

SCRPS Status Update

FCC Form 5640

OMB Control No. 3060-1270

File No. SC-SU0002522

Applicant Information

Applicant FRN 0007435902 Applicant Address P.O. Box 478
Applicant Name AST Telecom, LLC d/b/a Blue Applicant City Pago Pago
Applicant Email jtuiasosopo@blueskypacificgr Applicant State AS
Applicant Phone 6846992759 Applicant ZIP Code 96799

Contact Information

Is the contact the same as the contact listed on the Application Request for Funding Allocation? If not, please list below.

Contact Name Sam Hariton Contact Address 4031 University Drive, 2nd Floor
Contact Email sc.external.rfi.bluesky@widelit Contact City Fairfax
Contact Phone 703-239-3299 Contact State VA
Contact ZIP Code 22030

*Indicate which deadline you are meeting with this filing.

2024-04-08

Explanation of Effort and Availability of Commercial Equipment

*Provide an explanation of efforts undertaken, and challenges encountered, in permanently removing, replacing, and disposing of covered communications equipment or service.

Yes, my company has conducted work on the removal of covered equipment since submittal of the last form. We have turned off covered equipment services across all RAN Sites. Physical removal of the covered equipment has commenced and is at 2%. We have scheduled to physically remove all sites by May 2024. No, my company has not conducted work on the disposal of covered equipment since the submittal of the last form. We are in the process of removing the equipment and disposal will begin once we complete removal of all covered equipment. Yes, my company has conducted work on the replacement of covered equipment and services since the submittal of the last form. New equipment is fully installed at all sites. Migration to new network will be completed at 100% by May 2024.

*Explain whether you are finding commercially available equipment in the marketplace. If not, then explain efforts taken to obtain replacement equipment.

Yes, we are finding that equipment and services are commercially available.

* If there is additional information relevant to the preceding questions or that you believe the Commission should be aware of, please include the information below.

Program Compliance

*Indicate whether recipient has fully complied with (or is in the process of complying with) all requirements of the Reimbursement Program.

Yes No

*Indicate whether recipient has permanently removed from its communications network all covered communications equipment or services that were in the recipient's network as of the date of the submission of the recipient's application request for funding.

Yes No

If recipient has not yet completed the removal process, what estimated percentage of the removal process have you completed?

2

*Indicate whether recipient has replaced all covered communications equipment or services that were in the recipient's network as of the date of the submission of the recipient's application request for funding.

Yes No

If recipient has not yet completed the replacement process, what estimated percentage of the replacement process have you completed?

75

*Indicate whether recipient has disposed of all covered communications equipment or services that were in the recipient's network as of the date of the submission of the recipient's application request for funding.

Yes No

If recipient has not yet completed the disposal process, what estimated percentage of the disposal process have you completed?

0

*Indicate whether recipient has fully complied with (or is in the process of complying with) the timeline submitted by the recipient. If not, provide explanation for deviation.

Yes No

*The filer has indicated no to a question in this section, please provide additional information.

The new network was available for initial commercial launch in Q1/2024 as against Q2/2023 which was the preliminary target during the original 5640 application process when discussions with the vendor were still in progress. Supply chain issues and a lack of funding have both impeded AST Telecom LLC's ability to complete this project in the time and manner we had originally hoped for. We are working diligently taking the most appropriate approaches and actions to complete the project.

Certifications

*By checking the box and providing the electronic signature where indicated below, the Certifying Official on behalf of the filer certifies under penalty of perjury that:

(1) The Certifying Official is authorized to submit this status report on behalf of the above-named filer and, based on information known to me or provided to me by employees responsible for the information being submitted, the information set forth in this status report has been examined and is true, accurate, and complete, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. The Certifying Official acknowledges that any false, fictitious, or fraudulent information or statement, or the omission of any material fact on this status report or on any other document submitted by the filer may subject the filer and the undersigned to punishment by fine or forfeiture under the Communications Act (47 U.S.C. §§ 502, 503(b), 1606), or fine or imprisonment under Title 18 of the United States Code (18 U.S.C. § 1001, §§ 286-287, and § 1343), or can lead to liability under the False Claims Act (31 U.S.C. §§ 3729-3733, and §§ 3801-3812). (2) The filer is in compliance with the statute, rules, and orders governing the Reimbursement Program, including but not limited to allocations, draw downs, payments, obligations and expenditures of money, and the Certifying Official acknowledges that failure to be in compliance and remain in compliance with those statutes, rules, and orders may result in the denial of funding, cancellation of funding commitments, and/or recoupment of past disbursements. The Certifying Official acknowledges that the filer will maintain detailed records, including receipts, of all costs eligible for reimbursement actually incurred for a period of 10 years; and will file all required documentation for its expenses. The Certifying Official acknowledges that failure to comply with the statute, rules, and orders governing the Reimbursement Program could result in civil or criminal prosecution by law enforcement authorities.

Certifier Information

Certifier Signature	Justin Tuiasosopo	Certifier Phone	6846992759
Certifier Name	Justin Tuiasosopo	Certifier Email	jtuiasosopo@blueskypacificgrc
Certifier Title	CEO		
Date Signed	2024-04-03		