

## SCRPS Status Update

FCC Form 5640

OMB Control No. 3060-1270

File No. SC-SU0003163

### 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



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 10300 Eaton Place, Suite 440

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

Contact City Fairfax

Contact Phone 703-239-3299

Contact State VA

Contact ZIP Code 22030

\*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.

No, my company has not conducted work on the removal of covered equipment since the submittal of the last form. All Huawei equipment was removed from the 2 out of 2 sites as of September 2024. No other work was required during this 90 day period.

No, my company has not conducted work on the disposal of covered equipment since the submittal of the last form. The disposal of equipment was completed as of the last 90 day report for December 2024. The recycling company sent the certification that all equipment had been destroyed.

Yes, my company has conducted work on the replacement of covered equipment and services since the submittal of the last form. All equipment has been replaced on the 2 of the 2 sites. The replacement of the damaged antennas under warranty has been completed. The system continues to be monitored but is working fine with few issues.

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

We are finding that some equipment and services are commercially available, and some are not. WCC had to seek out other vendors to find equipment that would be available in a timely manner. The process did delay the project by several months.

\* 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.

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. We are currently gathering the final information from vendors as well as collecting data for internal expenses. The process is taking more time than expected.

## 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      Larry Mayes

Certifier Phone      907-222-0844

Certifier Name      Larry Mayes

Certifier Email      lmayes@adaktu.net

Certifier Title      President

Date Signed      2025-03-27