



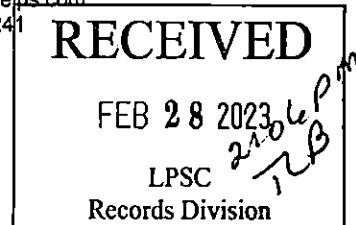
OC! AV  
Phelps Dunbar LLP  
11 City Plaza  
400 Convention Street  
Suite 1100  
Baton Rouge, LA 70802  
225 346 0285

February 28, 2023

35224-0001

Paul F. Guarisco  
Partner  
paul.guarisco@phelps.com  
Direct 225 376 0241

Terri Lemoine Bordelon  
Louisiana Public Service Commission  
Galvez Building, 12th Floor  
602 North Fifth Street  
Baton Rouge, LA 70802



Re: Docket No. S-36480, LBH, LLC, ex parte, In Re: Application for expansion of Eligible Telecommunications Carrier Designation for Lifeline-Only.

Dear Terri:

Pursuant to Ordering Clause #2 of Commission Order No. S-36480, dated December 27, 2022, issued in the above-referenced docket, enclosed are three copies of LBH, LLC's latest FCC Form 481 as proof of compliance therewith.

LBH respectfully requests that the Commission accept the enclosed as compliance with said Order, and that this matter be closed.

Should you have questions regarding the enclosed, please let us know.

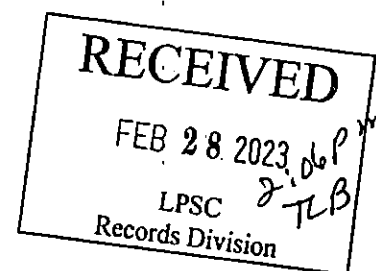
Sincerely,

Paul F. Guarisco

Copy: Arvind Viswanathan  
Marty Meche

**FCC Form 481 - Carrier Annual Reporting  
Data Collection Form**FCC Form 481  
OMB Control No. 3050-0925/OMB Control No. 3060-0819  
December 2020

<010>	Study Area Code	279014
<015>	Study Area Name	LBH, LLC
<020>	Program Year	2023
<030>	Contact Name: Person USAC should contact with questions about this data	Marty Meche
<035>	Contact Telephone Number: Number of the person identified in data line <030>	3375838353 ext.
<039>	Contact Email Address: Email of the person identified in data line <030>	marty.meche@cantel.com
	Form Type	54.313 and 54.422



<010>	Study Area Code	2790314
<015>	Study Area Name	LBH, LLC
<020>	Program Year	2023
<030>	Contact Name - Person USAC should contact regarding this data	Matty Meche
<035>	Contact Telephone Number - Number of person identified in data line <030>	3375030353 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	matty.meche@camtel.com

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

[illegible]

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

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

<010>	Study Area Code	279014
<015>	Study Area Name	LBH, LLC
<020>	Program Year	2023
<030>	Contact Name - Person USAC should contact regarding this data	Marty Meche
<035>	Contact Telephone Number - Number of person identified in data line <030>	3375838353 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	marty.mech@centel.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

<01>	Study Area Code	219014
<015>	Study Area Name	LSN, LLC
<02>	Program Year	2023
<030>	Contact Name - Person USAC should contact regarding this data	Marty Meche
<035>	Contact Telephone Number - Number of person identified in data line <030>	3375638353 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	marty.mech@cantel.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	279014
<015>	Study Area Name	184, LLC
<020>	Program Year	2023
<030>	Contact Name - Person USAC should contact regarding this data	Matty Macho
<035>	Contact Telephone Number - Number of person identified in data line <030>	3375838353 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	matty.macho@castel.com
<600>	Certify compliance regarding ability to function in emergency situations	
<610>	Descriptive document for Functionality in Emergency Situations	

<010>	Study Area Code	279014
<015>	Study Area Name	IAH, LLC
<020>	Program Year	2023
<030>	Contact Name - Person USAC should contact regarding this data	Marty Meche
<035>	Contact Telephone Number - Number of person identified in data line <030>	3375838353 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	marty.meche@cantel.com
<810>	Reporting Carrier	
<811>	Holding Company	
<812>	Operating Company	

[illegible]

(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	279014
<015>	Study Area Name	IAH, LLC
<020>	Program Year	2023
<030>	Contact Name - Person USAC should contact regarding this data	Marty Meche
<035>	Contact Telephone Number - Number of person identified in data line <030>	3375838353 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	marty.mech@cantel.com

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

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

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:

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

Select - Yes or No or Not Applicable



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

FCC Form 481

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

December 2020

<010>	Study Area Code	279014
<015>	Study Area Name	LBH, LLC
<020>	Program Year	2023
<030>	Contact Name - Person USAC should contact regarding this data	Marty Neche
<035>	Contact Telephone Number - Number of person identified in data line <030>	337508353 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	marty.neche@cantel.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	279014
<015>	Study Area Name	LBN, LLC
<020>	Program Year	2023
<030>	Contact Name - Person USAC should contact regarding this data	Marty Meche
<035>	Contact Telephone Number - Number of person identified in data line <030>	3375838353 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	marty.mech@cantel.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	279014
<015>	Study Area Name	LBH, LLC
<020>	Program Year	2023
<030>	Contact Name - Person USAC should contact regarding this data	Marty Meche
<035>	Contact Telephone Number - Number of person identified in data line <030>	3375830353 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	marty.meche@camtel.com

**<1210> Terms & Conditions of Voice Telephony Lifeline Plans**

Name of Attached Document

&lt;1220&gt; Link to Public Website

HTTP

<https://www.camtel.com/about-camtel/lifeline-information/>

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

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

(2005) Price Cap Carrier Additional Documentation		FCC Form 481
Data Collection Form		OMB Control No: 3065-0905/OMB Control No: 3065-0819
Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers		December 2020
<010>	Study Area Code	279014
<015>	Study Area Name	LSH, LLC
<020>	Program Year	2023
<030>	Contact Name - Person USAC should contact regarding this data	Marty Meche
<035>	Contact Telephone Number - Number of person identified in data line <030>	337583833 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	marty.meche@cantel.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 2021.

<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	
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<010>	Study Area Code	279014
<015>	Study Area Name	LBH, LLC
<020>	Program Year	2023
<030>	Contact Name - Person USAC should contact regarding this data	Marty Meche
<035>	Contact Telephone Number - Number of person identified in data line <030>	3375838353 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	marty.meche@camtel.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

(3003) Rate of Return Carrier Additional Documentation Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 December 2020
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<010>	Study Area Code	279014
<015>	Study Area Name	LBH, LLC
<020>	Program Year	2023
<030>	Contact Name - Person USAC should contact regarding this data	Marty Meche
<035>	Contact Telephone Number - Number of person identified in data line <030>	3375838353 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	marty.meche@camtel.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 Rate-of-Return Community Anchor Institutions	Name of Attached Document Listing Required Information	<input type="text"/>
(3012A)	Indicate if the carrier newly deployed broadband service to community anchor institution(s) in the previous calendar year.		
(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	<input type="text"/>
(3013)	Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))	(Yes/No)	<input type="radio"/> <input type="radio"/>
(3014)	If yes, does your company file the RUS annual report 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:	(Yes/No)	<input type="radio"/> <input type="radio"/>
(3015)	Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)		<input type="checkbox"/>
(3016)	Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	Name of Attached Document Listing Required Information	<input type="text"/>
(3018)	If the response is no on line 3014, Is your company audited? If the response is yes on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:	(Yes/No)	<input type="radio"/> <input type="radio"/>
(3019)	Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers		<input type="checkbox"/>
(3020)	Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3021)	Management letter and/or audit opinion issued by the independent certified public accountant that performed the company's financial audit. If the response is no on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:		<input type="checkbox"/>
(3022)	Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers		<input type="checkbox"/>
(3023)	Underlying information subjected to a review by an independent certified public accountant		<input type="checkbox"/>
(3024)	Underlying information subjected to an officer certification.		<input type="checkbox"/>
(3025)	Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3026)	Attach the worksheet listing required information	Name of Attached Document Listing Required Information	<input type="text"/>

(3005) Data Of Return Carrier Additional Documentation (Continued)	
Data Collection Form	
FCC Form 481	OMB Control No. 3060-0386/OMB Control No. 3060-0319
December 2020	

<01D> Study Area Code	279014
<01S> Study Area Name	LBH, LLC
<02D> Program Year	2023
<03D> Contact Name - Person USAC should contact regarding this data	Matty Meche
<03S> Contact Telephone Number - Number of person identified in data line <03D>	3375838353 ext.
<03P> Contact Email Address - Email Address of person identified in data line <03D>	matty.meche@centel.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	

<b>(4005) Rural Broadband Experiment Additional Documentation</b> Data Collection Form	<b>FCC Form 481</b> QMB Control No. 3060-0986/QMB Control No. 3060-0819 December 2020
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<010>	Study Area Code	279014
<015>	Study Area Name	LBH, LLC
<020>	Program Year	2023
<030>	Contact Name - Person USAC should contact regarding this data	Marty Meche
<035>	Contact Telephone Number - Number of person identified in data line <030>	2025010000
<039>	Contact Email Address - Email Address of person identified in data line <030>	marty.meche@cantel.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.: 3060-0936/OMB Control No.: 3060-0519  
December 2020

<010>	Study Area Code	279014
<015>	Study Area Name	IBN, LLC
<020>	Program Year	2023
<030>	Contact Name - Person USAC should contact regarding this data	Marty Meche
<035>	Contact Telephone Number - Number of person identified in data line <030>	3375839353 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	marty.mechec@castel.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 performance plans that it relies exclusively on satellite backhaul for a certain portion of the population in its service area, indicate whether any terrestrial backhaul or other satellite backhaul became commercially available in the previous calendar year in areas that were previously served exclusively by satellite backhaul. | (Yes/No) |

[illegible]

### Alaska Plan Mobile Carriers' Reasonably Comparable Rate Demonstration

- |         |  |          |
|---------|--|----------|
| (5014a) | <p>Answer yes or no if mobile carriers receiving support from the Alaska Plan can demonstrate compliance at the end of the five-year milestone (2022) by showing that your required stand-alone voice plan, and one service plan that offers broadband data services, if you offer such plans, are:</p> <ul style="list-style-type: none"> <li>• Substantially similar to a service plan offered by at least one mobile wireless service provider in the cellular market area (CMA) for Anchorage, Alaska, and</li> <li>• Offered for the same or a lower rate than the matching plan in the CMA for Anchorage.</li> </ul> | (Yes/No) |
|---------|--|----------|

## Alaska Plan Mobile Carriers' Reasonably Comparable Rate Demonstration Attachment

- (5014b) If 'Yes' is selected for 5014a, attach a document demonstrating compliance with the 5-year milestone. If 'No' is selected for 5014a, attach an explanation of non-compliance.

(6005) Phase II Auction Reporting Data Collection Form	FCC Form 481 OMB Control No. 3050-0586/OMB Control No. 3050-0819 December 2020
---	--

<010>	Study Area Code	279014
<015>	Study Area Name	LBH, LLC
<020>	Program Year	2023
<030>	Contact Name - Person USAC should contact regarding this data	Marty Weche
<035>	Contact Telephone Number - Number of person identified in data line <030>	3375038353 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	marty.weche@comcast.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, no, or not applicable 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, no, or not applicable) 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. 3060-0386/OMB Control No. 3060-0319 December 2020
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<010>	Study Area Code	279014
<015>	Study Area Name	LOH, LLC
<020>	Program Year	2023
<030>	Contact Name - Person USAC should contact regarding this data	Marty Meche
<035>	Contact Telephone Number - Number of person identified in data line <030>	3375838353 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	marty.meche@cantel.com

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

(8005) Uniendo a Puerto Rico Fixed and Mobile Funds Certification Data Collection Form	FCC Form 481 OMB Control No. 3050-0986/OMB Control No. 3050-0819 December 2020
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<010>	Study Area Code	279014
<015>	Study Area Name	LBH, LLC
<020>	Program Year	2023
<030>	Contact Name - Person USAC should contact regarding this data	Marty Meche
<035>	Contact Telephone Number - Number of person identified in data line <030>	3312626252 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	marty.mech@cantel.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.

**<8012b> 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)(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

(9009) 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
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<010>	Study Area Code	279014
<015>	Study Area Name	LSR, LLC
<020>	Program Year	2023
<030>	Contact Name - Person USAC should contact regarding this data	Marty Meche
<035>	Contact Telephone Number - Number of person identified in data line <030>	3375839353 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	marty.meche@cantel.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.

Please Provide Attachment

<9012b> 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.

<b>(10005) Rural Digital Opportunity Fund Certification</b> <b>Data Collection Form</b>	<b>FCC Form 481</b> <b>OMB Control No. 3060-0986/OMB Control No. 3060-0819</b> <b>December 2020</b>
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<010>	Study Area Code	279014
<015>	Study Area Name	LBH, LLC
<020>	Program Year	2023
<030>	Contact Name - Person USAC should contact regarding this data	Matty Meche
<035>	Contact Telephone Number - Number of person identified in data line <030>	3375036353 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	matty.meche@cantel.com

#### RDOF Capital Expenditures

- <10010> Starting the first July 1st after receiving support until the July 1st after the recipient's support term has ended, recipients of Rural Digital Opportunity Fund support must submit the total amount of support, if any, the recipient used for capital expenditures in the previous calendar year. This is required by 47 C.F.R. § 54.313(e)(2)(i)(B).

#### RDOF Available Funds Certification

- <10011> Please provide a response (either yes or no) to this certification request for any recipient of Rural Digital Opportunity Fund support that 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, as required by required by 47 C.F.R. § 54.313(e)(2)(ii).

#### RDOF Community Anchor Institutions

- <10012a> Recipients of Rural Digital Opportunity Fund support must attach a list containing the number, names, and addresses of community anchor institutions to which the eligible telecommunications carrier newly began providing access to broadband service in the preceding calendar year. This filing is required by 47 C.F.R. § 54.313(e)(2)(i)(A).

#### Please Provide Attachment

- <10012b> 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

#### RDOF FCC Form 470 Postings

- <10013> For the filing due July 1st following full implementation of this requirement, please provide a response (either yes, no, or not applicable) to this certification request. Recipients of Rural Digital Opportunity Fund must respond affirmatively that they 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 (as described in § 54.501) located within any area in a census block where the carrier is receiving Rural Digital Opportunity Fund, and that such bids were at rates reasonable comparable to rates charged to eligible schools and libraries in urban areas for Instructions for Completing FCC Form 481 OMB Control No. 3060-0986 (High-Cost) OMB Control No. 3060-0819 (Low-Income) November 2020 Page 44 comparable offerings. This filing is required by 47 C.F.R. § 54.313(e)(2)(i)(C). This certification will not be required until the July 1st following the E-Rate program year that this obligation has been fully implemented. Modernizing the E-Rate Program for Schools and Libraries et al., WC Docket. Nos. 13-184, 10-90, 29 FCC Rcd 15538, 15566-67, para. 72 (2014).

#### RDOF Post-Final Deployment Milestone Performance Certification

- <10014> Starting the first July 1st after a Rural Digital Opportunity Fund recipient meets its final service milestone until the July 1st after the support recipient's support term has ended, please provide a response (either yes, no, or not applicable) that the Rural Digital Opportunity Fund-funded network that the support recipient operated in the prior year meets the relevant performance requirements in 47 C.F.R. § 54.309. This filing is required by 47 C.F.R. § 54.313(e)(2)(iii).

<b>Certification - Reporting Carrier Data Collection Form</b>	<b>FCC Form 481</b> OMB Control No. 3060-0986/OMB Control No. 3060-0819 December 2020
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<010> Study Area Code	279014
<015> Study Area Name	LBH, LLC
<020> Program Year	2023
<030> Contact Name - Person USAC should contact regarding this data	Marty Meche
<035> Contact Telephone Number - Number of person identified in data line <030>	3375838353 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	marty.meche@cantel.com

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

<b>Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients</b>	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
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.	

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0935/OMB Control No. 3060-0819 December 2020
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<010> Study Area Code	279014
<015> Study Area Name	LBH, LLC
<020> Program Year	2023
<030> Contact Name - Person USAC should contact regarding this data	Marty Meche
<035> Contact Telephone Number - Number of person identified in data line <030>	3375838353 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	marty.meche@cantel.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: LBH, LLC	
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: 279014	Filing Due Date for this form: 08/01/2022
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: LBH, LLC	
Name of Authorized Agent Firm: _____	
Signature of Authorized Agent or Employee of Agent: _____	Date: 05/25/2022
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: 279014	Filing Due Date for this form: 08/01/2022
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. 3060-0985/OMB Control No. 3060-0819 December 2020
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<010>	Study Area Code	279014
<015>	Study Area Name	LEN, LLC
<020>	Program Year	2023
<030>	Contact Name - Person USAC should contact regarding this data	Marcy Meche
<035>	Contact Telephone Number - Number of person identified in data line <030>	3375838353 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	marcy.mechelcantel.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.

Please Provide Waiver Document  
Allowable File Type (pdf only)

Name of Attached Document Listing Required  
Information

I certify that no Federal subsidy made available through a program administered by the Commission that provides funds to be used for the capital expenditures necessary for the provision of advanced communications services has been or will be used to purchase, rent, lease, or otherwise obtain, any covered communications equipment or service, or maintain any covered communications equipment or service previously purchased, rented, leased, or otherwise obtained, as required by 47 C.F.R. § 54.10.

Please Provide Waiver Document  
Allowable File Type (pdf only)

Name of Attached Document Listing Required  
Information

## Attachments

None, TLB