

SCRPS Status Update

FCC Form 5640

OMB Control No. 3060-1270

File No. SC-SU0003288

Applicant Information

Applicant FRN	0007117237	Applicant Address	2919 Isaacs Ave
Applicant Name	PocketiNet Communications I	Applicant City	Walla Walla
Applicant Email	todd@pocketinet.com	Applicant State	WA
Applicant Phone	5095265026	Applicant ZIP Code	99362

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	Jarred Thornton	Contact Address	2919 Isaacs Ave
Contact Email	jthornton@pocketinet.net	Contact City	Walla Walla
Contact Phone	5099563056	Contact State	WA
		Contact ZIP Code	99362

*Indicate which deadline you are meeting with this filing.

2025-04-03

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.

PocketiNet has received ONT/OLT equipment and has replaced 100% of that equipment. We received microwave equipment and have replaced 100% of the links. We received core routers and switching and are currently in the process configuring and replacing equipment. We have completed ~60% of the core routers and switches. All the removed equipment has been inventoried, stored securely, as we complete the final few hardware replacements and will then be shipped for disposal.

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

We are finding commercially available equipment in the marketplace. We have ordered the bulk of our equipment at this point.

* 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?

96

*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?

96

*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.

We are still in the process of completing our SCRP obligations. We are still working towards fully completing this program while remaining within our allocated resources.

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

Jarred Thornton

Certifier Phone 509.956.3056

Certifier Name Jarred Thornton

Certifier Email jthornton@pocketinet.net

Certifier Title Network Manager

Date Signed 2025-04-04