SCRPStatus Update

FCC Form 5640

OMB Control No. 3060-1270

File No. SC-SU0001825

Applicant Information

Applicant FRN 0017413329 Applicant Address 810 N Street Suite 203

Applicant Name Windy City Cellular Applicant City Anchorage

Applicant Email Imayes@adaktu.net Applicant State AK

Applicant Phone 9072220844 Applicant ZIP Code 99501

Contact Information

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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 Dr.,2nd Floor

Contact Email sc.external.rfi.adak@widelity.c Contact City Fairfax

Contact Phone 703-560-1750 Contact State VA

Contact ZIP Code 22030

2023-07-10

^{*}Indicate which deadline you are meeting with this filing.

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.

No, my company has not conducted work on the removal of covered equipment since the submittal of the last form. We have not removed equipment due to access to our remote location and upfront costs before work starts. No, my company has NOT conducted work on the disposal of covered equipment since the submittal of the last form. We have not yet removed our equipment. Yes, my company has conducted work on the replacement of covered equipment and services since the submission of the last form. We are in the process of ordering replacement equipment and removal will be starting imminently.

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

No, we are not finding that equipment and services are commercially available. We are reviewing alternative options.

* 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.

Not at this time.

Explanation for timeline Deviation: We have not yet met all benchmarks laid out in the timeline, and we anticipate that the timeline no longer accurately reflects our project plan.

ProgramCompliance
*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 recipients 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?
0
*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?
0
*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.	

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 abovenamed 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 Larry Mayes Certifier Phone 907-222-0844

Certifier Name Larry Mayes Certifier Email Imayes@adaktu.net

Certifier Title President/CEO

Date Signed 2023-07-10