

SCRPS Status Update

FCC Form 5640

OMB Control No. 3060-1270

File No. SC-SU0002805

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.

2024-07-08

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 ~90% of that equipment. We received microwave equipment and have replaced 100% of the links. We are still in the process of procuring core routers and switching.

*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 are seeing 6-10 weeks for Core routers and switches.

* 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?

87

*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?

86

*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. Due to delays with modification, reimbursement approvals, payout we have had to limit our liabilities and the process is taking longer than anticipated. We have applied and been given a 6 month extension.

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	5099563056
Certifier Name	Jarred Thornton	Certifier Email	jthornton@pocketinet.net
Certifier Title	Network Manager		
Date Signed	2024-07-10		