

Marguerite McLean

From: Heather Kirby <hkirby@telecomcounsel.com>
Sent: Wednesday, October 16, 2013 2:33 PM
To: Filings@psc.state.fl.us
Cc: etclifelineforms@cgminc.com
Subject: COPY OF FCC FORM 481 - Global Connection Inc. of America
Attachments: FL FILED 481 Global 2013.pdf

- 1) Submitted by:
Heather Kirby
etclifelineforms@cgminc.com
1725 Windward Concourse, Suite 150
Alpharetta, GA 30005
- 2) Undocketed
- 3) On behalf of Global Connection Inc. of America
- 4) 15 pages
- 5) Pursuant to 47 C.F.R. 54.422, attached please find a copy of Global Connection Inc. of America's FCC Form 481

Regards,

Heather Kirby
Regulatory Specialist
Lance J.M. Steinhart, P.C.
Attorneys at Law
1725 Windward Concourse
Suite 150
Alpharetta, GA 30005
(770) 232-7805 (Direct)
(678) 237-5372 (Cellular)
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Expert Telecom Compliance, Inc.

1725 Windward Concourse

Suite 150

Alpharetta, Georgia 30005

October 16, 2013

VIA ELECTRONIC DELIVERY

Florida Public Service Commission
2540 Shumard Oak Blvd.
Tallahassee, FL 32399-0850

Re: Copy of FCC Form 481
Global Connection Inc. of America

To Whom It May Concern:

Pursuant to 47 C.F.R. § 54.422, enclosed please find for filing a copy of Global Connection Inc. of America's FCC Form 481.

If you have any questions or if I may provide you with additional information, please do not hesitate to contact me at 770-232-7805 or hkirby@telecomcounsel.com.

Respectfully submitted,

s/

Heather Kirby, Regulatory Specialist
Expert Telecom Compliance, Inc.

Enclosures

cc: Bill Moran

FCC Form 481 - Carrier Annual Reporting Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	219016
<015> Study Area Name	Global Connection Inc of America
<020> Program Year	2014
<030> Contact Name: Person USAC should contact with questions about this data	Heather Kirby
<035> Contact Telephone Number: Number of the person identified in data line <030>	(770) 232-7805
<039> Contact Email Address: Email of the person identified in data line <030>	etclifelineforms@cgminc.com

ANNUAL REPORTING FOR ALL CARRIERS	54.313 Completion Required	54.422 Completion Required
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			(check box when complete)	
<100>	Service Quality Improvement Reporting	<i>(complete attached worksheet)</i>		
<200>	Outage Reporting (voice)	<i>(complete attached worksheet)</i>		<input checked="" type="checkbox"/>
<210>	<input checked="" type="checkbox"/> <-- check box if no outages to report			
<300>	Unfulfilled Service Requests (voice)			
<310>	Detail on Attempts (voice)	<i>(attach descriptive document)</i>		
<320>	Unfulfilled Service Requests (broadband)			
<330>	Detail on Attempts (broadband)	<i>(attach descriptive document)</i>		
<400>	Number of Complaints per 1,000 customers (voice)			<input checked="" type="checkbox"/>
<410>	Fixed	0.0		
<420>	Mobile	0.0		
<430>	Number of Complaints per 1,000 customers (broadband)			
<440>	Fixed			
<450>	Mobile			
<500>	Service Quality Standards & Consumer Protection Rules Compliance	<i>(check to indicate certification)</i>		<input checked="" type="checkbox"/>
<510>		<i>(attached descriptive document)</i>		
<600>	Functionality in Emergency Situations	<i>(check to indicate certification)</i>		<input checked="" type="checkbox"/>
<610>		<i>(attached descriptive document)</i>		
<700>	Company Price Offerings (voice)	<i>(complete attached worksheet)</i>		
<710>	Company Price Offerings (broadband)	<i>(complete attached worksheet)</i>		
<800>	Operating Companies and Affiliates	<i>(complete attached worksheet)</i>		<input checked="" type="checkbox"/>
<900>	Tribal Land Offerings (Y/N)?	<i>(if yes, complete attached worksheet)</i>		
<1000>	Voice Services Rate Comparability	<i>(check to indicate certification)</i>		
<1010>		<i>(attach descriptive document)</i>		
<1100>	Terrestrial Backhaul (Y/N)?	<i>(if not, check to indicate certification)</i>		
<1110>		<i>(complete attached worksheet)</i>		
<1200>	Terms and Condition for Lifeline Customers	<i>(complete attached worksheet)</i>		<input checked="" type="checkbox"/>

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>		<i>(check to indicate certification)</i>		
<2005>		<i>(complete attached worksheet)</i>		

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000>		<i>(check to indicate certification)</i>		
<3005>		<i>(complete attached worksheet)</i>		

**(100) Service Quality Improvement Reporting
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	219016
<015>	Study Area Name	Global Connection Inc of America
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Heather Kirby
<035>	Contact Telephone Number - Number of person identified in data line <030>	(770) 232-7805
<039>	Contact Email Address - Email Address of person identified in data line <030>	etclifelineforms@cgminc.com

<110>	Has your company received its ETC certification from the FCC?	(yes / no) <input type="radio"/> <input type="radio"/>
<111>	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes / no) <input type="radio"/> <input type="radio"/>

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Name of Attached Document (.pdf)

Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

- <113> Maps detailing progress towards meeting plan targets
- <114> Report how much universal service (USF) support was received
- <115> How (USF) was used to improve service quality
- <116> How (USF) was used to improve service coverage
- <117> How (USF) was used to improve service capacity
- <118> Provide an explanation of network improvement targets not met in the prior calendar year.

<input type="checkbox"/>

(900) Tribal Lands Reporting Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	219016
<015>	Study Area Name	Global Connection Inc of America
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Heather Kirby
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<039>	Contact Email Address - Email Address of person identified in data line <030>	etclifelineforms@cgminc.com

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions;
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select (Yes,No, NA)

**(1100) No Terrestrial Backhaul Reporting
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	219016
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<020>	Program Year	2014
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<1120> Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G)

<1130> Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G)

(1200) Terms and Condition for Lifeline Customers
Lifeline
Data Collection Form

FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

<010>	Study Area Code	219016
<015>	Study Area Name	Global Connection Inc of America
<020>	Program Year	2014
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<039>	Contact Email Address - Email Address of person identified in data line <030>	etclifelineforms@cgminc.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of attached document (.pdf)

<1220> Link to Public Website

HTTP <http://www.connectwithglobal.com/en/tariffs.aspx>

"Please check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- <1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,
- <1222> Details on the number of minutes provided as part of the plan,
- <1223> Additional charges for toll calls, and rates for each such plan.

(2000) Price Cap Carrier Additional Documentation Data Collection Form <i>Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers</i>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	219016
<015>	Study Area Name	Global Connection Inc of America
<020>	Program Year	2014
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<039>	Contact Email Address - Email Address of person identified in data line <030>	etclifelineforms@cgminc.com

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

- <2010>
2nd Year Certification (47 CFR § 54.313(b)(1))
- <2011>
3rd Year Certification (47 CFR § 54.313(b)(2))

Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))

- <2012>
2013 Frozen Support Certification
- <2013>
2014 Frozen Support Certification
- <2014>
2015 Frozen Support Certification
- <2015>
2016 and future Frozen Support Certification

Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))

- <2016>
Certification Support Used to Build Broadband

Connect America Phase II Reporting (47 CFR § 54.313(e))

- <2017>
3rd year Broadband Service Certification
- <2018>
5th year Broadband Service Certification
- <2019>
Interim Progress Certification
- <2020>
Please check the box to confirm that the attached PDF , on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.
- <2021>
Interim Progress Community Anchor Institutions

Name of Attached Document Listing Required Information _____

(3000) Rate Of Return Carrier Additional Documentation	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010> Study Area Code	219016	
<015> Study Area Name	Global Connection Inc of America	
<020> Program Year	2014	
<030> Contact Name - Person USAC should contact regarding this data	Heather Kirby	
<035> Contact Telephone Number - Number of person identified in data line <030>	(770) 232-7805	
<039> Contact Email Address - Email Address of person identified in data line <030>	etclifelineforms@cqminc.com	

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

Progress Report on 5 Year Plan

<p>(3010) Milestone Certification (47 CFR § 54.313(f)(1)(i)) Please check this box to confirm that the attached PDF, on line 3012, contains the required information pursuant to § 54.313 (f)(1)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.</p>	<p>Name of Attached Document Listing Required Information</p> <p>_____</p>	<p><input type="checkbox"/></p>
<p>(3012) Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii)) (3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2)) (3014) If yes, does your company file the RUS annual report Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires: Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)</p>	<p>Name of Attached Document Listing Required Information</p> <p>_____</p>	<p><input type="checkbox"/> (Yes/No) <input type="checkbox"/> (Yes/No)</p>
<p>(3015) PDF of Balance Sheet, Income Statement and Statement of Cash Flows (3016) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation (3017) If the response is no on line 3014, Is your company audited? If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:</p>	<p>Name of Attached Document Listing Required Information</p> <p>_____</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p>
<p>(3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications (3020) PDF of Balance Sheet, Income Statement and Statement of Cash Flows (3021) Management letter issued by the independent certified public accountant that performed the company's financial audit. If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains: Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers, (3022) Underlying information subjected to a review by an independent certified public accountant (3023) Underlying information subjected to an officer certification. (3024) PDF of Balance Sheet, Income Statement and Statement of Cash Flows (3025) Attach the worksheet listing required information</p>	<p>Name of Attached Document Listing Required Information</p> <p>_____</p>	<p><input type="checkbox"/></p>
<p>(3026) Attach the worksheet listing required information</p>	<p>Name of Attached Document Listing Required Information</p> <p>_____</p>	<p><input type="checkbox"/></p>

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	219016
<015> Study Area Name	Global Connection Inc of America
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	Heather Kirby
<035> Contact Telephone Number - Number of person identified in data line <030>	(770) 232-7805
<039> Contact Email Address - Email Address of person identified in data line <030>	etclifelineforma@cgminc.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	219016
<015>	Study Area Name	Global Connection Inc of America
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Heather Kirby
<035>	Contact Telephone Number - Number of person identified in data line <030>	(770) 232-7805
<039>	Contact Email Address - Email Address of person identified in data line <030>	etclifelineforms@cgminc.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
<p>I certify that (Name of Agent) <u>Expert Telecom Compliance Inc.</u> is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.</p>	
Name of Authorized Agent:	Expert Telecom Compliance Inc.
Name of Reporting Carrier:	Global Connection Inc of America
Signature of Authorized Officer:	CERTIFIED ONLINE Date: 10/14/2013
Printed name of Authorized Officer:	Edward Smith
Title or position of Authorized Officer:	CFO
Telephone number of Authorized Officer:	678-741-6253
Study Area Code of Reporting Carrier:	219016 Filing Due Date for this form: 10/15/2013
<p style="font-size: small;">Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
<p>I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.</p>	
Name of Reporting Carrier:	Global Connection Inc of America
Name of Authorized Agent or Employee of Agent:	Expert Telecom Compliance, Inc.
Signature of Authorized Agent or Employee of Agent:	CERTIFIED ONLINE Date: 10/14/2013
Printed name of Authorized Agent or Employee of Agent:	Heather Kirby
Title or position of Authorized Agent or Employee of Agent:	Regulatory Specialist
Telephone number of Authorized Agent or Employee of Agent:	(770) 232-7805
Study Area Code of Reporting Carrier:	219016 Filing Due Date for this form: 10/15/2013
<p style="font-size: small;">Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>	

Attachments