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Filed Date: 06/24/2021
State Corporation Commission
of Kansas

Compliance Solutions Inc. The worldwide leader of tax and compliance services.

June 18, 2021

Ms. Christine Aarnes, Chief of Telecommunications
Kansas Corporate Commission
1500 SW Arrowhead Rd
Topeka, KS 66604

RE: Docket No. 21-GIMT-354-GIT- Boomerang Wireless, LLC d/b/a enTouch Wireless -Compliance Filings – FCC Form 555

Dear Ms. Aarnes:

The Kansas Corporate Commission designated Boomerang Wireless, LLC d/b/a enTouch Wireless an Eligible Telecommunications Carrier ("ETC") for the limited purpose of providing Lifeline services in the state of Kansas.

In compliance with FCC and Kansas Commission ETC annual reporting requirements, Boomerang Wireless is required to file a copy of the FCC Annual Report (Form 481) pertaining to Kansas operations with the Kansas Commission. Please find attached a copy of the FCC Form 481 that was filed with USAC. Also attached is Attachment 6 per annual requirements imposed.

Please do not hesitate to contact me if you have questions or concerns.

Respectfully submitted,

/s/ Mark Lammert

Mark Lammert
Attorney-in Fact
Boomerang Wireless, LLC d/b/a enTouch Wireless

Annual 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). **(Please complete if information is not reported on Form 481.)**

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 you attempted to provide service to those potential customers. **(Please complete if information is not reported on Form 481.)**
None

3. Please provide the number of complaints per 1,000 connections (fixed or mobile) in the prior calendar year. **(Please complete if information is not reported on Form 481.)**
Boomerang Wireless, LLC dba enTouch Wireless had no complaints in Kansas in 2020.

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 _____ of the _____ (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 _____(Company/Cooperative) to the statements made in this certification.

2. By this affidavit, I certify that _____(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 _____(date).

_____
Signature

_____
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 **_CEO & Co-Founder__** of the **_Boomerang Wireless, LLC dba enTouch Wireless_____** (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 ___ **Boomerang Wireless, LLC dba enTouch Wireless** _____(Company/Cooperative) to the statements made in this certification.

2. By this affidavit, I certify that **Boomerang Wireless, LLC dba enTouch Wireless** ____(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 __**06/18/2021**_____(date).

_____
Signature

___**Dennis M. Henderson**_____
Print / Typed Name

5. An ETC must certify that it will be able to function in an emergency as set forth in 47 CFR § 54.202(a)(2). **All ETCs must complete the following:**

ABILITY TO FUNCTION IN AN EMERGENCY ANNUAL CERTIFICATION
KCC Docket Reference: 06-GIMT-446-GIT
(Please type or print legibly)

1. My title is **__CEO & Co-Founder___** of the **__ Boomerang Wireless, LLC dba enTouch Wireless _____** (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 **__ Boomerang Wireless, LLC dba enTouch Wireless** (Company/Cooperative) to the statements made in this certification.

2. By this affidavit, I certify that **___ Boomerang Wireless, LLC dba enTouch Wireless ____** (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 **06/18/2021**_____(date).

Signature

Dennis M. Henderson _____

Printed / Typed Name

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

Name of Media	Type of Media	Geographic Areas Reached	Dates Published
Company Website	Internet	`All	Ongoing
Flyers	Print	All	Ongoing
Banners/Posters	Print	All	Ongoing

(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.
All Boomerang Wireless, LLC dba enTouch Wireless calling plans include the following: local calls, Nationwide Domestic Long Distance, Caller ID, Call Waiting, Call Forwarding, 3-Way Calling, Voicemail, Nationwide Domestic Text Messaging, 411 Directory Assistance, 911 and E911 where available (plan minutes are not decremented for 911 and E911 services and this service will remain available even when all plan minutes have been used), 611 access to customer service, as well as access to 211 services. Boomerang's Lifeline service offering in KS includes a 1000 Minute Plan with unlimited MMS and 100MB of Data.

COMPARABLE LOCAL USAGE PLAN ANNUAL CERTIFICATION
KCC Docket Reference: 06-GIMT-446-GIT
(Please type or print legibly)

1. My title is **__CEO & Co-Founder___** of the **___ Boomerang Wireless, LLC dba enTouch Wireless** _____ (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 **__ Boomerang Wireless, LLC dba enTouch Wireless** ____(Company/Cooperative) to the statements made in this certification.

2. By this affidavit, I certify that **__ Boomerang Wireless, LLC dba enTouch Wireless** _____ (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 ____**06/18/2021**_____(date).

_____
Signature

____**Dennis M. Henderson**_____
Printed/Typed Name

FCC Form 481 - Carrier Annual Reporting Data Collection Form

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

<010>	Study Area Code	419033
<015>	Study Area Name	Boomerang Wireless LLC
<020>	Program Year	2022
<030>	Contact Name: Person USAC should contact with questions about this data	Mark Lammert
<035>	Contact Telephone Number: Number of the person identified in data line <030>	4077943488 ext.
<039>	Contact Email Address: Email of the person identified in data line <030>	regulatory@csilongwood.com
	Form Type	54.422

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

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

<010>	Study Area Code	419033
<015>	Study Area Name	Boomerang Wireless LLC
<020>	Program Year	2022
<030>	Contact Name - Person USAC should contact regarding this data	Mark Lammert
<035>	Contact Telephone Number - Number of person identified in data line <030>	4077943488 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	regulatory@csilongwood.com

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

<220>

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

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

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

<010>	Study Area Code	419033
<015>	Study Area Name	Boomerang Wireless LLC
<020>	Program Year	2022
<030>	Contact Name - Person USAC should contact regarding this data	Mark Lammert
<035>	Contact Telephone Number - Number of person identified in data line <030>	4077943488 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	regulatory@csilongwood.com
<400>	Select from the drop-down list to indicate how you would like to report voice complaints (zero or greater) for voice telephony service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize.	
<410>	Complaints per 1000 customers for fixed voice	
<420>	Complaints per 1000 customers for mobile voice	

(500) Compliance With Service Quality Standards and Consumer Protection Rules Data Collection Form

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

<010>	Study Area Code	419033
<015>	Study Area Name	Boomerang Wireless LLC
<020>	Program Year	2022
<030>	Contact Name - Person USAC should contact regarding this data	Mark Lammert
<035>	Contact Telephone Number - Number of person identified in data line <030>	4077943488 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	regulatory@csilongwood.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
December 2020

<010>	Study Area Code	419033
<015>	Study Area Name	Boomerang Wireless LLC
<020>	Program Year	2022
<030>	Contact Name - Person USAC should contact regarding this data	Mark Lammert
<035>	Contact Telephone Number - Number of person identified in data line <030>	4077943488 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	regulatory@csilongwood.com
<600>	Certify compliance regarding ability to function in emergency situations	
<610>	Descriptive document for Functionality in Emergency Situations	

(800) Operating Companies
Data Collection Form

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

<010>	Study Area Code	419033
<015>	Study Area Name	Boomerang Wireless LLC
<020>	Program Year	2022
<030>	Contact Name - Person USAC should contact regarding this data	Mark Lammert
<035>	Contact Telephone Number - Number of person identified in data line <030>	4077943488 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	regulatory@csilongwood.com

<810>	Reporting Carrier	Boomerang Wireless, LLC
<811>	Holding Company	HH Ventures, LLC
<812>	Operating Company	enTouch Wireless

<813>	<a1>	<a2>	<a3>
	Affiliates	**SAC**	**Doing Business As Company or Brand Designation**

(900) Tribal Lands Reporting Data Collection Form

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

<010>	Study Area Code	419033
<015>	Study Area Name	Boomerang Wireless LLC
<020>	Program Year	2022
<030>	Contact Name - Person USAC should contact regarding this data	Mark Lammert
<035>	Contact Telephone Number - Number of person identified in data line <030>	4077943488 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	regulatory@csilongwood.com

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

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

<920> Tribal Government Engagement Obligation

Name of Attached Document

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

		Select Yes or No or Not Applicable
<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.	

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

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

<010>	Study Area Code	419033
<015>	Study Area Name	Boomerang Wireless LLC
<020>	Program Year	2022
<030>	Contact Name - Person USAC should contact regarding this data	Mark Lammert
<035>	Contact Telephone Number - Number of person identified in data line <030>	4077943488 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	regulatory@csilongwood.com

<1000> Voice services rate comparability certification

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

Name of Attached Document

<1020> Broadband comparability certification

<1030> Attach detailed description for broadband comparability compliance

Name of Attached Document

(1100) No Terrestrial Backhaul Reporting Data Collection Form

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

<010>	Study Area Code	419033
<015>	Study Area Name	Boomerang Wireless LLC
<020>	Program Year	2022
<030>	Contact Name - Person USAC should contact regarding this data	Mark Lammert
<035>	Contact Telephone Number - Number of person identified in data line <030>	4077943488 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	regulatory@csilongwood.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
Lifeline
Data Collection Form

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

<010>	Study Area Code	419033
<015>	Study Area Name	Boomerang Wireless LLC
<020>	Program Year	2022
<030>	Contact Name - Person USAC should contact regarding this data	Mark Lammert
<035>	Contact Telephone Number - Number of person identified in data line <030>	4077943488 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	regulatory@csilongwood.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220> Link to Public Website HTTP https://www.entouchwireless.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 § 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
Data Collection Form
Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

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

<010>	Study Area Code	419033
<015>	Study Area Name	Boomerang Wireless LLC
<020>	Program Year	2022
<030>	Contact Name - Person USAC should contact regarding this data	Mark Lammert
<035>	Contact Telephone Number - Number of person identified in data line <030>	4077943488 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	regulatory@csilongwood.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

Connect America Phase II – FCC Form 470 Postings

<2019> For the filing due July 1 following full implementation of this requirement, answer yes, no, or not applicable to this certification request

(3005) Rate Of Return Carrier Additional Documentation
Data Collection Form

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

<010>	Study Area Code	419033
<015>	Study Area Name	Boomerang Wireless LLC
<020>	Program Year	2022
<030>	Contact Name - Person USAC should contact regarding this data	Mark Lammert
<035>	Contact Telephone Number - Number of person identified in data line <030>	4077943488 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	regulatory@csilongwood.com

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

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

(3005) Rate Of Return Carrier Additional Documentation
Data Collection Form

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

<010>	Study Area Code	419033
<015>	Study Area Name	Boomerang Wireless LLC
<020>	Program Year	2022
<030>	Contact Name - Person USAC should contact regarding this data	Mark Lammert
<035>	Contact Telephone Number - Number of person identified in data line <030>	4077943488 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	regulatory@csilongwood.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

Rate-of-Return Community Anchor Institutions

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

(3012B) Please Provide Attachment — Name of Attached Document Listing Required Information

Using link, download template and list the number, name and address for each community anchor institution. Attach the document which contains the community anchor institution details as required by 47 C.F.R. § 54.313(f)(1)(ii)

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

(3014) If yes, does your company file the RUS annual report (Yes/No)

Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

(3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)

(3016) Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows

(3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation — Name of Attached Document Listing Required Information

(3018) If the response is no on line 3014, is your company audited? (Yes/No)
If the response is yes on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:

(3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers

(3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

(3021) Management letter and/or audit opinion issued by the independent certified public accountant that performed the company's financial audit.
If the response is no on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:

(3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers

(3023) Underlying information subjected to a review by an independent certified public accountant

(3024) Underlying information subjected to an officer certification.

(3025) Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows

(3026) Attach the worksheet listing required information — Name of Attached Document Listing Required Information

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

Data Collection Form

FCC Form 481

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

December 2020

<010>	Study Area Code	419033
<015>	Study Area Name	Boomerang Wireless LLC
<020>	Program Year	2022
<030>	Contact Name - Person USAC should contact regarding this data	Mark Lammert
<035>	Contact Telephone Number - Number of person identified in data line <030>	4077943488 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	regulatory@csilongwood.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

<010>	Study Area Code	419033
<015>	Study Area Name	Boomerang Wireless LLC
<020>	Program Year	2022
<030>	Contact Name - Person USAC should contact regarding this data	Mark Lammert
<035>	Contact Telephone Number - Number of person identified in data line <030>	4077943488 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	regulatory@csilongwood.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.

RBE Community Anchor Institutions

<4003a> Indicate if the carrier newly deployed broadband service to community anchor institution(s) in the previous calendar year

<4003b> Please Provide Attachment: Using link, download template and list the number, name and address for each community anchor institution. Attach the document which contains the community anchor institution details as required by FCC 14-98 (paragraph 79)	Name of Attached Document Listing Required Information

(5005) Alaska Plan Participants Additional Documentation Data Collection Form

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

<010>	Study Area Code	419033
<015>	Study Area Name	Boomerang Wireless LLC
<020>	Program Year	2022
<030>	Contact Name - Person USAC should contact regarding this data	Mark Lammert
<035>	Contact Telephone Number - Number of person identified in data line <030>	4077943488 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	regulatory@csilongwood.com

5005 Alaska Plan

(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 previoius calendar year in areas that were previoiusly served exclusively by satellite backhaul. (Yes/No)

<5013>

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

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

<010>	Study Area Code	419033
<015>	Study Area Name	Boomerang Wireless LLC
<020>	Program Year	2022
<030>	Contact Name - Person USAC should contact regarding this data	Mark Lammert
<035>	Contact Telephone Number - Number of person identified in data line <030>	4077943488 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	regulatory@csilongwood.com

<6010> Enter the total amount of Phase II Auction Support, if any, the carrier used for capital expenditures

Phase II Auction and New York Funds Certification

<6011> Certify (either yes or no) regarding whether the recipient has available funds for all project costs that will exceed the amount of support that will be received for the next calendar year. This certification must be provided starting the first July 1st after receiving support until the recipient's penultimate year of support (Yes/No)

Phase II Auction Community Anchor Institutions

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

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

Phase II Auction FCC Form 470 Postings

<6013> For the filing due July 1 following full implementation of this requirement answer yes or no to this certification request

Phase II Auction Post-Final Deployment Milestone Performance Certification

<6014> Starting the first July 1st after meeting the final service milestone, certify (yes or no) that the Phase II-funded network that the Phase II auction recipient operated in the prior year meets the relevant performance requirements in § 54.309

(7005) Phase-Down Support Reporting Data Collection Form

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

<010>	Study Area Code	419033
<015>	Study Area Name	Boomerang Wireless LLC
<020>	Program Year	2022
<030>	Contact Name - Person USAC should contact regarding this data	Mark Lammert
<035>	Contact Telephone Number - Number of person identified in data line <030>	4077943488 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	regulatory@csilongwood.com

<7010> Phase II Auction recipient performance requirements certification (Yes/No)

<010>	Study Area Code	419033
<015>	Study Area Name	Boomerang Wireless LLC
<020>	Program Year	2022
<030>	Contact Name - Person USAC should contact regarding this data	Mark Lammert
<035>	Contact Telephone Number - Number of person identified in data line <030>	4077943488 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	regulatory@csilongwood.com

<8010> **Uniendo a Puerto Rico Stage 2 Fixed – Capital Expenditures**

Enter the total amount of Uniendo a Puerto Rico Stage 2 fixed support, if any, the carrier used for capital expenditures.

<8011> **Uniendo a Puerto Rico Stage 2 Fixed – Available Funds Certification**

Certify (either yes or no) regarding whether the recipient has available funds for all project costs that will exceed the amount of support that will be received for the next calendar year. This certification must be provided starting the first July 1st after receiving support until the recipient's penultimate year of support.

<8012a> **Uniendo a Puerto Rico Stage 2 Fixed – Community Anchor Institutions**

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

Please Provide Attachment

<8012b> Using link, download template and list the number, name and address for each community anchor institution. Attach the document which contains the community anchor institution details as required by 47 C.F.R. § 54.313(e)(2)(A). Allowable File Types.

Name of Attached Document Listing Required Information

Uniendo a Puerto Rico Stage 2 Fixed – FCC Form 470 Postings

<8013> For the filing due July 1 following full implementation of this requirement answer yes, no, or not applicable to this certification request.

<8014> **Uniendo a Puerto Rico Stage 2 Fixed – Post-Final Deployment Milestone Performance Certification**

Starting the first July 1st after meeting the final service milestone, certify (yes or no) that the Uniendo a Puerto Rico Stage 2-funded network that the Stage 2 recipient operated in the prior year meets the relevant performance requirements in § 54.309.

<8020> **Uniendo a Puerto Rico Stage 2 Fixed – Support Reimbursement Certification**

54.313(n): Recipients of Uniendo a Puerto Rico Fund Stage 2 fixed support shall certify that such support was not used for costs that are (or will be) reimbursed by other sources of support, including of federal or local government aid or insurance reimbursements; and that support was not used for other purposes, such as the retirement of company debt unrelated to eligible expenditures, or other expenses not directly related to network restoration, hardening, and expansion consistent with the framework of the Uniendo a Puerto Rico Fund.

<8030> **Uniendo a Puerto Rico Stage 2 Fixed – Disaster Preparedness and Response Documentation**

54.313(n): Recipients of fixed support from Stage 2 of the Uniendo a Puerto Rico Fund shall certify that they have conducted an annual review of the documentation required by section 54.1515(a)-(c) to determine the need for and to implement changes or revisions to disaster preparation and recovery documentation.

<8040> **Uniendo a Puerto Rico Stage 2 Mobile – Support Reimbursement**

54.313(n): Recipients of Uniendo a Puerto Rico Fund Stage 2 mobile support shall certify that such support was not used for costs that are (or will be) reimbursed by other sources of support, including of federal or local government aid or insurance reimbursements; and that support was not used for other purposes, such as the retirement of company debt unrelated to eligible expenditures, or other expenses not directly related to network restoration, hardening, and expansion consistent with the framework of the Uniendo a Puerto Rico Fund.

<8050> **Uniendo a Puerto Rico Stage 2 Mobile – Disaster Preparedness and Response Documentation**

54.313(n): Recipients of mobile support from Stage 2 of the Uniendo a Puerto Rico Fund shall certify that they have conducted an annual review of the documentation required by section 54.1515(a)-(c) to determine the need for and to implement changes or revisions to disaster preparation and recovery documentation

<8060> **Uniendo a Puerto Rico Stage 2 Mobile – Mobile Disbursements Certification**

54.313(o): Recipients of Uniendo a Puerto Rico Fund Stage 2 mobile support shall certify that they are in compliance with all requirements for receipt of such support to continue receiving Stage 2 mobile disbursements

<010>	Study Area Code	419033
<015>	Study Area Name	Boomerang Wireless LLC
<020>	Program Year	2022
<030>	Contact Name - Person USAC should contact regarding this data	Mark Lammert
<035>	Contact Telephone Number - Number of person identified in data line <030>	4077943488 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	regulatory@csilongwood.com

<9010> **Connect USVI Stage 2 Fixed – Capital Expenditures**

Enter the total amount of Connect USVI Fund Stage 2 fixed support, if any, the carrier used for capital expenditures.

<9011> **Connect USVI Stage 2 Fixed – Available Funds Certification**

Certify (either yes or no) regarding whether the recipient has available funds for all project costs that will exceed the amount of support that will be received for the next calendar year. This certification must be provided starting the first July 1st after receiving support until the recipient's penultimate year of support.

<9012a> **Connect USVI Stage 2 Fixed – Community Anchor Institutions**

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

<9012b> Please Provide Attachment
Using link, download template and list the number, name and address for each community anchor institution. Attach the document which contains the community anchor institution details as required by 47 C.F.R. § 54.313(e)(2)(i)(A).

Name of Attached Document Listing Required Information

Connect USVI Stage 2 Fixed – FCC Form 470 Postings

<9013> For the filing due July 1 following full implementation of this requirement answer yes, no, or not applicable to this certification request.

Connect USVI Stage 2 Fixed – Post-Final Deployment Milestone Performance Certification

<9014> Starting the first July 1st after meeting the final service milestone, certify (yes or no) that the Connect USVI Fund Stage 2-funded network that the Stage 2 recipient operated in the prior year meets the relevant performance requirements in § 54.309.

Connect USVI Stage 2 Fixed – Support Reimbursement Certification

<9020> 54.313(n): Recipients of Connect USVI Fund Stage 2 fixed support shall certify that such support was not used for costs that are (or will be) reimbursed by other sources of support, including of federal or local government aid or insurance reimbursements; and that support was not used for other purposes, such as the retirement of company debt unrelated to eligible expenditures, or other expenses not directly related to network restoration, hardening, and expansion consistent with the framework of the Connect USVI Fund.

Connect USVI Stage 2 Fixed – Disaster Preparedness and Response Documentation

<9030> 54.313(n): Recipients of fixed support from Stage 2 of the Connect USVI Fund shall certify that they have conducted an annual review of the documentation required by section 54.1515(a)-(c) to determine the need for and to implement changes or revisions to disaster preparation and recovery documentation.

Connect USVI Fund Stage 2 Mobile - Support Reimbursement Certification

<9040> 54.313(n): Recipients of Connect USVI Fund Stage 2 mobile support shall certify that such support was not used for costs that are (or will be) reimbursed by other sources of support, including of federal or local government aid or insurance reimbursements; and that support was not used for other purposes, such as the retirement of company debt unrelated to eligible expenditures, or other expenses not directly related to network restoration, hardening, and expansion consistent with the framework of the Connect USVI Fund. Recipients of mobile support from Stage 2 of the Connect USVI Fund shall certify that they have conducted an annual review of the documentation required by section 54.1515(a)-(c) to determine the need for and to implement changes or revisions to disaster preparation and recovery documentation.

Connect USVI Fund Stage 2 Mobile - Disaster Preparedness and Response Documentation

<9050> 54.313(n): Recipients of mobile support from Stage 2 of the Connect USVI Fund shall certify that they have conducted an annual review of the documentation required by section 54.1515(a)-(c) to determine the need for and to implement changes or revisions to disaster preparation and response documentation.

Connect USVI Fund Stage 2 Mobile - Mobile Disbursements Certification

<9060> 54.313(o): Recipients of Connect USVI Fund Stage 2 mobile support shall certify that they are in compliance with all requirements for receipt of such support to continue receiving Stage 2 mobile disbursements.

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 December 2020

<010>	Study Area Code	419033
<015>	Study Area Name	Boomerang Wireless LLC
<020>	Program Year	2022
<030>	Contact Name - Person USAC should contact regarding this data	Mark Lammert
<035>	Contact Telephone Number - Number of person identified in data line <030>	4077943488 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	regulatory@csilongwood.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: Boomerang Wireless LLC

Signature of Authorized Officer: CERTIFIED ONLINE Date 06/15/2021

Printed name of Authorized Officer: Dennis Henderson

Title or position of Authorized Officer: CEO & Co-Founder

Telephone number of Authorized Officer: 3197434640 ext.

Study Area Code of Reporting Carrier: 419033 Filing Due Date for this form: 07/01/2021

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

<010>	Study Area Code	419033
<015>	Study Area Name	Boomerang Wireless LLC
<020>	Program Year	2022
<030>	Contact Name - Person USAC should contact regarding this data	Mark Lammert
<035>	Contact Telephone Number - Number of person identified in data line <030>	4077943488 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	regulatory@csilongwood.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.

Certify Filing
Data Collection Form

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

<010>	Study Area Code	419033
<015>	Study Area Name	Boomerang Wireless LLC
<020>	Program Year	2022
<030>	Contact Name - Person USAC should contact regarding this data	Mark Lammert
<035>	Contact Telephone Number - Number of person identified in data line <030>	4077943488 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	regulatory@csilongwood.com

I certify under penalty of perjury that no universal service support has been or will be used to purchase, obtain, maintain, improve, modify, or otherwise support any equipment or services produced or provided by any company designated by the Federal Communications Commission as posing a national security threat to the integrity of communications networks or the communications supply chain since the effective date of the designations

Yes

Please Provide Waiver Document
Allowable File Type (pdf only)

Name of Attached Document Listing Required Information

Attachments

FCC Form 481
Section 500 – Service Quality Standards & Consumer Protection Rules Compliance

Under FCC Rules, Section 54.202, an ETC must comply that it will satisfy applicable consumer protection and service quality standards. Boomerang Wireless, LLC d/b/a enTouch Wireless (Boomerang) is in compliance with the Cellular Telecommunications and Internet Association's Consumer Code for Wireless Service.

1. Boomerang discloses rates and terms of service to customers at the time service is initiated. These same terms and conditions are posted on Boomerang's website at www.entouchwireless.com.
2. Boomerang provides service availability information on their website at www.entouchwireless.com.
3. Boomerang makes available contract terms to subscribers when they initiate or change service. These same terms are available to subscribers during the annual recertification process as outlined in Commission rules that govern continued subscriber eligibility.
4. Boomerang's Lifeline service can be terminated at any time by either party without an early termination fee. Service is dependent on continued eligibility in the program.
5. Boomerang provides disclosures, minutes included in Lifeline plans, expiration of plan minutes, availability of service, and cost for additional minutes in all published Lifeline advertising materials.
6. Boomerang customers are provided options if they exceed the number of minutes provided in their Lifeline plan. Customers can purchase standard top up plans at thousands of local retail establishments and through customer service. Plan descriptions are available on the company website at www.entouchwireless.com.
7. Boomerang's toll-free customer service number is 866-488-8719. Customers can reach customer service by dialing 611 from their enTouch phone. Customers can also contact Boomerang via email at support@entouchwireless.com or by US mail. This information is provided in the terms of service and on the company website and in all information provided to subscribers.
8. Boomerang responds to all consumer inquiries and complaints received from government agencies within 30 days.
9. Boomerang has procedures in place to maintain the privacy of subscriber proprietary information in accordance with applicable federal and state laws.
10. At service initiation, Boomerang requests that subscribers "Opt In" to receive free notifications regarding activation status, balance alerts, etc. Customers can also decline to receive these messages and notices by "Opting Out". If a subscriber chooses to decline free notifications they will receive only those Lifeline notifications required by the FCC such as the 30-day non-usage notice, the recertification notices, etc. The customer cannot opt out of the required FCC notifications.

FCC Form 481
Section 600 - Functionality in Emergency Situations

Under FCC Rules, an ETC must demonstrate its ability to remain functional in emergency situations. Since Boomerang Wireless, LLC d/b/a enTouch Wireless (Boomerang) is providing service to its customers through the use of facilities obtained from other carriers, it is able to provide to its customers the same ability to remain functional in emergency situations as currently provided by the carriers to their own customers, including access to a reasonable amount of back-up power to ensure functionality without an external power source, re-routing traffic around damaged facilities, and the capability of managing traffic spikes resulting from emergency situations.

Boomerang, along with their underlying carriers, have created back-up systems to ensure functionality in the event of a loss of power or network functionality. Boomerang's support facilities are housed in a carrier-class data center with fully redundant power and HVAC, a controlled temperature and humidity environment, fire-threat detection and suppression, year-round critical monitoring, and secure access with biometric security. The facility features redundant generators and redundant fiber optic connectivity. The data center is a reinforced concrete building located in a secure area and collocated with the area electrical generation plant. All systems within the facility are implemented on redundant servers, each with redundant data network and power.