

Apr 3, 2025

Stealth Communications (FRN 0021929807)

WC Docket No. 18-89

**Re: Request for Term Extension & confidential treatment pursuant to 47 C.F.R. § 0.457 and § 0.459**

Stealth Communications ("Stealth", "Company") respectfully requests that segments of the information submitted herewith be granted confidential treatment.

The Company requests that such information be held in strict confidence pursuant to 47 C.F.R. § 0.457 and § 0.459 of the Commission's rules and not be made available for public inspection.


Stealth is furnishing sensitive business information that is confidential and proprietary to the Company as "trade secrets and commercial or financial information" under 47 C.F.R. § 0.457(d). Public disclosure of this information would reveal sensitive financial, operational, and procedural information essential to the Company's confidential and proprietary business operations, thereby negatively impacting the Company's competitive position with respect to other network operators and vendors.

Confidential treatment is being requested for the following SCRP document:

- File No: SC-SU0003281, Required Filing Date 2025-04-03

I have enclosed a redacted copy of the filing for your review. Thank you for taking the time to consider this matter.

Sincerely,



Shrihari Pandit, Member

Stealth Communications

spandit@stealth.net

+1-212-232-2020

## SCRPS Status Update

FCC Form 5640

OMB Control No. 3060-1270

File No. SC-SU0003281

### Applicant Information

Applicant FRN 0021929807

Applicant Address 209 West 29th Street

Applicant Name Stealth Communications

Applicant City New York

Applicant Email spandit@stealth.net

Applicant State NY

Applicant Phone 2122322020

Applicant ZIP Code 10001

### 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 Shrihari Pandit

Contact Address 209 West 29th Street, Suite 6308

Contact Email spandit@stealth.net

Contact City New York

Contact Phone 212-232-2025

Contact State NY

Contact ZIP Code 10001

\*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.

### Availability of Commercial Equipment

(1) [REDACTED]: We've [REDACTED] of [REDACTED] for [REDACTED] deployment. [REDACTED] as of [REDACTED]. These [REDACTED], and while [REDACTED] our [REDACTED] work, [REDACTED] when we [REDACTED] this [REDACTED]. We [REDACTED] and [REDACTED] needed.

[REDACTED] and [REDACTED]  
(2) [REDACTED] — [REDACTED]: This [REDACTED] the [REDACTED] we're [REDACTED] through. The [REDACTED] this [REDACTED] have [REDACTED] by the [REDACTED] to [REDACTED] in [REDACTED] their [REDACTED] with [REDACTED] operating [REDACTED] which [REDACTED] as [REDACTED] specifications. [REDACTED] we're [REDACTED] many of [REDACTED] in [REDACTED] where [REDACTED]. Our [REDACTED] are [REDACTED] to [REDACTED] and [REDACTED] to [REDACTED] progress [REDACTED] to [REDACTED] them [REDACTED] and [REDACTED] on [REDACTED]. Please note: [REDACTED] for [REDACTED] as [REDACTED] and [REDACTED] to [REDACTED] ( [REDACTED] is [REDACTED] on a [REDACTED] basis [REDACTED], it's [REDACTED] style.)

[REDACTED] we [REDACTED] of [REDACTED], we [REDACTED] the [REDACTED] the [REDACTED] to [REDACTED] and [REDACTED] the [REDACTED] To be clear [REDACTED] at this [REDACTED] has been [REDACTED] to have [REDACTED] been [REDACTED] ... [REDACTED] have [REDACTED] from [REDACTED]. That [REDACTED] from [REDACTED] ( [REDACTED] ) for [REDACTED] something [REDACTED] for [REDACTED] now.

### Regulatory Coordination and

(3) [REDACTED] Now [REDACTED] to [REDACTED] the [REDACTED] is [REDACTED] in [REDACTED] to [REDACTED] of [REDACTED]. This [REDACTED] As [REDACTED], we [REDACTED] to [REDACTED] (this [REDACTED]). We [REDACTED] through [REDACTED] with [REDACTED] and [REDACTED] which [REDACTED] and [REDACTED] We're [REDACTED] in the [REDACTED] as [REDACTED] to [REDACTED] and other [REDACTED] ( [REDACTED] during [REDACTED] ) [REDACTED] and [REDACTED] to [REDACTED] support [REDACTED] work.

### Additional Ongoing

(4) [REDACTED] these [REDACTED], our [REDACTED] to [REDACTED] we [REDACTED] We've [REDACTED] of [REDACTED] and have [REDACTED] the [REDACTED] at [REDACTED] We're [REDACTED] with [REDACTED] to [REDACTED] of [REDACTED] at [REDACTED]. These [REDACTED] will [REDACTED] us [REDACTED] the [REDACTED] the [REDACTED] and [REDACTED]

\*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. Lead times vary based on equipment.

\* 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?



\*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

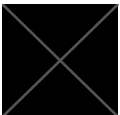
If recipient has not yet completed the replacement process, what estimated percentage of the replacement process have you completed?



\*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?



\*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.

[REDACTED] or [REDACTED]  
[REDACTED]; we [REDACTED] in the [REDACTED] the  
[REDACTED] and [REDACTED]  
(which [REDACTED])

## 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

Shrihari Pandit

Certifier Phone 212-232-2025

Certifier Name Shrihari Pandit

Certifier Email spandit@stealth.net

Certifier Title Member

Date Signed 2025-04-03