MEMORANDUM

DATE: June 23, 2021

TO: Steven Kahl, North Dakota Public Service Commission

FROM: Julie Lizotte, SRT Communications, Inc. Director of Regulatory Affairs

SUBJECT: SRT Communications, Inc. FCC Form 481, Program Year 2022

Please find attached SRT Communications, Inc. FCC Form 481, Carrier Annual Reporting for the 2022 Program Year.

If you have any questions, please feel free to contact me at julieel@srttel.com or 701-858-5233.

Thank you,

Julie Lizotte

3 PU-21-21 Filed 06/24/2021 Pages: 26
Copy of Annual Report FCC Form 481
SRT Communications, Inc.

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	383303
<015>	Study Area Name	SRT COMMUNICATIONS
<020>	Program Year	2022
<030>	Contact Name: Person USAC should contact with questions about this data	Julie Lizotte
<035>	Contact Telephone Number: Number of the person identified in data line <030>	7018585233 ext.
<039>	Contact Email Address: Email of the person identified in data line <030>	julieel@srttel.com
	Form Type	54.313 and 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	383303
<015>	Study Area Name	SRT COMMUNICATIONS
<020>	Program Year	2022
<030>	Contact Name - Person USAC should contact regarding this data	Julie Lizotte
<035>	Contact Telephone Number - Number of person identified in data line <030>	7018585233 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	julieel@srttel.com

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

<220>

<a> NORS Reference Number	<b1> Outage Start Date	<b2> Outage Start Time	<b3> Outage End Date	<b4> Outage End Time	<c1> Number of Customers Affected	<c2> Total Number of Customers	<d> 911 Facilities Affected (Yes / No)	<e> Service Outage Description (Check all that apply)	<f> Did This Outage Affect Multiple Study Areas (Yes / No)	<g> Service Outage Resolution	<h> 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	383303
<015>	Study Area Name	SRT COMMUNICATIONS
<020>	Program Year	2022
<030>	Contact Name - Person USAC should contact regarding this data	Julie Tizotte
<035>	Contact Telephone Number - Number of person identified in data line <030>	7018585233 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	julieel@srtcel.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	383303
<015>	Study Area Name	SRT COMMUNICATIONS
<020>	Program Year	2022
<030>	Contact Name - Person USAC should contact regarding this data	Julie Lizotte
<035>	Contact Telephone Number - Number of person identified in data line <030>	7018585239 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	julie.lizotte@srtcel.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	383303
<015>	Study Area Name	SRT COMMUNICATIONS
<020>	Program Year	2022
<030>	Contact Name - Person USAC should contact regarding this data	Julie Lizotte
<035>	Contact Telephone Number - Number of person identified in data line <030>	7018585200 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	julie@srtel.com
<600>	Certify compliance regarding ability to function in emergency situations	Yes
<610>	Descriptive document for Functionality in Emergency Situations	383303ND610.pdf

(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	383303
<015>	Study Area Name	SRT COMMUNICATIONS
<020>	Program Year	2022
<030>	Contact Name - Person USAC should contact regarding this data	Julie Lizotte
<035>	Contact Telephone Number - Number of person identified in data line <030>	7018585233 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	julieel@srttel.com

<810>	Reporting Carrier	SRT Communications, Inc.
<811>	Holding Company	SRT Communications, Inc.
<812>	Operating Company	SRT Communications, Inc.

<813>

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

-- See attached worksheet --

(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	383303
<015>	Study Area Name	SRT COMMUNICATIONS
<020>	Program Year	2022
<030>	Contact Name - Person USAC should contact regarding this data	Julie Lizotte
<035>	Contact Telephone Number - Number of person identified in data line <030>	7018585233 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	julieel@srttel.com

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

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

Turtle Mountain Band of Chippewa Indians

<920> Tribal Government Engagement Obligation

383303ND900.pdf

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

(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	383303
<015>	Study Area Name	SRT COMMUNICATIONS
<020>	Program Year	2022
<030>	Contact Name - Person USAC should contact regarding this data	Julie Lizotte
<035>	Contact Telephone Number - Number of person identified in data line <030>	7018585233 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	julieel@srttel.com

<1000>	Voice services rate comparability certification	Yes
<1010>	Attach detailed description for voice services rate comparability compliance	383303ND1010.pdf Name of Attached Document
<1020>	Broadband comparability certification	Yes - Pricing is no more than the most recent applicable benchmark announced by the Wireline Competition Bureau
<1030>	Attach detailed description for broadband comparability compliance	383303ND1030.pdf 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	383303
<015>	Study Area Name	SRT COMMUNICATIONS
<020>	Program Year	2022
<030>	Contact Name - Person USAC should contact regarding this data	Julie Lizotte
<035>	Contact Telephone Number - Number of person identified in data line <030>	7018585233 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	julieel@srttel.com

<1100>	Certify whether terrestrial backhaul options exist (Y/N)	Yes
<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	383303
<015>	Study Area Name	SRT COMMUNICATIONS
<020>	Program Year	2022
<030>	Contact Name - Person USAC should contact regarding this data	Julie Lizotte
<035>	Contact Telephone Number - Number of person identified in data line <030>	7018585233 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	julieel@srttel.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

383303ND1200.pdf

Name of Attached Document

<1220> Link to Public Website

HTTP https://www.srt.com/lifeline/

"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	383303
<015>	Study Area Name	SRT COMMUNICATIONS
<020>	Program Year	2022
<030>	Contact Name - Person USAC should contact regarding this data	Julie Lizotte
<035>	Contact Telephone Number - Number of person identified in data line <030>	7018585233 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	julieel@srttel.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	383303
<015>	Study Area Name	SRT COMMUNICATIONS
<020>	Program Year	2022
<030>	Contact Name - Person USAC should contact regarding this data	Julie Lizotte
<035>	Contact Telephone Number - Number of person identified in data line <030>	7018585233 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	julieel@srttel.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? Yes

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

(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	383303
<015>	Study Area Name	SRT COMMUNICATIONS
<020>	Program Year	2022
<030>	Contact Name - Person USAC should contact regarding this data	Julie Lizotte
<035>	Contact Telephone Number - Number of person identified in data line <030>	7018585233 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	julieel@srttel.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)}	Yes - Attach Certification	
(3010B)	Please Provide Attachment	Name of Attached Document Listing Required Information	383303ND3010b.docx
	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.	No - No New Community Anchors	
(3012B)	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(f)(1)(ii)	Name of Attached Document Listing Required Information	
(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	2020 Form479.pdf
(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)	○ ○
(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	383303
<015>	Study Area Name	SRT COMMUNICATIONS
<020>	Program Year	2022
<030>	Contact Name - Person USAC should contact regarding this data	Julie Lizotte
<035>	Contact Telephone Number - Number of person identified in data line <030>	7018585233 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	julieel@srttel.com

Financial Data Summary

(3027) Revenue	47228084
(3028) Operating Expenses	36510815
(3029) Net Income	14120397
(3030) Telephone Plant In Service(TPIS)	281819604
(3031) Total Assets	199319532
(3032) Total Debt	67414466
(3033) Total Equity	121619844
(3034) Dividends	0

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 December 2020

<010>	Study Area Code	383303
<015>	Study Area Name	SRT COMMUNICATIONS
<020>	Program Year	2022
<030>	Contact Name - Person USAC should contact regarding this data	Julie Lizcano
<035>	Contact Telephone Number - Number of person identified in data line <030>	[illegible]
<039>	Contact Email Address - Email Address of person identified in data line <030>	julieel@srtcel.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	383303
<015>	Study Area Name	ART COMMUNICATIONS
<020>	Program Year	2022
<030>	Contact Name - Person USAC should contact regarding this data	Julie Lizotte
<035>	Contact Telephone Number - Number of person identified in data line <030>	7018885233 Ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	julie@lzttc.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>	<b>	<c>
Description Of Backhaul Technology	Date Backhaul Available	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	383303
<015>	Study Area Name	SRT COMMUNICATIONS
<020>	Program Year	2022
<030>	Contact Name - Person USAC should contact regarding this data	Julie Lizotte
<035>	Contact Telephone Number - Number of person identified in data line <030>	7018585233 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	julie.l@srtte1.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	

<010>	Study Area Code	383303
<015>	Study Area Name	SKY COMMUNICATIONS
<020>	Program Year	2022
<030>	Contact Name - Person USAC should contact regarding this data	Julie Lirotte
<035>	Contact Telephone Number - Number of person identified in data line <030>	70.8282233 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	julieel@sttel.com

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

(8005) Uniedo a Puerto Rico Fixed and Mobile Funds Certification Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 December 2020

<010>	Study Area Code	383303
<015>	Study Area Name	SRT COMMUNICATIONS
<020>	Program Year	2020
<030>	Contact Name - Person USAC should contact regarding this data	Julie Lizette
<035>	Contact Telephone Number - Number of person identified in data line <030>	7019494233 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	julieel@srttel.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

(9005) Connect USVI Fixed and Mobile Funds Certification Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 December 2020

<010>	Study Area Code	383303
<015>	Study Area Name	SXT COMMUNICATIONS
<020>	Program Year	2022
<030>	Contact Name - Person USAC should contact regarding this data	Julie Lizotte
<035>	Contact Telephone Number - Number of person identified in data line <030>	7318585233 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	julieel@sxttel.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	383303
<015>	Study Area Name	SRT COMMUNICATIONS
<020>	Program Year	2022
<030>	Contact Name - Person USAC should contact regarding this data	Julie Lizotte
<035>	Contact Telephone Number - Number of person identified in data line <030>	7018585233 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	julieel@srttel.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: SRT COMMUNICATIONS

Signature of Authorized Officer: CERTIFIED ONLINE Date 06/08/2021

Printed name of Authorized Officer: Steve Lysne

Title or position of Authorized Officer: CEO/General Manager

Telephone number of Authorized Officer: 7018585246 ext.

Study Area Code of Reporting Carrier: 383303 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	383303
<015>	Study Area Name	SRT COMMUNICATIONS
<020>	Program Year	2022
<030>	Contact Name - Person USAC should contact regarding this data	Julie Lizotte
<035>	Contact Telephone Number - Number of person identified in data line <030>	7018585233 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	julieel@srttel.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	383303
<015>	Study Area Name	SRI COMMUNICATIONS
<020>	Program Year	2022
<030>	Contact Name - Person USAC should contact regarding this data	Julie Lizotte
<035>	Contact Telephone Number - Number of person identified in data line <030>	7018982233 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	julieee@uxtte[illegible].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

(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	383303
<015>	Study Area Name	SRT COMMUNICATIONS
<020>	Program Year	2022
<030>	Contact Name - Person USAC should contact regarding this data	Julie Lizotte
<035>	Contact Telephone Number - Number of person identified in data line <030>	7018585233 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	julieel@srttel.com

<810>	Reporting Carrier	SRT Communications, Inc.
<811>	Holding Company	SRT Communications, Inc.
<812>	Operating Company	SRT Communications, Inc.

<813>

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