

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

June 30, 2017

# VIA ELECTRONIC FILING

Public Utilities Commission of Ohio Chief, Docketing Division 180 East Broad Street Columbus, Ohio 43215-3793

Re: FCC Form 481 Filing for TracFone Wireless Inc. Case No. 17-1116-TP-COI

Dear Sir/Madam:

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,

ecte

Stephen Athanson Regulatory Counsel

Enc.

| FCC For | m 481 - Carrier Annual Reporting<br>Data Collection Form                        |                        | FCC Form 481<br>OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2013 |
|---------|---------------------------------------------------------------------------------|------------------------|----------------------------------------------------------------------------------|
| <010>   | Study Area Code                                                                 | 309002                 |                                                                                  |
| <015>   | Study Area Name                                                                 | TracFone Wireless, Inc |                                                                                  |
| <020>   | Program Year                                                                    | 2018                   |                                                                                  |
| <030>   | Contact Name: Person USAC should contact<br>with questions about this data      | Janet Morejon          |                                                                                  |
| <035>   | Contact Telephone Number:<br>Number of the person identified in data line <030> | 3057156522 ext.        |                                                                                  |
| <039>   | Contact Email Address:<br>Email of the person identified in data line <030>     | jmorejon@tracfone.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                                                           | 309002                 |
|-------|---------------------------------------------------------------------------|------------------------|
| <015> | Study Area Name                                                           | TracFone Wireless, Inc |
| <020> | Program Year                                                              | 2018                   |
| <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></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 |           |           | Number of          |           | 911 Facilities | Service Outage     | Affect Multiple |                |              |
|       | Number    | Date      | Time         | Date      | Time      | Customers Affected |           |                | Description (Check | Study Areas     | Service Outage | Preventative |
|       |           |           |              |           |           |                    | Customers | (Yes / No)     | all that apply)    | (Yes / No)      | Resolution     | Procedures   |
|       |           |           |              |           |           |                    |           |                |                    |                 |                |              |
|       |           |           |              |           |           |                    |           |                |                    |                 |                |              |
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|       |           |           |              |           |           |                    |           |                |                    |                 |                |              |

| (300) Unfulfilled Service Request       FCC Form 481         Data Collection Form       OMB Control No. 3060-0986/OMB Control No. |                                                                               |                           |  |                                                       |             |
|-----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|---------------------------|--|-------------------------------------------------------|-------------|
| Data Coll                                                                                                                         |                                                                               |                           |  | OMB Control No. 3060-0986/OMB Control No<br>July 2013 | . 3060-0819 |
|                                                                                                                                   |                                                                               |                           |  |                                                       |             |
| <010>                                                                                                                             | Study Area Code                                                               | 309002                    |  |                                                       |             |
| <015>                                                                                                                             | Study Area Name                                                               | TracFone Wireless, Inc    |  |                                                       |             |
| <020>                                                                                                                             | Program Year                                                                  | 2018                      |  |                                                       |             |
| <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     |  |                                                       |             |
| <300> Unfulfilled service request (voice)                                                                                         |                                                                               |                           |  |                                                       |             |
|                                                                                                                                   |                                                                               |                           |  |                                                       |             |
| <310>[                                                                                                                            | etail on attempts (voice)                                                     |                           |  |                                                       |             |
|                                                                                                                                   | Namo                                                                          | e of Attached Document    |  |                                                       |             |
| <320> Unfulfilled service request (broadband)                                                                                     |                                                                               |                           |  |                                                       |             |
| 5207                                                                                                                              |                                                                               |                           |  |                                                       |             |
|                                                                                                                                   |                                                                               |                           |  |                                                       |             |
| <330> Detail on attempts (broadband)                                                                                              |                                                                               |                           |  |                                                       |             |
| < <u>-</u>                                                                                                                        |                                                                               | 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 309002                                                                                                                                                                                                                                                                                      |
|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <015> | Study Area Name TracFone Wireless, Inc                                                                                                                                                                                                                                                                      |
| <020> | Program Year 2018                                                                                                                                                                                                                                                                                           |
| <030> | Contact Name - Person USAC should contact regarding this data Janet Morejon                                                                                                                                                                                                                                 |
| <035> | Contact Telephone Number - Number of person identified in data line<br><030> 3057156522 ext.                                                                                                                                                                                                                |
| <039> | Contact Email Address - Email Address of person identified in data line jmorejon@tracfone.com<br><030>                                                                                                                                                                                                      |
| <400> | Select from the drop-down list to indicate how you would like to report<br>voice complaints (zero or greater) for voice telephony service in the prior<br>calendar year for each service area in which you are designated an ETC for<br>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                                                                                                                                                                                                                                                              |
| <430> | Select from the drop-down list to indicate how you would like to report<br>end-user customer complaints (zero or greater) for broadband service in<br>the prior calendar year for each service area in which you are designated<br>an ETC for any facilities you own, operate, lease, or otherwise utilize. |
| <440> | Complaints per 1000 customers for fixed broadband                                                                                                                                                                                                                                                           |
| <450> | Complaints per 1000 customers for mobile broadband                                                                                                                                                                                                                                                          |

| (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 July 2013

| <010> | Study Area Code                                                                              | 309002                 |  |  |
|-------|----------------------------------------------------------------------------------------------|------------------------|--|--|
| <015> | Study Area Name                                                                              | TracFone Wireless, Inc |  |  |
| <020> | Program Year                                                                                 | 2018                   |  |  |
| <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  |  |  |
| <500> | > Certify compliance with applicable service quality standards and consumer protection rules |                        |  |  |

<510> Descriptive document for Service Quality Standards & Consumer Protection Rules Compliance

<515> Certify compliance with applicable minimum service standards

| • •   | inctionality in Emergency Situations<br>Ilection Form                         |                        | FCC Form 481<br>OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2013 |
|-------|-------------------------------------------------------------------------------|------------------------|----------------------------------------------------------------------------------|
| <010> | Study Area Code                                                               | 309002                 |                                                                                  |
| <015> | Study Area Name                                                               | TracFone Wireless, Inc |                                                                                  |
| <020> | Program Year                                                                  | 2018                   |                                                                                  |
| <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  |                                                                                  |
| <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

#### Data Collection Form

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

| <010> | Study Area Code                                                                                                                    | 309002                           |
|-------|------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| <015> | Study Area Name                                                                                                                    | TracFone Wireless, Inc           |
| <020> | Program Year                                                                                                                       | 2018                             |
| <030> | Contact Name - Person USAC should contact regarding this data                                                                      | Janet Morejon                    |
| <035> | Contact Telephone Number - Number of person identified in data li                                                                  | ine <030> 3057156522 ext.        |
| <039> | Contact Email Address - Email Address of person identified in data                                                                 | line <030> jmorejon@tracfone.com |
|       | Residential Local Service Charge Effective Date     1/1/2017       Single State-wide Residential Local Service Charge     1/1/2017 |                                  |

<703> <a1> <a2> <a3> <b1> <b2> <b3> <b4> <b5> <c> **Residential Local** Mandatory Extended Area Service Charge Service Rate Exchange (ILEC) SAC (CETC) Rate Type State Subscriber Line Charge State Universal Service Fee Total per line Rates and Fees State

| • •   | adbrand Price Offerings<br>ection Form                                        |                        | FCC Form 481<br>OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2013 |
|-------|-------------------------------------------------------------------------------|------------------------|----------------------------------------------------------------------------------|
| <010> | Study Area Code                                                               | 309002                 |                                                                                  |
| <015> | Study Area Name                                                               | TracFone Wireless, Inc |                                                                                  |
| <020> | Program Year                                                                  | 2018                   |                                                                                  |
| <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  |                                                                                  |

| <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<br>Fees | Total Rate and Fees | Broadband Service -<br>Download Speed<br>(Mbps) | Broadband Service -<br>Upload Speed (Mbps) | Usage Allowance<br>(GB) | Usage Allowance<br>Action Taken When<br>Limit Reached { <i>select</i> } |
|       |           |                 |                  |                         |                     |                                                 |                                            | · ·                     |                                                                         |
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| [     |           |                 |                  |                         |                     |                                                 |                                            |                         |                                                                         |

|                                       | perating Companies<br>llection Form                                         |                             |                   | FCC Form 481<br>OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2013 |
|---------------------------------------|-----------------------------------------------------------------------------|-----------------------------|-------------------|----------------------------------------------------------------------------------|
| <010>                                 | Study Area Code                                                             | 309002                      |                   |                                                                                  |
| <015>                                 | Study Area Name                                                             | TracFone Wire               | eless, Inc        |                                                                                  |
| <020>                                 | Program Year                                                                | 2018                        |                   |                                                                                  |
| <030>                                 | Contact Name - Person USAC should contact regarding this data               | Janet Morejor               | 1                 |                                                                                  |
| <035>                                 | Contact Telephone Number - Number of person identified in data line <030    | )> <sup>3057156522</sup> ex | ĸt.               |                                                                                  |
| <039>                                 | Contact Email Address - Email Address of person identified in data line <03 | 0> jmorejon@tra             | cfone.com         |                                                                                  |
| <810>                                 | Reporting Carrier TracFone Wireless Inc                                     |                             |                   |                                                                                  |
| <811>                                 | Holding Company Not Applicable                                              |                             |                   |                                                                                  |
| <812>                                 | Operating Company TracFone Wireless Inc                                     |                             |                   |                                                                                  |
|                                       |                                                                             |                             |                   |                                                                                  |
| <813>                                 | <a1></a1>                                                                   |                             | <a2></a2>         | <a3></a3>                                                                        |
|                                       | Affiliates                                                                  |                             | SAC               | Doing Business As Company or Brand Designation                                   |
|                                       |                                                                             |                             |                   |                                                                                  |
|                                       |                                                                             |                             |                   |                                                                                  |
|                                       |                                                                             | See att                     | ached worksheet - | -                                                                                |
|                                       |                                                                             | See att                     | ached worksheet - | -                                                                                |
| · · · · · · · · · · · · · · · · · · · |                                                                             | See att                     | ached worksheet - | -<br>-                                                                           |
|                                       |                                                                             | See att                     | ached worksheet - | •                                                                                |
|                                       |                                                                             | See att                     | ached worksheet - |                                                                                  |
|                                       |                                                                             | See att                     | ached worksheet - |                                                                                  |
|                                       |                                                                             | See atta                    | ached worksheet - |                                                                                  |
|                                       |                                                                             | See atta                    | ached worksheet - |                                                                                  |
|                                       |                                                                             | See att                     | ached worksheet - |                                                                                  |

Page 10

| (900) Tribal Lands Reporting | FCC Form 481                                        |
|------------------------------|-----------------------------------------------------|
| Data Collection Form         | OMB Control No. 3060-0986/OMB Control No. 3060-0819 |
|                              | July 2013                                           |

| <010> | Study Area Code                                                               | 309002                 |
|-------|-------------------------------------------------------------------------------|------------------------|
| <015> | Study Area Name                                                               | TracFone Wireless, Inc |
| <020> | Program Year                                                                  | 2018                   |
| <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

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:

- <921> Needs assessment and deployment planning with a focus on Tribal
- <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**
- Compliance with Environmental Review processes <927>
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

| Select<br>Yes or<br>No or |  |
|---------------------------|--|
|                           |  |
|                           |  |
|                           |  |
|                           |  |

NI-----

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

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

| <010> | Study Area Code                                                               | 309002                 |
|-------|-------------------------------------------------------------------------------|------------------------|
| <015> | Study Area Name                                                               | TracFone Wireless, Inc |
| <020> | Program Year                                                                  | 2018                   |
| <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

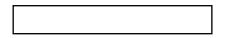
<1020> Broadband comparability certification

<1030> Attach detailed description for broadband comparability compliance

Name of Attached Document

| (1100) No | o Terrestrial Backhaul Reporting                                              | FCC Form 481                                                     |
|-----------|-------------------------------------------------------------------------------|------------------------------------------------------------------|
| Data Coll | ection Form                                                                   | OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2013 |
|           |                                                                               |                                                                  |
| <010>     | Study Area Code                                                               | 309002                                                           |
| <015>     | Study Area Name                                                               | TracFone Wireless, Inc                                           |
| <020>     | Program Year                                                                  | 2018                                                             |
| <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



| (1200) Te                     | (1200) Terms and Condition for Lifeline Customers FCC Form 481                                                                                                                                                                |                          |                                               |  |  |
|-------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------------------------------------------|--|--|
| Lifeline                      |                                                                                                                                                                                                                               |                          | ntrol No. 3060-0986/OMB Control No. 3060-0819 |  |  |
| Data Coll                     | ection Form                                                                                                                                                                                                                   | July 2013                | 3                                             |  |  |
|                               |                                                                                                                                                                                                                               |                          |                                               |  |  |
| <010>                         | Study Area Code                                                                                                                                                                                                               | 309002                   |                                               |  |  |
| <015>                         | Study Area Name                                                                                                                                                                                                               | TracFone Wireless, Inc   |                                               |  |  |
| <020>                         | Program Year                                                                                                                                                                                                                  | 2018                     |                                               |  |  |
| <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 <03                                                                                                                                                   | jmorejon@tracfone.com    |                                               |  |  |
|                               |                                                                                                                                                                                                                               |                          |                                               |  |  |
|                               |                                                                                                                                                                                                                               |                          |                                               |  |  |
|                               |                                                                                                                                                                                                                               |                          |                                               |  |  |
| <1210>                        | Terms & Conditions of Voice Telephony Lifeline Plans                                                                                                                                                                          |                          |                                               |  |  |
|                               |                                                                                                                                                                                                                               |                          |                                               |  |  |
|                               |                                                                                                                                                                                                                               | NI f /                   | A II                                          |  |  |
|                               |                                                                                                                                                                                                                               |                          |                                               |  |  |
| <1220>                        | Link to Public Website HTTP                                                                                                                                                                                                   | www.safelinkwireless.com |                                               |  |  |
|                               | -                                                                                                                                                                                                                             |                          |                                               |  |  |
| docume<br>or the v<br>pursual | e check these boxes below to confirm that the attached<br>ent(s), on line 1210,<br>vebsite listed, on line 1220, contains the required information<br>nt to<br>2(a)(2) appual reporting for ETCs receiving low-income support |                          |                                               |  |  |
| <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) P | rice Cap Carrier Additional Documentation                                     |                        | FCC Form 481                                        |  |  |
|----------|-------------------------------------------------------------------------------|------------------------|-----------------------------------------------------|--|--|
| Data Co  | llection Form                                                                 |                        | OMB Control No. 3060-0986/OMB Control No. 3060-0819 |  |  |
| Includin | g Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers   |                        | July 2013                                           |  |  |
|          |                                                                               |                        |                                                     |  |  |
| <010>    | Study Area Code                                                               | 309002                 |                                                     |  |  |
| <015>    | Study Area Name                                                               | TracFone Wireless, Inc |                                                     |  |  |
| <020>    | Program Year                                                                  | 2018                   |                                                     |  |  |
| <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 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.

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#### **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<br>Program or the Broadband Technology Opportunities Program for<br>projects that will provide broadband with speeds of at least 4 |

|        | Mbps/1Mbps - 54.313(b)(2)(i). Round 2 recipients only.                  |
|--------|-------------------------------------------------------------------------|
| <2023> | 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.
- <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).

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

| Name of Attached Document Listing<br>Required Information |  |
|-----------------------------------------------------------|--|
| Name of Attached Document Listing<br>Required Information |  |

| Data Collection F  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | FCC Form 481<br>OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2013 |  |  |
|--------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|--|--|
| Including Rale-0j- | -Return Carriers affiliated with Price Cap Local Exchange Carriers                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 5019 2025                                                                        |  |  |
| Price Ca           | p 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 2016.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                  |  |  |
| <2018>             | Attach the number, names, and addresses of community anchor<br>institutions to which the carrier newly began providing access to<br>broadband service in the preceding calendar year - 54.313(e)(1)(ii)(A)                                                                                                                                                                                                                                                                                                                                                                                                    | Name of Attached Document Listing<br>Required Information                        |  |  |
| <2019>             | Recipient certifies that it bid on category one telecommunications and<br>Internet access services in response to all FCC Form 470 postings seeking<br>broadband service that meets the connectivity targets for the schools and<br>libraries universal service support program for eligible schools and<br>libraries located within any area in a census block where the carrier is<br>receiving Phase II model-based support, and that such bids were at rates<br>reasonably comparable to rates charged to eligible schools and libraries in<br>urban areas for comparable offerings - 54.313(e)(1)(ii)(C) |                                                                                  |  |  |

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| <010> | Study Area Code                                                               | 309002                 |
|-------|-------------------------------------------------------------------------------|------------------------|
| <015> | Study Area Name                                                               | TracFone Wireless, Inc |
| <020> | Program Year                                                                  | 2018                   |
| <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 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<br>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 Doo<br>Information | cument Listing Required |         |
| (3012A) | Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}                                                                                                                                                                                                                                                |                                     |                         | <b></b> |
| (3012B) | Please Provide Attachment                                                                                                                                                                                                                                                                                | Name of Attached Doo<br>Information | cument Listing Required |         |
| (3013)  | Is your company a Privately Held ROR Carrier {47 CFR<br>§ 54.313(f)(2)}                                                                                                                                                                                                                                  | (Yes/No)                            | 0 0                     |         |
| (3014)  | If yes, does your company file the RUS annual report                                                                                                                                                                                                                                                     | (Yes/No)                            | 00                      |         |
|         | 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<br>(Operating Report for Telecommunications<br>Borrowers)                                                                                                                                                                                                    |                                     |                         |         |
| (3016)  | Document(s) with Balance Sheet, Income Statement<br>and Statement of Cash Flows                                                                                                                                                                                                                          |                                     |                         |         |
| (3017)  | If the response is yes on line 3014, attach your<br>company's RUS annual report and all required<br>documentation                                                                                                                                                                                        | Name of Attached Doo<br>Information | cument Listing Required |         |
| (3018)  | If the response is no on line 3014, is your company<br>audited?<br>If the response is yes on line 3018, please check the<br>boxes below to confirm your submission on line<br>3026 pursuant to § 54.313(f)(2), contains:                                                                                 | (Yes/No)                            | 00                      |         |
| (3019)  | Either a copy of their audited financial statement; or<br>(2) a financial report in a format comparable to RUS<br>Operating Report for Telecommunications Borrowers                                                                                                                                      |                                     |                         |         |
| (3020)  | Document(s) for Balance Sheet, Income Statement<br>and Statement of Cash Flows                                                                                                                                                                                                                           |                                     |                         |         |
| (3021)  | Management letter and/or audit opinion issued by<br>the independent certified public accountant that<br>performed the company's financial audit.<br>If the response is no on line 3018, please check the<br>boxes below to confirm your submission on line<br>3026 pursuant to § 54.313(f)(2), contains: |                                     |                         |         |
| (3022)  | Copy of their financial statement which has been<br>subject to review by an independent certified public<br>accountant; or 2) a financial report in a format<br>comparable to RUS Operating Report for                                                                                                   |                                     |                         |         |

**Telecommunications Borrowers** 

- (3023) Underlying information subjected to a review by an independent certified public accountant
- (3024) Underlying information subjected to an officer certification.
- (3025) Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows
- (3026) Attach the worksheet listing required information

Name of Attached Document Listing Required Information

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

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

July 2013

| <010> | Study Area Code                                                               | 309002                 |
|-------|-------------------------------------------------------------------------------|------------------------|
| <015> | Study Area Name                                                               | TracFone Wireless, Inc |
| <020> | Program Year                                                                  | 2018                   |
| <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

| PIS) |  |
|------|--|
|      |  |
|      |  |
|      |  |
|      |  |

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

| <010> | Study Area Code                                                       | 309002                          |
|-------|-----------------------------------------------------------------------|---------------------------------|
| <015> | Study Area Name                                                       | TracFone Wireless, Inc          |
| <020> | Program Year                                                          | 2018                            |
| <030> | Contact Name - Person USAC should contact regarding this data         | Janet Morejon                   |
| <035> | Contact Telephone Number - Number of person identified in data li     | ne <030> 3057156522 ext.        |
| <039> | Contact Email Address - Email Address of person identified in data li | ine <030> jmorejon@tracfone.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.

## If yes to 4003A, please provide a response for 4003B.

**4003b**. Provide the number, names and addresses Name of Attached Document Listing Required Information of community anchor institutions to which the recipient newly began providing access to broadband service in the preceding calendar year.

#### Broadband Deployment Locations - FCC 14-98 (paragraph 80)

**4004a.** Attach a list of geocoded locations to

 which broadband has been deployed as of the

 June 1st immediately preceding the July 1st filing

 Name of Attached Document Listing Required Information

 deadline for the FCC Form 481.

**4004b**. 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 N speed and data usage allowances available in the relevant geographic area.

Name of Attached Document Listing Required Information

| Certification - Reporting Carrier<br>Data Collection Form |                                                                               | FCC Form 481<br>OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2013 |
|-----------------------------------------------------------|-------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| <010>                                                     | Study Area Code                                                               | 309002                                                                           |
| <015>                                                     | Study Area Name                                                               | TracFone Wireless, Inc                                                           |
| <020>                                                     | Program Year                                                                  | 2018                                                                             |
| <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                                                                                                                                                                                  |                                                                                                                              |                                                   |  |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|--|--|--|
| 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 06/28/2017                                                                                                                                                                                                                                   |                                                                                                                              |                                                   |  |  |  |
| Printed name of Authorized Officer: Javier Rosado                                                                                                                                                                                                                                                   |                                                                                                                              |                                                   |  |  |  |
| Title or position of Authorized Officer: Sr Officer, Alternative Bus Channels                                                                                                                                                                                                                       |                                                                                                                              |                                                   |  |  |  |
| elephone number of Authorized Officer: 3057156575 ext.                                                                                                                                                                                                                                              |                                                                                                                              |                                                   |  |  |  |
| itudy Area Code of Reporting Carrier: 309002                                                                                                                                                                                                                                                        | Filing Due Date for this form: 07/03/201                                                                                     | 7                                                 |  |  |  |
| Persons willfully making false statements on this form can be punish under                                                                                                                                                                                                                          | hed by fine or forfeiture under the Communications Act of 1934, 4<br>• Title 18 of the United States Code, 18 U.S.C. § 1001. | I7 U.S.C. §§ 502, 503(b), or fine or imprisonment |  |  |  |

|       | ion - Agent / Carrier<br>ection Form                                          | FCC Form 481<br>OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2013 |
|-------|-------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| <010> | Study Area Code                                                               | 309002                                                                           |
| <015> | Study Area Name                                                               | TracFone Wireless, Inc                                                           |
| <020> | Program Year                                                                  | 2018                                                                             |
| <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:

| certify that (Name of Agent) is authorized to submit the information reported on behalf of the reporting carrier.<br>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<br>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 forn                                                                                                                                                                                                                                                                                                                                                                 | n 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 Recipier                                                                        | nts 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<br>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:                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                       |                                                                     |  |  |
| Signati  | iignature of Authorized Agent or Employee of Agent: Date:                                                                                                                                                                                                                                                                                                 |                                                                                                                                       |                                                                     |  |  |
| Name     | of Authorized Agent Employee:                                                                                                                                                                                                                                                                                                                             |                                                                                                                                       |                                                                     |  |  |
| Title or | or position of Authorized Agent or Employee o                                                                                                                                                                                                                                                                                                             | Jf Agent                                                                                                                              |                                                                     |  |  |
| Teleph   | hone number of Authorized Agent or Employe                                                                                                                                                                                                                                                                                                                | e of Agent:                                                                                                                           |                                                                     |  |  |
| Study /  | Area Code of Reporting Carrier:                                                                                                                                                                                                                                                                                                                           | Filing Due Date for this form:                                                                                                        |                                                                     |  |  |
|          | Persons willfully making false statements on t                                                                                                                                                                                                                                                                                                            | this form can be punished by fine or forfeiture under the Communications Act of 19<br>18 of the United States Code, 18 U.S.C. § 1001. | 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title |  |  |

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Attachments

TRACFONE WIRELESS INC 2017 FCC FORM 481 SPIN: 143030103

**RESPONSE TO (400) COMPLAINTS PER 1000 CUSTOMERS** 

- (010) Study Area Code: 309002
- (015) Study Area Name: Ohio
- (020) **Program Year: 2018**
- (030) Contact name: Janet Morejon
- (035) Contact Telephone Number: 305-715-6522
- (039) Contact Email Address: jmorejon@tracfone.com
- (420) <u>Number of Complaints (per 1,000 customers) Mobile Voice Telephony Service for the period</u> 01/01/2016 - 12/31/2016

0.43

(450) Number of Complaints (per 1,000 customers) Mobile Broadband Service for the period 12/02/2016 - 12/31/2016 0.00 TRACFONE WIRELESS INC 2017 FCC FORM 481 SPIN: 143030103

**RESPONSE TO (610) FUNCTIONALITY IN EMERGENCY SITUATIONS:** 

- (010) Study Area Code: 309002
- (015) Study Area Name: Ohio
- (020) **Program Year: 2018**
- (030) Contact name: Janet Morejon
- (035) Contact Telephone Number: 305-715-6522
- (039) Contact Email Address: jmorejon@tracfone.com

# Certification that the ETC is able to function in emergency situations

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-

(610) 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<br>Data Collection Form |                                                                                   |                       |               |                 | FCC Form 481<br>OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2013 |  |
|---------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------|---------------|-----------------|----------------------------------------------------------------------------------|--|
| <010>                                             | Study Area Code                                                                   |                       | 309002        |                 |                                                                                  |  |
| <015>                                             | Study Area Name                                                                   |                       | TracFone Wir  | reless, Inc     |                                                                                  |  |
| <020>                                             | <020> Program Year                                                                |                       | 2018          | 2018            |                                                                                  |  |
| <030>                                             | <030> Contact Name - Person USAC should contact regarding this data               |                       | Janet Morejon |                 |                                                                                  |  |
| <035>                                             | <035> Contact Telephone Number - Number of person identified in data line <030>   |                       | 3057156522 e  | 3057156522 ext. |                                                                                  |  |
| <039>                                             | 39> Contact Email Address - Email Address of person identified in data line <030> |                       | jmorejon@tra  | acfone.com      |                                                                                  |  |
| <810>                                             | Reporting Carrier                                                                 | TracFone Wireless Inc |               |                 |                                                                                  |  |
| <811>                                             | Holding Company                                                                   | Not Applicable        |               |                 |                                                                                  |  |
| <812>                                             | Operating Company                                                                 | TracFone Wireless Inc |               |                 |                                                                                  |  |
| <813>                                             |                                                                                   | <a1></a1>             |               | <a2></a2>       | <a3></a3>                                                                        |  |

| <813> | <a1></a1>             | <a2></a2> | <a3></a3>                                      |
|-------|-----------------------|-----------|------------------------------------------------|
|       | Affiliates            | SAC       | Doing Business As Company or Brand Designation |
| _     | TracFone Wireless Inc | 309002    | SafeLink Wireless                              |
|       |                       |           |                                                |
| _     |                       |           |                                                |
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This foregoing document was electronically filed with the Public Utilities

Commission of Ohio Docketing Information System on

7/3/2017 9:56:27 AM

in

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

Summary: Report FCC Form 481 for TracFone Wireless Inc. electronically filed by Mr. Stephen Athanson on behalf of TracFone Wireless Inc.