DOCKET NO. UM 1822

Cover Sheet for Submission of 2017 Annual ETC Certification Reports

Name of Eligible Telecommunications Carrier: BODMERANG WIRELESS, LLC
Filing date: 71117
Is this: Original submission?OR
Revised submission?
Person to contact for questions:
Name Julia Ledman Carter
Phone number 319-294-6080
E-mail address <u>regulatory Centouchwireless</u> . Com
Documents included in this filing (please check applicable items):
CAF/ICC Support (47 CFR § 54.304)
Rate Floor Data (47 CFR § 54.313(h))
Form 481 (High-cost per 47 CFR § 54.313, Low-income per 54.422) ¹
HUBB Portal Broadband Information ²
Form 690 (Mobility Fund per 47 CFR § 54.1009)
Affidavit for High-Cost Support

Filing deadlines: The Oregon deadlines for filing items required by 47 CFR § 54 are the same as the deadlines for filing with the FCC. The notarized affidavit for high-cost support must be filed no later than the due date for the FCC Form 481. Based on current information, it appears that all items other than CAF/ICC support data are due by <u>July 3</u>, <u>2017</u>. The CAF/ICC support data is due on the same day as the ETC's <u>interstate access tariff filing</u> (see FCC DA 17-258 for dates).

¹ Lifeline-only ETCs must provide all information specified in 47 CFR § 54.422(b) even if the ETC does not submit this information to the FCC.

² Federal Price Cap carriers only.

DOCKET NO. UM 1822

If revisions to an original submission are filed with the FCC or USAC, a copy of the revisions must be filed with the Oregon Commission no later than five business days following submission to the FCC or USAC.

FILING INSTRUCTIONS

Please file submissions for this year in Docket No. <u>UM 1822</u>. Include this cover sheet with each filing to indicate which documents are included. Please fill in all relevant items of information on the cover sheet.

Filings must be electronically submitted to the PUC Filing Center. You may e-mail documents to puc.filingcenter@state.or.us. Please note that the upload process is no longer an option for filing. See the PUC website for further instructions. If selected portions of documents are to receive confidential treatment, those portions should not be filed electronically. You may electronically file redacted versions of documents containing confidential information, but then follow-up by sending full versions including confidential information printed on yellow paper.

After filing electronically, please send two hard copies of the filing package (cover sheet and filed information) to the PUC Filing Center. Be sure to include the original affidavit with the raised seal or notary's mark evident. Hard copies of confidential material should be filed in accordance with confidential designation requirements described in OAR 860-001-0070.

Regular delivery methods may be used to send all hard copy documents; overnight or express delivery is not necessary. Please send hard copy documents to the Filing Center via US mail using the following post office box address:

Public Utility Commission of Oregon Attn: Filing Center PO Box 1088 Salem, OR 97308-1088

If you send hard copy documents via means other than the US Postal Service, use the following address:

Public Utility Commission of Oregon Attn: Filing Center 201 High Street SE, Suite 100 Salem, OR 97301

If you have any questions regarding the reporting requirements, please contact Kay Marinos at 503-378-6730 or send an e-mail to Kay.Marinos@state.or.us.



June 26, 2017

Public Utility Commission of Oregon PO Box 1088 Salem, OR 97308-1088

RE: Project No. 1768 – Lifeline Certification on FCC Form 481 – Carrier Annual Reporting Data Collection Form on behalf of Boomerang Wireless, LLC d/b/a enTouch Wireless

Dear Chief Clerk,

Pursuant to FCC requirements under 47 C.F.R. § 54.422, enclosed please find for filing in the above-referenced docket a copy of Boomerang Wireless, LLC d/b/a enTouch Wireless' FCC Form 481 – Carrier Annual Reporting Data Collection Form. An extra copy of this letter is enclosed to be date-stamped and returned to us in the self- addressed, postage-paid envelope.

The following information is no longer required to be reported to the FCC on Form 481 but we are providing to the Commission as a supplement to the filing:

- Outages None
- Complaints per 1,000 customers for fixed voice None
- Complaints per 1,000 customers for mobile voice –None
- Service Quality Standards & Consumer Protection Rules Boomerang remains in compliance with Service Quality Standards & Consumer Protection Rules.
- Functionality in Emergency Situations – Boomerang remains in compliance with Service Quality Standards & Consumer Protection Rules.

If you have any questions regarding this filing, please contact me at (319) 294-6080 or regulatory@entouchwireless.com

Respectfully submitted,

Julia Redman Carter

Regulatory & Compliance Officer

Boomerang Wireless, LLC d/b/a enTouch Wireless

Enclosures

FCC For	m 481 - Carrier Annual Reporting Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	539015	
<015>	Study Area Name	Boomerang Wireless LLC	
<020>	Program Year	2018	
<030>	Contact Name: Person USAC should contact with questions about this data	Julia Redman Carter	To Recognize
<035>	Contact Telephone Number: Number of the person identified in data line <030>	3192946080 ext.	
<039>	Contact Email Address: Email of the person identified in data line <030>	regulatory@entouchwireless.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 July 2013

<015> Study Area Name Boomerang Wireless LLC	
<015> Study Area Name Boomerang Wireless LLC	
<020> Program Year 2018	
<030> Contact Name - Person USAC should contact regarding this data Julia Redman Carter	
<035> Contact Telephone Number - Number of person identified in data line <030> 3192946080 ext.	
<039> Contact Email Address - Email Address of person identified in data line <030> regulatory@entouchwireless.com	

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

<220>

<a>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<c1></c1>	<c2></c2>	<d>></d>	<e></e>	<₽	<g></g>	<h>></h>
NORS Reference Number		Outage Start Time		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
	<u> </u>							<u> </u>			
		<u> </u>						-			
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	1		<u></u>							<u> </u>	<u> </u>

(300) Um Data Coll	(300) Unfuffilled Service Request Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
₽	<a>O10> Study Area Code	539015	
4015	<015> Study Area Name	Boomerang Wireless LLC	
<020>	<020> Program Year	2018	
& & &	<030> Contact Name • Person USAC should contact regarding this data	Julia Rodman Cartor	
935	<035> Contact Telephone Number - Number of person identified in data line <030>	3192946080 ext.	
<039	<039> Contact Email Address - Email Address of person identified in data line <030>	regulatory@entouchwireless.com	
<3005>	<300> Unfulfilled service request (voice)		
<310>1	<310> Detail on attempts (voice)		
		Name of Attached Document	
<320>	<320> Unfuffilled service request (broadband)		
63.9¢	<330> Detail on attempts (broadband)		
		Name of Attached Document	

Page 3

(400) Number of Complaints per 1,000 customers	 -	:		FCC Form 481
Data Collection Form				OMB Control No. 3060-0936/OMB Control No. 3060-0819
				July 2013

<010>	Study Area Code	\$39015	
<015>	Study Area Name	Boomerang Wireless LLC	
<020>	Program Year	2014	
<030>	Contact Name - Person USAC should conta	act regarding this data	a Rodwan Carter
<035>	Contact Telephone Number - Number of p <030>	erson identified in data line	3192946080 axt.
<039>	Contact Email Address - Email Address of p <030>	person identified in data line	regulatory@entouchwireless.com
<400>	Select from the drop-down list to indicate voice complaints (zero or greater) for voice calendar year for each service area in whic any facilities you own, operate, lease, or or	e telephony service in the pric h you are designated an ETC (
<410>	Complaints per 1000 customers for fixed v	roice	
<420>	Complaints per 1000 customers for mobile	• voice	
<430>	Select from the drop-down list to indicate end-user customer complaints (zero or gre the prior calendar year for each service are an ETC for any facilities you own, operate,	eater) for broadband service it ea in which you are designate	n
<440>	Complaints per 1000 customers for fixed b	roadband	
<450>	Complaints per 1000 customers for mobile	e broadband	

-	pliance With Service Quality Standards and Consumer Protection Rules ection Form		FCC Form 481. OMB Control No. 3060-0986/OMB Control No. 3060-0819 My 2013
⊲010>	Study Area Code	539015	
4015>	Study Area Name	Boomerang Wireless LLC	
4020>	Program Year	2016	
<030>	Contact Name - Person USAC should contact regarding this data	Julia Redman Certor	
<035>	Contact Telephone Number - Number of person identified in data line <030>	1192946080 ext.	"
4039>	Contact Email Address - Email Address of person identified in data line <030>	regulatory@entouchwireless.com	
<so></so>	Certify compilance with applicable service quality standards and consumer pro	otection rules	
<510> (Descriptive document for Service Quality Standards & Consumer Protection Ru	fes Compliance	
<515> 0	ertify compliance with applicable minimum service standards		

(600) Functionality in Emergency Situations	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010> Study Area Code	519015
<015> Study Area Name	Roomerana Wireless LLC
<020> Program Year	2019

	rice Offerings including Voice Rate Data ollection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	539015	
<015>	Study Area Name	Boomerang Wireless LLC	
<020>	Program Year	2018	
<030>	Contact Name - Person USAC should contact regarding this data	Julia Redman Carter	
<035>	Contact Telephone Number - Number of person identified in dat	ta line <030> 3192946080 ext.	
<039>	Contact Email Address - Email Address of person identified in da	ta line <030> regulatory@entouchwireless.com	
<701> <702>	Residential Local Service Charge Effective Date 1/1/20: Single State-wide Residential Local Service Charge	17	

<703>

State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	state Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fe
	1					-		
					-			
-								
-								
				-			-	

10) Br	(710) Broadbrand Price Offerings						FCC Form 481	1481	
ata Co	Data Collection Form						OMB Cont July 2013	rol No. 3060-0986,	OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code		53	539015					
<015>	Study Area Name		B	Boomerang Wireless LLC	s LLC				
<020>	Program Year			2018					
<030>		Contact Name - Person USAC should contact regarding this data	this data	Julia Redman Carter	ırter				
<035>		Contact Telephone Number - Number of person identified in data line <030>	ed in data line <030>	3192946080 ext.					
039>	Contact Email Address - Er	<039> Contact Email Address - Email Address of person identified in data line <030>	ied in data line <030>	regulatory@entouchwireless.com	uchwireless.com				
<711>	<a1>></a1>	<92>	<61>	<	9	<1b>	<d2>></d2>	< (43)	<d4>></d4>
	State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rate and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached {select}
				T					

	erating Companies ection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	539015	
<015>	Study Area Name	Boomerang Wireless LLC	
<020>	Program Year	2018	
<030>	Contact Name - Person USAC should contact regarding this data	Julia Redman Carter	
<035>	Contact Telephone Number - Number of person identified in data line <030>	3192946080 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	regulatory@entouchwireless.com	
<810>	Reporting Carrier Boomerang Wireless, LLC dba enTouch Wireless		

<811> Holding Company

<812> Operating Company

HH Ventures, LLC

enTouch Wireless

<a1></a1>	<a2></a2>	<a3></a3>
Affiliates	SAC	Doing Business As Company or Brand Designation
(
·		

(900) Tril	oal Lands Reporting		FCC Form 481
CORP. LANCE OF THE PARTY OF THE	ection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819
			July 2013
<010>	Study Area Code	539015	
<015>	Study Area Name	Boomerang Wireless LLC	
<020>	Program Year	2018	
<030>	Contact Name - Person USAC should contact regarding this data	Julia Redman Carter	
<035>	Contact Telephone Number - Number of person identified in data line <030>	3192946080 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	regulatory@entouchwireless.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 Attack	ned Document
If your	company serves Tribal lands, please select (Yes,No, NA) for each these boxes		
	rm the status described on the attached PDF, on line 920,		
	trates coordination with the Tribal government pursuant to	Select	
	B(a)(9) includes:	Yes or No or	
<921>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions.	Not Applicable	
<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.		
-3237	compliance with final pushess and decrising requirements.		

			rage	11
(1000) V	pice and Broadband Service Rate Comparability		FCC Form 481	
Data Coll	ection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819	
			July 2013	
<010>	Study Area Code	539015		
<015>	Study Area Name	Boomerang Wireless LLC		
<020>	Program Year	2018		
<030>	Contact Name - Person USAC should contact regarding this data	Julia Redman Carter		_
<035>	Contact Telephone Number - Number of person identified in data line <030>	3192946080 ext.		_
<039>	Contact Email Address - Email Address of person identified in data line <030>	regulatory@entouchwireless.com		
<1000>	Voice services rate comparability certification			
<1010>	Attach detailed description for voice services rate comparability compliance			
		Name of Attached Docum	ent	
<1020>	Broadband comparability certification			
<1030>	Attach detailed description for broadband comparability compliance			
		Name of Attached Docur	nent	

	o Terrestrial Backhaul Reporting lection Form	FCC Forn OMB Co July 2013	ntrol No. 3060-0986/OMB Control No. 3060-0819
<010>	Study Area Code	39015	
<015>	Study Area Name	Boomerang Wireless LLC	
<020>	Program Year	2018	
<030>	Contact Name - Person USAC should contact regarding this data	Julia Redman Carter	
<035>	Contact Telephone Number - Number of person identified in data line <030>	3192946080 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	regulatory@entouchwireless.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 lupstream within the supported area pursuant to § 54.313(g).	bps	

Lifeline	rms and Condition for Lifeline Customers ection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	539015	
<015>	Study Area Name	Boomerang Wireless LLC	
<020>	Program Year	2018	
<030>	Contact Name - Person USAC should contact regarding this data	Julia Redman Carter	
<035>	Contact Telephone Number - Number of person identified in data line <030>	3192946080 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	regulatory@entouchwireless.com	
<1210>	Terms & Conditions of Voice Telephony Lifeline Plans	N	ame of Attached Document
<1220>	Link to Public Website HTTP ht	ttps://www.entouchwireless.com/	
or the we	heck these boxes below to confirm that the attached document(s), on line 1210, ibsite listed, on line 1220, contains the required information pursuant to (a)(2) annual reporting for ETCs receiving low-income support, carriers must 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) Pi	rice Cap Carrier Additional Documentation		FCC Form 481
Data Col	lection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819
Including	Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers		July 2013
<010>	Study Area Code	539015	
<015>	Study Area Name	Boomerang Wireless LLC	
<020>	Program Year	2018	
<030>	Contact Name - Person USAC should contact regarding this data	Julia Redman Carter	
<035>	Contact Telephone Number - Number of person identified in data line <030>	3192946080 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	regulatory@entouchwireless.com	

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

Incremental Connect America Phase I reporting

<2011>	3rd Year Certification 47 CFR §54.313(b)(1)(ii) - Note that for the July 2017 certification, this applies to Round 2 recipients of		
<2022>	Incremental Support. Recipient certifies, representing year three after filing a notice of acceptance of funding pursuant to 54.312(c), that the locations in question are not receiving support under the Broadband Initiatives		
<2023>	Program or the Broadband Technology Opportunities Program for projects that will provide broadband with speeds of at least 4 Mbps/1Mbps - 54.313(b)(2)(i). Round 2 recipients only. The attachment on line 2024 includes a statement of the total amount of capital funding expended in the previous year in meeting Connect America Phase I deployment obligations, accompanied by a list of		
<2024A>	census blocks indicating where funding was spent. This covers year three - 54.313(b)(2)(ii). Round 2 recipients only. Round 2 Recipient of Incremental Support?		
<2024B>	Attach list of census blocks indicating where funding was spent in year three - 54.313(b)(2)(ii). Round 2 recipients only.	Name of Attached Document Listing Required Information	
<2025A>	Round 2 Recipient of Incremental Support?	Required information	
<2025B>	Attach geocoded Information for Phase I milestone reports (Round 2 for year three) - Connect America Fund , WC Docket 10-90, Report and Order, FCC 13-73, paragraph 35 (May 22, 2013).	Name of Attached Document Listing Required Information	
<2015>	2016 and future Frozen Support Certification 47 CFR § 54.313(c)(4)		

ata Collection Fo			060-0986/OMB Control No. 3060-0819
cluding Rate-of-	Return Carriers affiliated with Price Cap Local Exchange Carriers	July 2013	
-	Carrier Connect America ICC Support {47 CFR § 54.313(d)}		
<2016>	Certification support used to build broadband		
Connect	America Phase II Reporting (47 CFR § 54.313(e))		
<2017A>	Connect America Fund Phase II recipient?		
<2017C>	Total amount of Phase II support, if any, the price cap carrier used for capital expenditures in 2016.		
<2018>	Attach the number, names, and addresses of community anchor 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)		

					Page 16
(3005) Rate (Data Collecti	Of Return Carrier Additional Documentation on Form				FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
	Shirt Area Code				
<010>	Study Area Code		539015	Winels	aga II.C
<015>	Study Area Name Program Year		2018	ng Wirele	ess LLC
<030>	Contact Name - Person USAC should contact regarding this d	212		, ,	
00140020			Victoria de Andrea de Propositiones de Companyo de Proposition de Companyo de Compan	edman Car	rter
<035>	Contact Telephone Number - Number of person identified in	data line <030>	31929460	Managara Salah	uchwireless.com
<039>	Contact Email Address - Email Address of person identified in	n data line <030>	regulat	orywencod	ICHWITETESS.COM
financial r	m the drop down menu or check the boxes below to eporting requirements set forth in 47 CFR 54.313(f)(below is accurate.	note complianc 2). I further cer	e with 54.313(i	f)(1). Privately h formation repor	neld carriers must ensure compliance with the ted on this form and in the documents
(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 Attach	ned Document Li	sting Required	
(3012A)	Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))	mormation			
(3012B)	Please Provide Attachment	Name of Attach	ned Document Li	sting Required	
(3013)	Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))	(Yes/No)	0	0	
(3014)	If yes, does your company file the RUS annual report	(Yes/No)	O	O	
(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				
(3016)	Borrowers) 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	Name of Attack Information	ned Document Li	sting Required	
(3018)	documentation 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) O	0	
(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.				

Name of Attached Document Listing Required

Information

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

Attach the worksheet listing required information

(3025)

(3026)

(3005) Rate Of Return Carrier Additional Documentation (Continued)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	539015
<015>	Study Area Name	Boomerang Wireless LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Julia Redman Carter
<035>	Contact Telephone Number - Number of person identified in data line <030>	3192946080 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	regulatory@entouchwireless.com

Financial Data Summary	
(3027) Revenue	
(3028) Operating Expenses	7. 1
(3029) Net Income	
(3030) Telephone Plant In Service(TPIS)	
(3031) Total Assets	
(3032) Total Debt	
(3033) Total Equity	
(3034) Dividends	

Study Area Code	539015
Study Area Name	Boomerang Wireless LLC
Program Year	2018
Contact Name - Person USAC should contact regarding this data	Julia Redman Carter
Contact Telephone Number - Number of person identified in data line <030>	
Contact Email Address - Email Address of person identified in data li	ne <030> regulatory@entouchwireless.com
	Study Area Name Program Year Contact Name - Person USAC should contact regarding this data Contact Telephone Number - Number of person identified in data lir

4005 Rural Broadband Experiment

Authorized Rural Broadband Experiment (RBE) recipients must address the certification for public interest obligations, provide a list of newly served community anchor institutions, and provide a list of locations where broadband has been deployed.

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

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

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

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

4003a. RBE participants must provide the number, names, and addresses of community anchor institutions to which they newly deployed broadband service in the preceding calendar year. On this line, please respond (yes – attach new community anchors, no – no new anchors) to indicate whether this list will be provided.

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

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

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

4004a. Attach a list of geocoded locations to which broadband has been deployed as of the June 1st immediately preceding the July 1st filing deadline for the FCC Form 481.

Name of Attached Document Listing Required Information

4004b. Attach evidence demonstrating that the recipient is meeting the relevant public service obligations for the identified locations. Materials speed and data usage allowances available in the relevant geographic area.

must at least detail the pricing, offered broadband Name of Attached Document Listing Required Information

Certification - Reporting Carrier	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	539015
<015>	Study Area Name	Boomerang Wireless LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Julia Redman Carter
<035>	Contact Telephone Number - Number of person identified in data line <030>	3192946080 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	regulatory@entouchwireless.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

l 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 06/23/2017

Printed name of Authorized Officer: Kimberley Lehrman

Title or position of Authorized Officer: President

Telephone number of Authorized Officer: 3197434616 ext.

Study Area Code of Reporting Carrier: 539015 Filling Due Date for this form: 07/03/2017

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 2013

<010>	Study Area Code	539015
<015>	Study Area Name	Boomerang Wireless LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Julia Redman Carter
<035>	Contact Telephone Number - Number of person identified in data line <030>	3192946080 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	regulatory@entouchwireless.com

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

I certify that (Name of Agent)	is authorized to submit the information reported on behalf of the reporting ca	rrier. I
also certify that I am an officer of the reporting carrier; m agent; and, to the best of my knowledge, the reports and	sponsibilities include ensuring the accuracy of the annual data reporting requirements provided to the author a provided to the authorized agent is accurate.	zed
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:	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent A	Authorized to File Annual Reports for CAF or LI Recipie	ents on Behalf of Reporting Carrier
	orized to submit the annual reports for universal service support eporting carrier; and, to the best of my knowledge, the informat	
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 Ag	ent:	
	Filing Due Date for this form:	