telecom Communications, LLC	

<813>	<a1></a1>	<a2></a2>	<a3></a3>
	Affiliates	SAC	Doing Business As Company or Brand Designation
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900) Tribal Lands Reporting FCC Form 481				
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819			
	July 2013			
	200021			
<010> Study Area Code	309021 Sage Telecom Communications LLC			
<015> Study Area Name	2018			
<020> Program Year <030> Contact Name - Person USAC should contact regarding this data	Cassandra Milligan			
<030> Contact Name - Person USAC should contact regarding this data <035> Contact Telephone Number - Number of person identified in data line <030>	2144954723 ext.			
<039> Contact Ferepriorie Number - Number of person identified in data line <030>	cmilligan@truconnect.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)(9) includes:	Select Yes or No or Not Applicable			
<ul> <li>Needs assessment and deployment planning with a focus on Tribal community anchor institutions.</li> <li>Feasibility and sustainability planning;</li> <li>Marketing services in a culturally sensitive manner;</li> <li>Compliance with Rights of way processes</li> <li>Compliance with Land Use permitting requirements</li> <li>Compliance with Facilities Siting rules</li> <li>Compliance with Environmental Review processes</li> <li>Compliance with Cultural Preservation review processes</li> <li>Compliance with Tribal Business and Licensing requirements.</li> </ul>				

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	pice and Broadband Service Rate Comparability	FCC Form 481
Data Coll	lection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
		July 2013
<010>	Study Area Code	309021
<015>	Study Area Name	Sage Telecom Communications LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cassandra Milligan
<035>	Contact Telephone Number - Number of person identified in data line <030>	2144954723 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cmilligan@truconnect.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

14400\ 0.0			
-	o Terrestrial Backhaul Reporting	F	FCC Form 481
Data Col	lection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819
			July 2013
<010>	Study Area Code	309021	
<015>	Study Area Name	Sage Telecom Communications LLC	
<020>	Program Year	2018	
<030>	Contact Name - Person USAC should contact regarding this data	Cassandra Milligan	
<035>	Contact Telephone Number - Number of person identified in data line <030>	2144954723 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	cmilligan@truconnect.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 upstream within the supported area pursuant to § 54.313(g).	kbps	

(1200) Te	rms and Condition for Lifeline Customers	FCC Form 481
Lifeline		OMB Control No. 3060-0986/OMB Control No. 3060-0819
Data Coll	ection Form	July 2013
<010>	Study Area Code	309021
<015>	Study Area Name	Sage Telecom Communications LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cassandra Milligan
<035>	Contact Telephone Number - Number of person identified in data line <030>	2144954723 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cmilligan@truconnect.com
<1210>	Terms & Conditions of Voice Telephony Lifeline Plans	
		Name of Attached Document
<1220>	Link to Public Website HTTP ht	ttp://www.truconnect.com/legal-terms-and-conditions-personal/
or the we	neck these boxes below to confirm that the attached document(s), on line 1210, bsite listed, on line 1220, contains the required information pursuant to (a)(2) annual reporting for ETCs receiving low-income support, carriers must 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.	

Data Col	rice Cap Carrier Additional Documentation lection Form 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 2013
<010>	Study Area Code	309021	
<015>	Study Area Name	Sage Telecom Communications LLC	
<020>	Program Year	2018	
<030> Contact Name - Person USAC should contact regarding this data		Cassandra Milligan	
<035> Contact Telephone Number - Number of person identified in data line <030>		2144954723 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	cmilligan@truconnect.com	

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental 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(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

## **Incremental Connect America Phase I reporting**

<2011>	3rd Year Certification 47 CFR §54.313(b)(1)(ii) - Note that for the July 2017 certification, this applies to Round 2 recipients of Incremental Support.		
<2022>	Recipient certifies, representing year three after filing a notice of acceptance of funding pursuant to 54.312(c), that the locations in question are not receiving support under the Broadband Initiatives Program or the Broadband Technology Opportunities Program for projects that will provide broadband with speeds of at least 4		
<2023>	Mbps/1Mbps - 54.313(b)(2)(i). Round 2 recipients only. The attachment on line 2024 includes a statement of the total amount of capital funding expended in the previous year in meeting Connect America Phase I deployment obligations, accompanied by a list of census blocks indicating where funding was spent. This covers year three - 54.313(b)(2)(ii). Round 2 recipients only.		
<2024A>	Round 2 Recipient of Incremental Support?		
<2024B>	Attach list of census blocks indicating where funding was spent in year three - 54.313(b)(2)(ii). Round 2 recipients only.	Name of Attached Document Listing Required Information	
<2025A>	Round 2 Recipient of Incremental Support?		
<2025B>	Attach geocoded Information for Phase I milestone reports (Round 2 for year three) - Connect America Fund , WC Docket 10-90, Report and Order, FCC 13-73, paragraph 35 (May 22, 2013).	Name of Attached Document Listing Required Information	
<2015>	2016 and future Frozen Support Certification 47 CFR § 54.313(c)(4)		

(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 2013
<2016>	p Carrier Connect America ICC Support {47 CFR § 54.313(d)} Certification support used to build broadband America Phase II Reporting {47 CFR § 54.313(e)}	
<2017A>	Connect America Fund Phase II recipient?	
<2017C>	Total amount of Phase II support, if any, the price cap carrier used for capital expenditures in 2016.	
<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	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	309021
<015>	Study Area Name	Sage Telecom Communications LLC
<020>	Program Year	2018
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<039>	Contact Email Address - Email Address of person identified in data line <030>	cmilligan@truconnect.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.

(3009)	Progress Report on 5 Year Plan Carrier certifies to 54.313(f)(1)(iii)			
(3010A)	Certification of Public Interest Obligations {47 CFR § 54.313(f)(1)(i)}			
(3010B)	Please Provide Attachment	Name of Attached Docui	ment Listing Required	
(3012A)	Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}	mornace.		
(3012B)	Please Provide Attachment	Name of Attached Docui	ment Listing Required	
(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)	0 0	
(3015)	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)		<del>_</del>	
(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 Docui Information	ment Listing Required	
(3018)	If the response is no on line 3014, is your company audited?	(Yes/No)	0 0	
	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			
(3020)	Operating Report for Telecommunications Borrowers 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			
(3022)	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			
(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 Docum Information	ment Listing Required	

(3005) Rate Of Return Carrier Additional Documentation (Continued)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

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<039>	Contact Email Address - Email Address of person identified in data line <030>	cmilligan@truconnect.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	

(4005) Rural Broadband Experiment Additional Documentation Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	309021
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<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cassandra Milligan
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<039>	Contact Email Address - Email Address of person identified in data l	ine <030> cmilligan@truconnect.com

## 4005 Rural Broadband Experiment

Authorized Rural Broadband Experiment (RBE) recipients must address the certification for public interest obligations, provide a list of newly served community anchor institutions, and provide a list of locations where broadband has been deployed.

# 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 to the identified locations 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?

## Community Anchor Institutions – FCC 14-98 (paragraph 79)

4003a. RBE participants must provide the number, names, and addresses of community anchor institutions to which they newly deployed broadband service in the preceding calendar year. On this line, please respond (yes – attach new community anchors, no – no new anchors) to indicate whether this list will be provided.

speed and data usage allowances available in the

relevant geographic area.

If yes to 4003A, please provide a response for 4003	В.	
<b>4003b</b> . Provide the number, names and addresses of community anchor institutions to which the recipient newly began providing access to broadband service in the preceding calendar year.	Name of Attached Document Listing Required Information	
Broadband Deployment Locations – FCC 14-98 (par	agraph 80)	
<b>4004a</b> . Attach a list of geocoded locations to which broadband has been deployed as of the June 1st immediately preceding the July 1st filing deadline for the FCC Form 481.	Name of Attached Document Listing Required Information	
<b>4004b</b> . Attach evidence demonstrating that the recipient is meeting the relevant public service obligations for the identified locations. Materials must at least detail the pricing, offered broadband	Name of Attached Document Listing Required Information	

Certification - Reporting Carrier	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
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<020>	Program Year	2018	
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<039>	Contact Email Address - Email Address of person identified in data line <030>	cmilligan@truconnect.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: Sage Telecom Communications LLC

Signature of Authorized Officer: CERTIFIED ONLINE Date 06/08/2017

Printed name of Authorized Officer:  $^{
m Nathan}$  Johnson

Title or position of Authorized Officer: Co-CEO

Telephone number of Authorized Officer: 3106964005 ext.

Study Area Code of Reporting Carrier: 309021 Filing Due Date for this form: 07/03/2017

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	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

<010>	Study Area Code	309021	
<015>	Study Area Name	Sage Telecom Communications LLC	
<020>	Program Year	2018	
<030>	Contact Name - Person USAC should contact regarding this data	Cassandra Milligan	
<035>	Contact Telephone Number - Number of person identified in data line <030>	> <sup>2144954723</sup> ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	cmilligan@truconnect.com	

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

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:	

# 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 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 A	Agent:		
Study Area Code of Reporting Carrier:	Filing Due Date for this form:		
Persons willfully making false statements on this for	m can be punished by fine or forfeiture under the Communications Act o 18 of the United States Code, 18 U.S.C. § 1001.	f 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title	



(800) Operating Companies	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code		309021
<015>	Study Area Name		Sage Telecom Communications LLC
<020>	Program Year		2018
<030>	Contact Name - Person U	SAC should contact regarding this data	Cassandra Milligan
<035>	Contact Telephone Numb	per - Number of person identified in data line <030>	2144954723 ext.
<039>	Contact Email Address - E	mail Address of person identified in data line <030>	cmilligan@truconnect.com
<810>	Reporting Carrier	Sage Telecom Communications, LLC	
<811>	Holding Company	TSC Acquisition Corporation	
<812>	Operating Company	Sage Telecom Communications, LLC	

<813>	<a1></a1>	<a2></a2>	<a3></a3>
	Affiliates	SAC	Doing Business As Company or Brand Designation
:	TruConnect Communications, Inc.	549011	
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**Commission of Ohio Docketing Information System on** 

6/23/2017 4:52:21 PM

in

Case No(s). 17-1116-TP-COI

Summary: Report FCC Form 481 electronically filed by Cassandra Milligan on behalf of Sage Telecom Communications, LLC