



20190718164518
Filed Date: 07/18/2019
State Corporation Commission
151 Southall Lane, Ste 450
Maitland, FL 32751
P.O. Drawer 200
Winter Park, FL 32790-0200
www.inteserra.com

July 17, 2019
Via Overnight Delivery

Ms. Lynn M. Retz
Kansas Corporation Commission
1500 SW. Arrowhead Road
Topeka, KS 66604-4027

Received
on

JUL 18 2019

RE: Tempo Telecom, LLC
KS ETC Annual Certification Report-Attachments 1-6
For the year ending December 31, 2018
Docket No. 19-GIMT-399-GIT

by
State Corporation Commission
of Kansas

Dear Ms. Retz:

Enclosed please find the KS ETC Annual Certification Report-Attachments 1-6 for the year ending December 31, 2018, filed on behalf of Tempo Telecom, LLC. No check is enclosed as there are no remittance fees due.

Please acknowledge receipt of this filing by date-stamping the extra copy of this cover letter and returning it to me in the self-addressed, stamped envelope provided for that purpose.

Questions regarding this filing should be directed to Domingo Chalusant's attention at 407-659-8754. Thank you for your assistance in this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Domingo Chalusant", is written over a horizontal line.

Domingo Chalusant
Compliance Reporting Specialist

cc: Alex Valencia - Tempo Telecom, LLC
file: Tempo Telecom, LLC - Reporting - Kansas

DC/ap

THE STATE CORPORATION COMMISSION
OF THE STATE OF KANSAS

Before Commissioners: Chair Dwight D. Keen
 Commissioner Shari Feist Albrecht
 Commissioner Jay Scott Emler

In the Matter of Certification of Compliance)
with Section 254(e) of the Federal)
Telecommunications Act of 1996 and) Docket No. 19-GIMT-399-GIT
Certification of Appropriate Use of Kansas)
Universal Service Fund Support.)

SECTION 254(e) CERTIFICATION
FEDERAL HIGH-COST UNIVERSAL SERVICE SUPPORT
FCC Docket Reference: CC Docket No. 96-45
and KANSAS UNIVERSAL SERVICE FUND SUPPORT
(Please type or print legibly)
(Circle all appropriate support received)

1. My title is Compliance Specialist of
Tempo Telecom, LLC (Company/Cooperative). In this capacity, I am in a position
of authority to direct how federal high-cost Universal Service Fund (USF), Connect America Fund (CAF)
support, and/or Kansas Universal Service Fund (KUSF) support received will be used and by this certification
I am binding Tempo Telecom, LLC (Company/Cooperative) to the statements made in this
certification.

2. Tempo Telecom, LLC (Company/Cooperative) was named as
an eligible telecommunications carrier by the Kansas Corporation Commission (KCC) for federal support
purposes in Docket No. 13-TEMT-403-ETC by order dated and
KUSF support purposes in Docket No. 13-TEMT-403-ETC by order dated 1/0/1900 .

3. By this affidavit, I certify that the USF, CAF and/or KUSF received by
Tempo Telecom, LLC (Company/Cooperative) was used in the proceeding calendar year
2018 and will be used in the new calendar year **2020 only** for the provision, maintenance, and upgrading of

Attachment 1

facilities and services for which the support is intended, consistent with Section 254(e) of the Telecommunications Act, and/or Kansas statutes and KCC requirements

I certify under penalty of perjury under the laws of the state of Kansas that the foregoing is true and correct
(Pursuant to Kan. Ann. 53-601.)

April Gilstrap
Signature

April Gilstrap
Printed/Typed Name

Executed on 7/16/2019 date.

Email address: april.gilstrap@dingo.com

**Competitive ETC Investment and Expense
Test for USF Certification**

**19-GIMT-399-GIT
Attachment 3a**

Company Name : Tempo Telecom, LLC

All CETCs must complete this form to receive certification for its use of FUSF and KUSF support, pursuant to 47 C.F.R. § 54.314, Kansas statutes, and KCC Requirements. Please attach additional pages if necessary. If you have any questions, please email the KCC Staff at c.arnes@kcc.ks.gov or s.reams@kcc.ks.gov.

**Data
Year 2018**

	AMOUNT FOR KANSAS	ALLOCATION PERCENT	FUSF CODE (see Notes)	AMOUNT FOR FUSF AREAS (Excluding SWBT Area) D=AxB	ALLOCATION PERCENT	KUSF CODE (see Notes)	AMOUNT FOR KUSF AREAS (Including SWBT Area) G = AxE
	A	B	C	D=AxB	E	F	G = AxE
FUSF WORKING LOOPS/LINES							
KUSF SUPPORTED LINES							
NEW INVESTMENTS:							
1. SWITCHING				-			-
2. OUTSIDE PLANT (LOCAL LOOPS, CELL SITES)(1)				-			-
SUBTOTAL NEW INVESTMENTS	\$ -			\$ -			\$ -
EXPENSES:							
3. SWITCH MAINTENANCE				-			-
4. OUTSIDE PLANT MAINTENANCE				-			-
5. NETWORK SUPPORT				-			-
6. ADMINISTRATIVE EXPENSE				-			-
SUBTOTAL EXPENSES	\$ -			\$ -			\$ -
A. TOTAL CASH EXPENDITURES ASSD WITH USF	\$ -			\$ -			\$ -
B. CERTIFIED FUSF RECEIPTS FOR CETCS							
B1 . Frozen High Cost Support							
B2 . Mobility Fund Support							
B3 . Rural Broadband Experiments Fund							
B4 . CAF II Support							
B5 . Total Certified Federal USF Receipts				\$ -			
C. KUSF RECEIPTS				\$ -			\$ -
D. TOTAL FUSF AND/OR KUSF				\$ -			\$ -
E. DO EXPENDITURES EXCEED FUSF RECEIPTS? No (negative number means FUSF exceeds Expenditures)				\$ -			\$ -
F. DO EXPENDITURES EXCEED FUSF and/or KUSF RECEIPTS? No (negative number means KUSF exceeds Expenditures)				\$ -		No	\$ -

Notes:

1) Exclude the cost of transport between switches (dial-tone and/or tandem).

2) Allocation Codes (describe how the costs are allocated): *[the following are examples only, not a complete list.]*

a. Based on number of switched MOUs from USF supported cell sites.

b. Based on actual expenditures at USF cell sites. An allocation of USF area to total served area is applied at each cell site.
(i.e. 200,000 investment at Cell Site A, which serves 80% USF supported area, results in 160,000 of USF dollars.)

c. Based on percent of USF served areas to all areas.

Contact Name: Brian McClintock

Title: Chief Financial Officer

Phone No.: 805-456-1076

E-Mail: brian.mcclintock@lingo.com

Company Name : Everyday Telephone Company, Inc.

All CETCs must complete this form to receive certification for its use of FUSF and KUSF support, pursuant to 47 C.F.R. § 54.314, Kansas statutes, and KCC Requirements.

Please attach additional pages if necessary. If you have any questions, please email the KCC Staff at c.arnes@kcc.ks.gov or s.reams@kcc.ks.gov

Data
Year **2018**

	AMOUNT FOR KANSAS	ALLOCATION PERCENT	FUSF CODE (see Notes)	AMOUNT FOR FUSF AREAS (Excluding SWBT Area) D=AxB	ALLOCATION PERCENT	KUSF CODE (see Notes)	AMOUNT FOR KUSF AREAS (Including SWBT Area) G = Ax E
	A	B	C		E	F	G
FUSF WORKING LOOPS/LINES	50,000	N/A		17,500	N/A		15,000
KUSF SUPPORTED LINES							
NEW INVESTMENTS:							
1. SWITCHING	5,000,000	35%	a	1,750,000	50%		2,500,000
2. OUTSIDE PLANT (LOCAL LOOPS, CELL SITES)(1)	7,000,000	62%	b	4,340,000	75% c		5,250,000
SUBTOTAL NEW INVESTMENTS	12,000,000			6,090,000			7,750,000
EXPENSES:							
3. SWITCH MAINTENANCE	1,500,000	75%	a	1,125,000	25%		375,000
4. OUTSIDE PLANT MAINTENANCE	4,000,000	52%	c	2,080,000	48%		1,920,000
5. NETWORK SUPPORT	500,000	52%	c	260,000	48%		240,000
6. ADMINISTRATIVE EXPENSE	400,000	75%	a	300,000	25%		100,000
SUBTOTAL EXPENSES	6,400,000			3,765,000			2,635,000
A. TOTAL CASH EXPENDITURES ASSD WITH USF	18,400,000			9,855,000			10,385,000
B. CERTIFIED FUSF RECEIPTS FOR CETCS							
B1. Frozen High Cost Support				83,500			83,500
B2. Mobility Fund Support							
B3. Rural Broadband Experiments Fund							
B4. CAF II Support							
B5. Total Certified Federal USF Receipts				\$ 83,500			\$ 83,500
C. KUSF RECEIPTS				\$ 200,000			\$ 200,000
D. TOTAL FUSF AND/OR KUSF				\$ 283,500			\$ 283,500
E. DO EXPENDITURES EXCEED FUSF RECEIPTS? Yes				\$ 9,771,500			\$ 10,301,500
(negative number means FUSF exceeds Expenditures)							
F. DO EXPENDITURES EXCEED FUSF and/or KUSF RECEIPTS? Yes				\$ 9,571,500		Yes	\$ 10,101,500
(negative number means KUSF exceeds Expenditures)							

Notes:

1) Exclude the cost of transport between switches (dial-tone and/or tandem).

2) Allocation Codes (describe how the costs are allocated): [the following are examples only, not a complete list.]

- a. Based on number of switched MOUs from USF supported cell sites.
- b. Based on actual expenditures at USF cell sites. An allocation of USF area to total served area is applied at each cell site.
(i.e. 200,000 investment at Cell Site A, which serves 80% USF supported area, results in 160,000 of USF dollars.)
- c. Based on percent of USF served areas to all areas.

Contact: Robert Jones

Title: Accounting

Phone No.: 316-555-9876

E-Mail: rjones@edtc.com

Company Name: Tempo Telecom, LLC

Data Year: 2018

NOTES:

Contact: Brian McClintock

Phone No.: 805-456-1076

Title: Chief Financial Officer

E-Mail: brian.mcclintock@lingo.com

Data Year: 2018

Narrative Report for New Investments in SWBT Exchanges

ETC Certification for Use of KUSF Support
Provided to the Kansas Corporation Commission

Carrier Name: Tempo Telecom, LLC
Data Year: 2018

Supplemental
Pages

Town or Exchange A	Description of Improvement B	Cash Investment C	Allocation % D	Notes E	Amount Used in the KUSF Supported Areas F= C x D
Subtotal		0			0

Annual ETC Certification of Requirements Imposed by the Commission in Docket Number 06-GIMT-446-GIT

1. All ETCs must provide detailed information on any outage in the prior calendar year, as that term is defined in 47 CFR 4.5, of at least 30 minutes in duration for each service area in which an eligible telecommunications carrier is designated for any facilities it owns, operates, leases, or otherwise utilizes that potentially affect: (i) at least 10% of the end users served in a designated service area; or (ii) a 911 specialty facility as defined in 47 CFR 4.5(e).

Date and time of Onset of the Outage	Description of the Outage and its Resolution	Particular services affected	Geographic Areas Affected	Steps Taken to Prevent a Similar Situation in the Future	Number of Customers Affected
None					

(If necessary, please provide additional pages.)

2. Please provide the number of requests for service from potential customers within the recipient's service areas that were unfulfilled during the prior calendar year. If applicable, please explain how your company attempted to provide service to those potential customers.

The only unfulfilled service requests identified were due to the customer not meeting Lifeline qualifications

3. Please provide the number of complaints per 1,000 connections (fixed or mobile) in the prior calendar year.

None

4. A wireline ETC must certify that it is in compliance with the Commission's quality of service standards and a wireless ETC must certify that it is in compliance with the CTIA Code. Please complete the following, as applicable to your company:

QUALITY OF SERVICE WIRELINE ANNUAL CERTIFICATION
KCC Docket Reference: 06-GIMT-446-GIT
(Please type or print legibly)

1. My title is April Gilstrap of the Tempo Telecom, LLC

(Company/ Cooperative). In this capacity, I am in a position of authority to certify whether the Company/ Cooperative is complying with required quality of service standards. I am binding Tempo Telecom, LLC (Company/ Cooperative) to the statements made in this certification.

2. By this affidavit, I certify that Tempo Telecom, LLC (Company/ Cooperative) is in compliance with the Commission's quality of service standards as adopted in Docket No. 191,206-U.

I certify under penalty of perjury under the laws of the state of Kansas that the foregoing is true and correct. (Pursuant to Kan. Stat. Ann. 53-601.) Executed on 7/16/2019 (date).

April Gilstrap
Signature

April Gilstrap
Printed/Typed Name

QUALITY OF SERVICE WIRELESS ANNUAL CERTIFICATION
KCC Docket Reference: 06-GIMT-446-GIT
(Please type or print legibly)

1. My title is April Gilstrap of the Tempo Telecom, LLC
(Company/ Cooperative). In this capacity, I am in a position of authority to certify whether the Company/ Cooperative is complying with required quality of service standards. I am binding Tempo Telecom, LLC (Company/ Cooperative) to the statements made in this certification.

2. By this affidavit, I certify that Tempo Telecom, LLC (Company/ Cooperative) is in compliance with the CTIA Code.

I certify under penalty of perjury under the laws of the state of Kansas that the foregoing is true and correct. (Pursuant to Kan. Stat. Ann. 53-601.) Executed on 7/16/2019 (date).

April Gilstrap
Signature

April Gilstrap
Print / Typed Name

5. Each ETC must certify that it will be able to function in an emergency as set forth in 47 CFR § 54.202(a)(2).

ABILITY TO FUNCTION IN AN EMERGENCY ANNUAL CERTIFICATION

KCC Docket Reference: 06-GIMT-446-GIT

(Please type or print legibly)

1. My title is Compliance Specialist of the Tempo Telecom, LLC (Company/ Cooperative). In this capacity, I am in a position of authority to certify whether the Company/ Cooperative is able to function in an emergency. I am binding Tempo Telecom, LLC (Company/ Cooperative) to the statements made in this certification.

2. By this affidavit, I certify that Tempo Telecom, LLC (Company/ Cooperative) is capable of functioning in an emergency.

I certify under penalty of perjury under the laws of the state of Kansas that the foregoing is true and correct. (Pursuant to Kan. Stat. Ann. 53-601.) Executed on 7/16/2019 (date).

April Gilstrap

Signature

April Gilstrap

Printed/Typed Name

6. 47 U.S.C. § 214(e)(1)(B) requires every ETC to advertise its services throughout the service area for which it has been designated "using media of general distribution." Please complete the following:

Name of Media	Type of Media	Geographic Areas Reached	Dates Published
MyTempo.com	Company Website	All	1/1/18 - 12/31/18
Sedwick Co Post	Newspaper	Wichita	Dec-18

(If necessary, please attach additional pages.)

7. A competitive ETC must certify that it offers a local usage plan comparable to that of the incumbent. Please provide a description of the local usage plan(s) that is comparable to that of the incumbent and complete the certification.

The Tempo Lifeline Data Bundle offers unlimited voice and text along with 1GB data at no charge. Customer's are also provided with a free wireless handset.

COMPARABLE LOCAL USAGE PLAN ANNUAL CERTIFICATION

KCC Docket Reference: 06-GIMT-446-GIT

(Please type or print legibly)

1. My title is Compliance Specialist of the Tempo Telecom, LLC (Company/ Cooperative). In this capacity, I am in a position of authority to certify whether the Company/ Cooperative offers a local usage plan comparable to that of the incumbent. I am binding Tempo Telecom, LLC (Company/Cooperative) to the statements made in this certification.

2. By this affidavit, I certify that Tempo Telecom, LLC (Company/ Cooperative) offers a local usage plan comparable to that of the incumbent.

I certify under penalty of perjury under the laws of the state of Kansas that the foregoing is true and correct. (Pursuant to Kan. Stat. Ann. 53-601.) Executed on

7/16/2019 (date).

April Gilstrap.

Signature

April Gilstrap

Printed/Typed Name

**FCC Form 481 - Carrier Annual Reporting
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0966/OMB Control No. 3060-0819
July 2018

Page 1

<010>	Study Area Code	419037
<015>	Study Area Name	Tempo Telecom LLC
<020>	Program Year	2020
<030>	Contact Name: Person USAC should contact with questions about this data	April Gilstrap
<035>	Contact Telephone Number: Number of the person identified in data line <030>	4782575984 ext.
<039>	Contact Email Address: Email of the person identified in data line <030>	april.gilstrap@ingo.com
	Form Type	54.422

<010>	Study Area Code	419037
<015>	Study Area Name	Tempo Telecom LLC
<020>	Program Year	2020
<030>	Contact Name - Person USAC should contact regarding this data	April Gilstrap
<035>	Contact Telephone Number - Number of person identified in data line <030>	4782576984 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	april.gilstrap@tempo.com

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

[illegible]

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

FCC Form 481
OMB Control No. 3060-0985/OMB Control No. 3060-0819
July 2018

<010>	Study Area Code	419037
<015>	Study Area Name	Tempo Telecom LLC
<020>	Program Year	2020
<030>	Contact Name - Person USAC should contact regarding this data	April Gilstrap
<035>	Contact Telephone Number - Number of person identified in data line <030>	4782675984 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	april.gilstrap@ingo.com
<400>	Select from the drop-down list to indicate how you would like to report voice complaints (zero or greater) for voice telephony service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize.	
<410>	Complaints per 1000 customers for fixed voice	
<420>	Complaints per 1000 customers for mobile voice	

**(300) Compliance With Service Quality Standards and Consumer Protection Rules
Data Collection Form**FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0919
July 2019

<010>	Study Area Code	419037
<015>	Study Area Name	Tampa Telecom LLC
<020>	Program Year	2020
<030>	Contact Name - Person USAC should contact regarding this data	April Gilstrap
<035>	Contact Telephone Number - Number of person identified in data line <030>	4142373984 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	april.gilstrap@tlopo.com
<515>	Certify compliance with applicable minimum service standards	

(600) Functionality In Emergency Situations Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2016
<010>	Study Area Code	439037
<015>	Study Area Name	Tierpo Telecom, LLC
<020>	Program Year	2328
<030>	Contact Name - Person USAC should contact regarding this data	April Gilstrap
<035>	Contact Telephone Number - Number of person identified in data line <030>	478.225.7544 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	april.gilstrap@tango.com
<600>	Certify compliance regarding ability to function in emergency situations	
<610>	Descriptive document for Functionality in Emergency Situations	

<010>	Study Area Code	419027
<015>	Study Area Name	Tempo Telecom, LLC
<020>	Program Year	2020
<030>	Contact Name - Person USAC should contact regarding this data	Arcell Gilstrap
<035>	Contact Telephone Number - Number of person identified in data line <030>	4782675904 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	agil1@gilstrapllp.com
<810>	Reporting Carrier	Tempo Telecom, LLC
<811>	Holding Company	OC Telecom Investors, LLC
<812>	Operating Company	Tempo Telecom, LLC

[illegible]

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

<010>	Study Area Code	419037
<015>	Study Area Name	Temp Telecom LLC
<020>	Program Year	2020
<030>	Contact Name - Person USAC should contact regarding this data	April Gilstrap
<035>	Contact Telephone Number - Number of person identified in data line <030>	4782575984 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	april.gilstrap@lingo.com

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

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

<920> Tribal Government Engagement Obligation

Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(e)(5) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select Yes or No or Not Applicable

**[1000] Voice and Broadband Service Rate Comparability
Data Collection Form**

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

<010> Study Area Code	419037
<015> Study Area Name	Tampo Telecom LLC
<020> Program Year	2020
<030> Contact Name - Person USAC should contact regarding this data	April Gillette
<035> Contact Telephone Number - Number of person identified in data line <030>	4792575984 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	april.gillette@tampolink.com

<1000> Voice services rate comparability certification

<1010> Attach detailed description for voice services rate comparability compliance

 Name of Attached Document

<1020> Broadband comparability certification

<1030> Attach detailed description for broadband comparability compliance

 Name of Attached Document

(1100) No Terrestrial Backhaul Reporting Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2018
--	--

<010>	Study Area Code	419037
<015>	Study Area Name	Tempo Telecom LLC
<020>	Program Year	2020
<030>	Contact Name - Person USAC should contact regarding this data	April Gilstrap
<035>	Contact Telephone Number - Number of person identified in data line <030>	4782575984 ext
<039>	Contact Email Address - Email Address of person identified in data line <030>	april.gilstrap@tempo.com

<1100> Certify whether terrestrial backhaul options exist (Y/N)

<1130> Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(g).

<1140> Alaska Plan rate-of-return certification (yes, no, or not applicable) of compliance with approved performance plan.

(1200) Terms and Condition for Lifeline Customers		FCC Form 481
Lifeline		OMB Control No. 3060-0986/OMB Control No. 3060-0819
Data Collection Form		July 2018

<010>	Study Area Code	419037
<015>	Study Area Name	Tempo Telecom LLC
<020>	Program Year	2020
<030>	Contact Name - Person USAC should contact regarding this data	Amrli Gilletrap
<035>	Contact Telephone Number - Number of person identified in data line <030>	4782476984 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	amrli.gilletrap@tempo.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220> Link to Public Website

HTTP <https://mytempo.com/lifeline-terms-conditions/>

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

- <1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, ☒
- <1222> Details on the number of minutes provided as part of the plan, ☒
- <1223> Additional charges for toll calls, and rates for each such plan. ☒

(2005) Price Cap Carrier Additional Documentation		FCC Form 483
Data Collection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819
Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers		July 2018

<010>	Study Area Code	419017
<015>	Study Area Name	Tempo Telecom LLC
<020>	Program Year	2020
<030>	Contact Name - Person USAC should contact regarding this data	April Glatcap
<035>	Contact Telephone Number - Number of person identified in data line <030>	4782575994 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	april.glatcap@tempo.com

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

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

Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}

<2016> Certification support used to build broadband

Connect America Phase II Reporting {47 CFR § 54.313(e)}

<2017A> Connect America Fund Phase II recipient?

<2017C> Total amount of Phase II support, if any, the price cap carrier used for capital expenditures in 2018.

<2018> Attach the number, names, and addresses of community anchor institutions to which the carrier newly began providing access to broadband service in the preceding calendar year - 54.313(e)(1)(ii)(A)

Name of Attached Document Listing
Required Information

<2019> Recipient certifies that it bid on category one telecommunications and Internet access services in response to all FCC Form 470 postings seeking broadband service that meets the connectivity targets for the schools and libraries universal service support program for eligible schools and libraries located within any area in a census block where the carrier is receiving Phase II model-based support, and that such bids were at rates reasonably comparable to rates charged to eligible schools and libraries in urban areas for comparable offerings - 54.313(e)(1)(ii)(C)

(3005) Rate Of Return Carrier Additional Documentation Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2018
<010>	Study Area Code	419037
<015>	Study Area Name	Tempo Telecom LLC
<020>	Program Year	2020
<030>	Contact Name - Person USAC should contact regarding this data	April Gilstrap
<035>	Contact Telephone Number - Number of person identified in data line <030>	4782575984 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	april.gilstrap@lingo.com

(3007) Does this filing retain a Cost Consultant and/or Firm, or other Third Party to prepare financial and operations data disclosures submitted to the National Exchange Carrier Association (NECA), USAC, or the Administrator?

(3007a)	(3007b)
Name of Consultant	Name of Consultant Firm/Third Party

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
Data Collection Form
FCC Form 481
OMB Control No. 3060-0786/OMB Control No. 3060-0819
July 2018

<010>	Study Area Code	419037
<015>	Study Area Name	Tempo Telecom LLC
<020>	Program Year	2020
<030>	Contact Name - Person USAC should contact regarding this data	April Gilstrap
<035>	Contact Telephone Number - Number of person identified in data line <030>	4782575984 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	april.gilstrap@lingo.com

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

(3009)	Progress Report on 5 Year Plan Carrier certifies to 54.313(f)(1)(iii)	
(3010A)	Certification of Public Interest Obligations (47 CFR § 54.313(f)(1)(i))	
(3010B)	Please Provide Attachment	Name of Attached Document Listing Required Information <input type="text"/>
(3012A)	Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))	
(3012B)	Please Provide Attachment	Name of Attached Document Listing Required Information <input type="text"/>
(3013)	Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))	<input type="radio"/> Yes <input type="radio"/> No
(3014)	If yes, does your company file the RUS annual report	<input type="radio"/> Yes <input type="radio"/> No
(3015)	Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires: Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)	<input type="checkbox"/>
(3016)	Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows	<input type="checkbox"/>
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	Name of Attached Document Listing Required Information <input type="text"/>
(3018)	If the response is no on line 3014, is your company audited? 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:	(Yes/No) <input type="radio"/> Yes <input type="radio"/> No
(3019)	Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers	<input type="checkbox"/>
(3020)	Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows	<input type="checkbox"/>
(3021)	Management letter and/or audit opinion issued by the independent certified public accountant that performed the company's financial audit. If the response is no on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:	<input type="checkbox"/>
(3022)	Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers	<input type="checkbox"/>
(3023)	Underlying information subjected to a review by an independent certified public accountant	<input type="checkbox"/>
(3024)	Underlying information subjected to an officer certification.	<input type="checkbox"/>
(3025)	Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows	<input type="checkbox"/>
(3026)	Attach the worksheet listing required Information	Name of Attached Document Listing Required Information <input type="text"/>

(3008) Rate Of Return Center Additional Documentation (Continued)		FCC Form 481
Data Collection Form		OMB Control No. 3040-0086/OMB Control No. 3040-0089
		July 2013

<010> Study Area Code	419037
<015> Study Area Name	Tempo Telecom LLC
<020> Program Year	2020
<030> Contact Name - Person LSAC should contact regarding this data	Auril Gitterman
<035> Contact Telephone Number - Number of person identified in data line <030>	4783575924 ext
<038> Contact Email Address - Email Address of person identified in data line <030>	auril.gitterman@tempo.com

Financial Data Summary

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

Name of Attached Document Listing Required Information

(4005) Rural Broadband Experiment Additional Documentation
Data Collection Form

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

<010>	Study Area Code	419037
<015>	Study Area Name	Tango Telecom LLC
<020>	Program Year	2020
<030>	Contact Name - Person USAC should contact regarding this data	April Gilcrease
<035>	Contact Telephone Number - Number of person identified in data line <030>	4125615924 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	april.gilcrease@tango.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)

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 of community anchor institutions to which the recipient newly began providing access to broadband service in the preceding calendar year. Name of Attached Document Listing Required Information

<010>	Study Area Code	419037
<015>	Study Area Name	Temp Telecom LLC
<020>	Program Year	2020
<030>	Contact Name - Person USAC should contact regarding this data	April Giltrap
<035>	Contact Telephone Number - Number of person identified in data line <030>	472575984 ext
<039>	Contact Email Address - Email Address of person identified in data line <030>	april.giltrap@temp.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 performance plans that it relies exclusively on satellite backhaul for a certain portion 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) |

[illegible]

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 9060-0986/OMB Control No. 3060-0819 July 2018
---	---

<010> Study Area Code	419037
<015> Study Area Name	Tempo Telecom LLC
<020> Program Year	2020
<030> Contact Name - Person USAC should contact regarding this data	April Gilstrap
<035> Contact Telephone Number - Number of person identified in data line <030>	4782575984 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	april.gilstrap@lingo.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: Tempo Telecom LLC	
Signature of Authorized Officer: CERTIFIED ONLINE	Date: 06/12/2019
Printed name of Authorized Officer: Bill Morris	
Title or position of Authorized Officer: CFO	
Telephone number of Authorized Officer: 4784010038 ext.	
Study Area Code of Reporting Carrier: 419037	Filing Due Date for this form: 07/15/2019
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

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

<010> Study Area Code	419037
<015> Study Area Name	Tempo Telecom LLC
<020> Program Year	2020
<030> Contact Name - Person USAC should contact regarding this data	April Gilstrap
<035> Contact Telephone Number - Number of person identified in data line <030>	4782575984 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	april.gilstrap@lingo.com

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

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent: _____	
Name of Reporting Carrier: _____	
Signature of Authorized Officer: _____	Date: _____
Printed name of Authorized Officer: _____	
Title or position of Authorized Officer: _____	
Telephone number of Authorized Officer: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: _____	
Name of Authorized Agent Firm: _____	
Signature of Authorized Agent or Employee of Agent: _____	Date: _____
Name of Authorized Agent Employee: _____	
Title or position of Authorized Agent or Employee of Agent: _____	
Telephone number of Authorized Agent or Employee of Agent: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Attachments

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

<010>	Study Area Code	430037
<015>	Study Area Name	Tempo Telecom, LLC
<020>	Program Year	2020
<030>	Contact Name - Person USAC should contact regarding this data	April Qilatrapp
<035>	Contact Telephone Number - Number of person identified in data line <030>	4782575984 ext
<039>	Contact Email Address - Email Address of person identified in data line <030>	april.qilatrapp@tempo.com
<810>	Reporting Carrier	Tempo Telecom, LLC
<811>	Holding Company	GO Telecom Investors, LLC
<812>	Operating Company	Tempo Telecom, LLC

[illegible]