FCC Foi	rm 481 - Carrier Annual Reporting Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2018
<010>	Study Area Code	309019	
<015>	Study Area Name	Airvoice Wireless LLC	
<020>	Program Year	2019	
<030>	Contact Name: Person USAC should contact with questions about this data	Melissa Kallabat	
<035>	Contact Telephone Number: Number of the person identified in data line <030>	2482391061 ext.	
<039>	Contact Email Address: Email of the person identified in data line <030>	mkallabat@airvoicewireless.com	n
	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 2018

<010>	Study Area Code	309019
<015>	Study Area Name	Airvoice Wireless LLC
<020>	Program Year	2019
<030>	Contact Name - Person USAC should contact regarding this data	Melissa Kallabat
<035>	Contact Telephone Number - Number of person identified in data line <030>	2482391061 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mkallabat@airvoicewireless.com
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<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 Reference Number	Outage Start Date	Outage Start Time	Outage End Date	Outage End Time	Number of Customers Affected	Total Number of Customers	911 Facilities Affected (Yes / No)	Service Outage Description (Check all that apply)	Did This Outage Affect Multiple Study Areas (Yes / No)	Service Outage Resolution	Preventative Procedures

(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 2018

<010>	0> Study Area Code 309019	
<015>	5> Study Area Name Airvoice Wireless LLC	
<020>	0> Program Year 2019	
<030>	0> Contact Name - Person USAC should contact regarding this data Mel	issa Kallabat
<035>	5> Contact Telephone Number - Number of person identified in data line <030>	2482391061 ext.
<039>	9> Contact Email Address - Email Address of person identified in data line <030>	mkallabat@airvoicewireless.com
<400>	Select from the drop-down list to indicate how you would like to report voice complaints (zero or greater) for voice telephony service in the pricalendar year for each service area in which you are designated an ETC any facilities you own, operate, lease, or otherwise utilize.	or
<410>	O> Complaints per 1000 customers for fixed voice	
<420>	O> Complaints per 1000 customers for mobile voice	

	npliance With Service Quality Standards and Consumer Protection Rules ection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2018
<010>	Study Area Code	309019	
<015>	Study Area Name	Airvoice Wireless LLC	
<020>	Program Year	2019	
<030>	Contact Name - Person USAC should contact regarding this data	Melissa Kallabat	
<035>	Contact Telephone Number - Number of person identified in data line <030>	2482391061 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	mkallabat@airvoicewireless.com	
<515>	Certify compliance with applicable minimum service standards		

Data	Collection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2018
<010	D> Study Area Code	309019	
<01	,	Airvoice Wireless LLC	
<020	O> Program Year	2019	
<030	O> Contact Name - Person USAC should contact regarding this data	Melissa Kallabat	
<03	5> Contact Telephone Number - Number of person identified in data line <030>	2482391061 ext.	
<039	9> Contact Email Address - Email Address of person identified in data line <030>	mkallabat@airvoicewireless.com	
<600	> Certify compliance regarding ability to function in emergency situations		
<610	> Descriptive document for Functionality in Emergency Situations		

FCC Form 481

(600) Functionality in Emergency Situations

(800) Operating Companies	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2018

			74., 2015
<010>	Study Area Code		309019
<015>	Study Area Name		Airvoice Wireless LLC
<020>	Program Year		2019
<030>	Contact Name - Person	USAC should contact regarding this data	Melissa Kallabat
<035>	Contact Telephone Nun	nber - Number of person identified in data line <030>	2482391061 ext.
<039>	Contact Email Address -	Email Address of person identified in data line <030>	mkallabat@airvoicewireless.com
<810>	Reporting Carrier	Air Voice Wireless, LLC	
<811>	Holding Company	Not Applicable	
<812>	Operating Company	Not Applicable	

<813>	<a1></a1>	<a2></a2>	<a3></a3>
	Affiliates	SAC	Doing Business As Company or Brand Designation
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(900) Tri	bal Lands Reporting		FCC Form 481
Data Col	llection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819
			July 2018
		309019	
<010>	Study Area Code	Airvoice Wireless LLC	
<015> <020>	Study Area Name	2019	•
<030>	Program Year  Contact Name - Person USAC should contact regarding this data	Melissa Kallabat	
<035>	Contact Telephone Number - Number of person identified in data line <030>	2482391061 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	mkallabat@airvoicewireless.com	_
<900>	Does the filing entity offer tribal land services? (Y/N)		
<900>	Does the filling entity offer tribal failu services? (1/14)		
<910>	Tribal Land(s) on which ETC Serves		
<920>	Tribal Government Engagement Obligation	Mana of Auraba	. J
for ea to cor demo	r company serves Tribal lands, please select (Yes,No, NA) ach these boxes of the second result of the second results are select (Yes,No, NA) and the select (Yes,No, NA) and the select (Yes,No, NA) are select (Yes,No, NA) and the select (Yes,No, NA) and the select (Yes,No, NA) are select (Yes,No, NA) and the select (Yes,No, NA) and the select (Yes,No, NA) are select (Yes,No, NA) and the select (Yes,No, NA) are select (Yes,No, NA) and the select (Yes,No, NA) are select (Yes,No, NA) and the select (Yes,No, NA) are select (Yes,No, NA) and the select (Yes,No, NA) are select (Yes,No, NA) and the select (Yes,No, NA) are select (Yes,No, NA) and the select (Yes,No, NA) are select (Yes,No, NA) are select (Yes,No, NA) and the select (Yes,No, NA) are sele	Select Yes or No or	
<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		
<927>	Compliance with Environmental Review processes		
<928>	Compliance with Cultural Preservation review processes		
<929>	Compliance with Tribal Business and Licensing requirements.		
.5_5*			

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	oice and Broadband Service Rate Comparability lection Form		FCC Form 481 OMB Control No. 3060-0986/0 July 2018	OMB Control No. 3060-0819
<010>	Study Area Code	309019		
<015>	Study Area Name	Airvoice Wireless LLC		
<020>	Program Year	2019		
<030>	Contact Name - Person USAC should contact regarding this data	Melissa Kallabat		
<035>	Contact Telephone Number - Number of person identified in data line <030>	2482391061 ext.		
<039>	Contact Email Address - Email Address of person identified in data line <030>	mkallabat@airvoicewireless.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		

-	o Terrestrial Backhaul Reporting lection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2018			
<010>	Study Area Code	309019			
<015>	Study Area Name	Airvoice Wireless LLC			
<020>	Program Year	2019			
<030>	Contact Name - Person USAC should contact regarding this data	Melissa Kallabat			
<035>	Contact Telephone Number - Number of person identified in data line <030>	2482391061 ext.			
<039>	Contact Email Address - Email Address of person identified in data line <030>	mkallabat@airvoicewireless.co	m		
<1100>	Certify whether terrestrial backhaul options exist (Y/N)				
<1130>	Please select the appropriate response (Yes, No, Not Applicable) to conthe reporting carrier offers broadband service of at least 1 Mbps downstrear				
<1140>	Alaska Plan rate-of-return certification (yes, no, or not applicable) of compliance with approved performance plan.				

(1200) Terms and Condition for Lifeline Customers Lifeline Data Collection Form	FCC Form 481  OMB Control No. 3060-0986/OMB Control No. 3060-0819  July 2018
<010> Study Area Code <015> Study Area Name <020> Program Year <030> Contact Name - Person USAC should contact regarding this data	309019 Airvoice Wireless LLC 2019 Melissa Kallabat
<035> Contact Telephone Number - Number of person identified in data line <030> <039> Contact Email Address - Email Address of person identified in data line <030>	2482391061 ext. mkallabat@airvoicewireless.com
<1210> Terms & Conditions of Voice Telephony Lifeline Plans	Name of August and
<1220> Link to Public Website HTTP ht	tps://www.feelsafewireless.com/terms-of-service
•Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to 8.54.422(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.	

Data Collecti			ON	C Form 481 //B Control No. 3060-0986/OMB Control No. 3060-0819
Including Rat	e-of-Return Carriers affiliated with Price Cap Local Exchange Carriers		Jul	y 2018
<010> Stu	udy Area Code	309019		
<015> Stu	udy Area Name	Airvoice Wireless LLC		
	ogram Year	2019		
	intact Name Terson 65/16 should contact regarding this data	Melissa Kallabat 2482391061 ext.		
	ntact Telephone Number - Number of person identified in data line <030>	mkallabat@airvoicewireless.co		
<039> Co	ntact Email Address - Email Address of person identified in data line <030>	mkallabatwallvolcewireless.co	Oill	
to offset	e appropriate responses below (Yes, No, Not Appli access charge reductions, and Connect America Ph I in the documents attached below is accurate.			
<2015>	> 2016 and future Frozen Support Certification 47 CFR	§ 54.313(c)(4)		
<2016>	<ul> <li>Carrier Connect America ICC Support {47 CFR § 5</li> <li>Certification support used to build broadband</li> </ul>	4.313(d)}		
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 capital expenditures in 2017.	carrier used for		
<2018>	Attach the number, names, and addresses of commun	ity anchor	Name of Attached Document	Listing
	institutions to which the carrier newly began providing broadband service in the preceding calendar year - 54.		Required Information	
<2019>	Recipient certifies that it bid on category one telecomn Internet access services in response to all FCC Form 47 broadband service that meets the connectivity targets	'0 postings seeking		
	libraries universal service support program for eligible libraries located within any area in a census block whe	schools and ere the carrier is		
	receiving Phase II model-based support, and that such reasonably comparable to rates charged to eligible sch urban areas for comparable offerings - 54.313(e)(1)(ii)(	ools and libraries in		

(3005) Rate	Of Return Carrier Additional Documentation on Form	FCC Form 481  OMB Control No. 3060-0986/OMB Control No. 3060-0819  July 2018
<010>	Study Area Code	309019
<015>	Study Area Name	Airvoice Wireless LLC
<020>	Program Year	2019
<030>	Contact Name - Person USAC should contact regarding this data	Melissa Kallabat
<035>	Contact Telephone Number - Number of person identified in data line <030>	2482391061 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mkallabat@airvoicewireless.com

# CAF BLS Reporting

(3008A)	Please indicate whether new locations were deployed during the prior calendar year.	(Yes/No)
(3008B)	Please enter the number of new locations deployed in the prior calendar year associated with each of the following speed tiers.	
(3008B1)	Number of newly built locations with access to broadband speeds of at least 10/1 Mbps but less than 25/3 Mbps.	
(3008B2)	Number of newly built locations with access to broadband speeds of 25/3 Mbps or higher.	
(3008C)	Please provide the percentage of deployment across the entire study area.	

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

<010>	Study Area Code	309019
<015>	Study Area Name	Airvoice Wireless LLC
<020>	Program Year	2019
<030>	Contact Name - Person USAC should contact regarding this data	Melissa Kallabat
<035>	Contact Telephone Number - Number of person identified in data line <030>	2482391061 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mkallabat@airvoicewireless.com

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

(3009)	Progress Report on 5 Year Plan Carrier certifies to 54.313(f)(1)(iii)				
(3010A)	Certification of Public Interest Obligations {47 CFR § 54.313(f)(1)(i)}		Γ		
(3010B)	Please Provide Attachment	Name of Attached Doo Information	cument Listing Required		
(3012A)	Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}		Г		
(3012B)	Please Provide Attachment	Name of Attached Doo Information	cument Listing Required		
(3013)	Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)}	(Yes/No)	0 0		
(3014)	If yes, does your company file the RUS annual report	(Yes/No)	0 0		
(2015)	Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:  Electronic copy of their annual RUS reports				
(3015)	(Operating Report for Telecommunications Borrowers)				
(3016)	Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows				
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	Name of Attached Doo Information	cument Listing Required		
(3018)	If the response is no on line 3014, is your company audited?	(Yes/No)	0 0		
	If the response is yes on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:				
(3019)	Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS				
(3020)	Operating Report for Telecommunications Borrowers Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows				
(3021)	Management letter and/or audit opinion issued by the independent certified public accountant that				
	performed the company's financial audit. If the response is no on line 3018, please check the				
(3022)	boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains: Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for				
(3023)	Telecommunications Borrowers 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 Doo Information	cument Listing Required		

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

<015> Study Area Name Airvoice Wireless LLC	
<020> Program Year 2019	
<030> Contact Name - Person USAC should contact regarding this data Melissa Kallabat	
<035> Contact Telephone Number - Number of person identified in data line <030> 2482391061 ext.	
<039> Contact Email Address - Email Address of person identified in data line <030> <a href="mailto:mkallabat@airvoicewireless.com">mkallabat@airvoicewireless.com</a>	

Financial Data Summary	
Financial Data Summary	
(3027) Revenue	
(3028) Operating Expenses	
(3029) Net Income	
(3030) Telephone Plant In Service(TPIS)	
(3031) Total Assets	
(222)	
(3032) Total Debt	
(3033) Total Equity	
(3034) Dividends	
(303 I) Dividends	

(4005) Rural Broadband Experiment Additional Documentation	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2018

<010>	Study Area Code	309019
<015>	Study Area Name	Airvoice Wireless LLC
<020>	Program Year	2019
<030>	Contact Name - Person USAC should contact regarding this data	Melissa Kallabat
<035>	Contact Telephone Number - Number of person identified in data li	ne <030> 2482391061 ext.
<039>	Contact Email Address - Email Address of person identified in data l	ine <030> mkallabat@airvoicewireless.com

## **4005 Rural Broadband Experiment**

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

## Public Interest Obligations – FCC 14-98 (paragraphs 26-29, 78)

Please address Line 4001 regarding compliance with the Commission's public interest obligations. All RBE participants must provide a response to Line 4001.

**4001**. Recipient certifies that it is offering broadband meeting the requisite public interest obligations consistent with the category for which they were selected, including broadband speed, latency, usage capacity, and rates that are reasonably comparable to rates for comparable offerings in urban areas.

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

**4003**a. 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 of community anchor institutions to which the recipient newly began providing access to broadband service in the preceding calendar year.

(5005) Alaska Plan Participants Additional Documentation	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2018

<010>	Study Area Code	309019
<015>	Study Area Name	Airvoice Wireless LLC
<020>	Program Year	2019
<030>	Contact Name - Person USAC should contact regarding this data	Melissa Kallabat
<035>	Contact Telephone Number - Number of person identified in data line <030>	2482391061 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mkallabat@airvoicewireless.com

5005 Alaska Plan

(5010)	Do you participate in the Alaska plan?	(Yes/No)
(5011)	Please indicate whether any terrestrial backhaul or other satellite backhaul became commercially available in the previous calendar year in areas previously served exclusively by performance-limiting satellite backhaul.	(Yes/No)
(5012)	If the filing carrier identified in its approved perfomance plans that it relies exclusively on satellite backhaul for a certain poriton of the population in its service area, indicate whether any terrestrial backhaul or other satellite backhaul became commercially available in the previous calendar year in areas that were previously served exclusively by satellite backhaul.	(Yes/No)

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<5013>	<a></a>	<b></b>	<c></c>
_	Description Of Backhaul Technology	Date Backhaul Available	Newly Served Locations or Population
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Certification - Reporting Carrier	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2018

<010>	Study Area Code	309019
<015>	Study Area Name	Airvoice Wireless LLC
<020>	Program Year	2019
<030>	Contact Name - Person USAC should contact regarding this data	Melissa Kallabat
<035>	Contact Telephone Number - Number of person identified in data line <030>	2482391061 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mkallabat@airvoicewireless.com

### TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

# Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate. Name of Reporting Carrier: Signature of Authorized Officer: Date Printed name of Authorized Officer: Title or position of Authorized Officer: Telephone number of Authorized Officer: Filing Due Date for this form: Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment

under Title 18 of the United States Code, 18 U.S.C. § 1001.

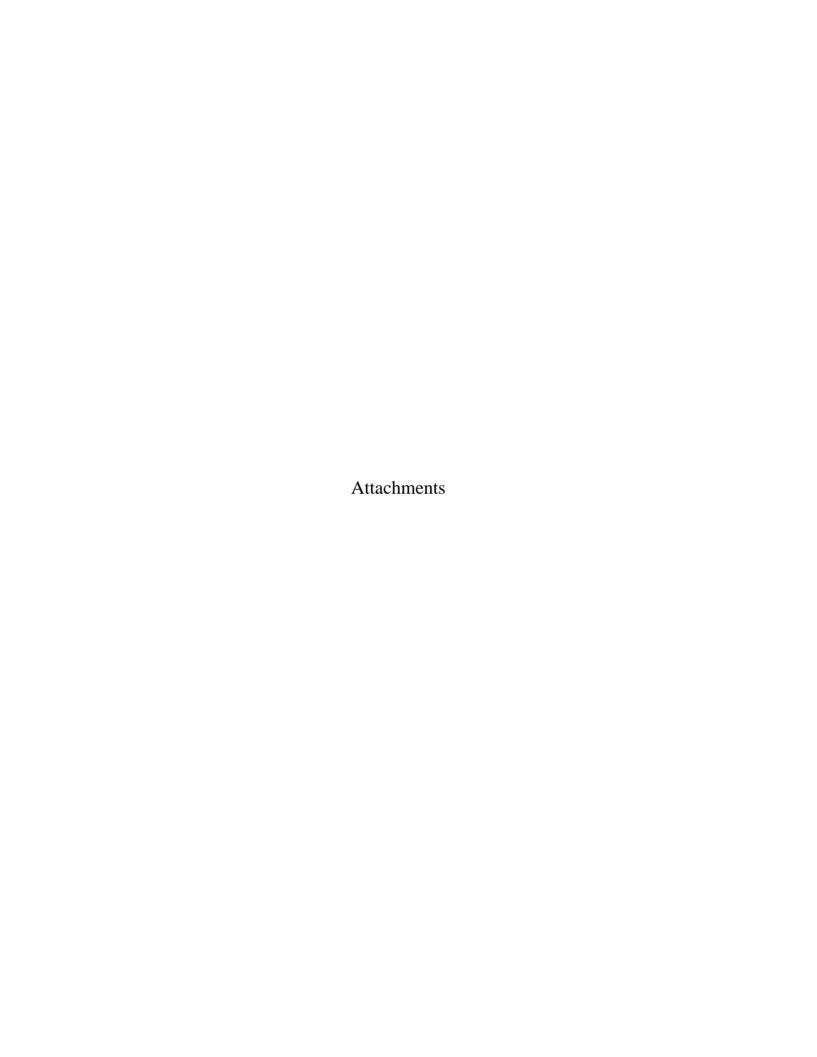
	tion - Agent / Carrier lection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2018
<010>	Study Area Code	309019
<015>	Study Area Name	Airvoice Wireless LLC
<020>	Program Year	2019
<030>	Contact Name - Person USAC should contact regarding this data	Melissa Kallabat
<035>	Contact Telephone Number - Number of person identified in data line <030>	2482391061 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mkallabat@airvoicewireless.com

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

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier  I certify that (Name of Agent) Expert Telecom Compliance is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.				
Name of Authorized Agent: Expert Telecom Compliance				
Name of Reporting Carrier: Airvoice Wireless LLC				
Signature of Authorized Officer: CERTIFIED ONLINE	Date: 07/05/2018			
Printed name of Authorized Officer: Jim Bahri				
Title or position of Authorized Officer: CEO				
Telephone number of Authorized Officer: 2483453900 ext.				
Study Area Code of Reporting Carrier: 309019	Filing Due Date for this form: 07/02/2018			
, ,	nished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment der Title 18 of the United States Code, 18 U.S.C. § 1001.			

## TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier				
Name of Reporting Carrier: Airvoice Wireless LLC				
Name of Authorized Agent Firm: Expert Telecom Compliance				
Signature of Authorized Agent or Employee of Agent: CERTIFIED ONLINE Date: 06/28/2018				
Name of Authorized Agent Employee: Victoria Martin				
Title or position of Authorized Agent or Employee of Agent Regulatory Specialist				
Telephone number of Authorized Agent or Employee of Agent: 6786722831 ext.				
Study Area Code of Reporting Carrier: 309019 Filing Due Date for this form: 07/02/2018				
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U 18 of the United States Code, 18 U.S.C. § 1001.	.S.C. §§ 502, 503(b), o	r fine or imprisonment under Title		



This foregoing document was electronically filed with the Public Utilities

**Commission of Ohio Docketing Information System on** 

7/10/2018 12:49:47 PM

in

Case No(s). 18-1116-TP-COI

Summary: Report Air Voice Wireless, LLC FCC Form 481 electronically filed by Lance Steinhart on behalf of Air Voice Wireless, LLC