

MEMORANDUM

TO: Community Technology and Telecommunications Commission

FROM: John Speirs, Program Manager, Office of Telecom & Regulatory Affairs

DATE: July 11, 2018

SUBJECT: Request for Information on City of Austin Wireless Small Cell Permitting

The purpose of this memorandum is to provide the Commission with requested information on City of

Austin Wireless Small Cell Permitting.

- City of Austin Wireless Telecommunications website: http://austintexas.gov/department/wireless-telecommunications
- Pole Attachment Asset Map (select "Layer List" and select "Pole Attachments"): http://austin.maps.arcgis.com/apps/webappviewer/index.html?id=c9bda776b1934e439285570b29d3259c
- Wireless Provider Questionnaires Submitted: (Attachment A)

The objective of this memorandum serves information dissemination for Commission review, please contact (Rondella Hawkins <u>Rondella.Hawkins@austintexas.gov</u> 512.974.2422 or April Oldag <u>April.Sellers@austintexas.gov</u> or 512.974.3430) if you have any questions.

cc: Rondella Hawkins, Officer, Telecommunications & Regulatory Affairs
April Oldag, Project Coordinator, Telecommunications & Regulatory Affairs
Jesse Rodriguez, Business Process Specialist, Telecommunications & Regulatory Affairs

Required Information Related to

Eligibility for Network Providers Proposing Use of Right-of-Way for Network Node, Node Support Pole or Transport Facility

INSTRUCTIONS:

Company is required to provide the following information, including a schedule of projected facility installations and a network node deployment plan for the coming calendar year. Quarterly updates of the plan are required including the status of completed installations and the number, type and estimated date for projected installations. THIS IS NOT AN APPLICATION FORM FOR A PERMIT OR ATTACHMENT LICENSE.

DATE OF SUBMITTAL: 12/15/2017			
COMPANY INFORMATION:			
AT&T Mobility Corporation			
Company's Legal Name (Owner of Facilities)			
New Cingular Wireless PCS, LLC			
Mailing Address	City	State	. Zip
1010 N. St Mary's St, San Antonio		TX	78215
Physical Address (if different from mailing address) City	State	e Zip
Primary Business (area code) Telephone #	24-H	our Emergency Phor	ne#
	800-83	32-6662 or 800-6	38-2822
Toll-free customer service number	Primary e	e-mail address	
800-832-6662 or 800-638-2822			
Designated primary authorized representative	Title	Phone #	Email
Nasser Midamba	Project Manager	804-615-4175	nm200m@att.com
Designated secondary authorized representative	Title	Phone #	Email
Nasser Midamba	Project Manager	804-615-4175	nm200m@att.com
Designated regulatory contact	Title	Phone #	Email
Nasser Midamba	Project Manager	804-615-4175	nm200m@att.com
Designated complaint contact	Title	Phone #	Email
Nasser Midamba	Project Manager	804-615-4175	nm200m@att.com
Primary emergency contact	Title	Phone #	Email
Network Operations Center		800-832-6662	
Secondary emergency contact	Title	Phone #	Email
N/A			
Operation and policy migration contact	Title	Phone #	Email

APPLICANT ELIGIBILITY INFORMATION:	
Is your Company authorized to do business in the State of T	exas? (Please check one) 🔽 Yes 🔲 No
	icate of authority to do business in the State of Texas. S Company conduct business in the State of Texas?
Company is a "network provider" under Sec. 284.002(13) of the following) either (1) a wireless service provider, or (facilities on behalf of a wireless service provider.	the Texas Local Government Code as (check one of 2) builder or installer of wireless network
 If (1), provide Company's valid state and/or fede operate, or maintain wireless facilities as wireless se 	ral licenses and authorizations necessary to install, ervice provider.
wireless services showing that the Company as age	vith a wireless service provider authorized to provide ent for building or installing facilities on behalf of the e wireless service provider's valid state and/or federal ervices.
PLEASE SUBMIT ALL PROJECT INFORMATION THAT APPLIES AT TO DATE AND FOR THE NEXT TWELVE MONTHS IN AUSTIN F	
Network Node(s): Completed = 0	Planned next 12 mos. <u>30</u>
Node Support Pole(s): Completed = $\frac{0}{1}$	Planned next 12 mos. 0
Transport Facility (Aerial/Underground): Completed = $\frac{N/A}{A}$	Planned next 12 mos. N/A
Colocation on Pole:	
Streetlight pole: Completed = $\frac{0}{0}$	Planned next 12 mos. 0
Distribution pole: Completed = $\frac{0}{1}$	Planned next 12 mos. 30

Traffic Signal Pole: Completed = $\frac{0}{1}$

Company may not assign or transfer (in part or in whole) ownership to any of Company's installations without the written consent of the City of Austin. Any assignment or transfer of ownership or responsibility to any of Company's installations shall require Company's successor to complete and submit to the City this form and

Planned next 12 mos. 30

EXECUTION

The undersigned authorizes the City of Austin to verify any and all information provided as determined necessary. In addition, the undersigned understands that failure to provide the requested information or false information on this form or related attachments may result in denial of requested permits.

THE OWNER OF THE FACILITIES, ACKNOWLEDGES BY THEIR SIGNATURES BELOW THAT THEY HAVE READ AND UNDERSTAND THE USES OF THE RIGHT-OF-WAY ORDINANCE (CITY OF AUSTIN CODE 14-11), USES OF CITY-OWNED UTILITY INFRASTRUCTURE (CITY OF AUSTIN CODE 15-7) AND OTHER PERTINENT ORDINANCES, CODES, MANUALS AND REQUIREMENTS, INCLUDING ALL INDEMNITY PROVISIONS, OR IF APPLICABLE ANY STATE LAW PROVISIONS AND THEY ACKNOWLEDGE AND AGREE TO BE BOUND BY THOSE INDEMNITY PROVISIONS. THE OWNER OF FACILITIES ACKNOWLEDGES THAT IT IS RESPONSIBLE AND LIABLE FOR ITS AGENTS, CONTRACTORS, AND SUB-CONTRACTORS. SUCH LIABILITY INCLUDES, BUT IS NOT LIMITED TO, REIMBURSEMENT FOR ALL DAMAGE TO PROPERTY, REPAIR AND REPLACEMENT OF PROPERTY TO THE SAME OR BETTER CONDITION PRIOR TO THE CONSTRUCTION. SUCH REIMBURSEMENT MAY ALSO INCLUDE, IF APPLICABLE, ADDITIONAL COST TO THE CITY FOR CITY PERSONNEL OR OTHER LAWFUL USERS OF THE RIGH-OF-WAY, RESPONDING TO EMERGENCY SITUATIONS WHERE ROADBEDS, WATER OR SEWER LINES OR OTHER UTILITY LINES HAVE BEEN DAMAGED AS A RESULT OF THE CONSTRUCTION WORK PERFORMED.

SIGNED:	W Cinquiar Wirologo DCS LLC
Facility Owner: (Company Name)	ew Cingular Wireless PCS, LLC
By (Authorized Representative): (Signa	ture)
Authorized Representative Printed Nar	Masser Midamba
Title: Project Manager	
E-mail address: nm200m@at	t.com

STATE OF TEXAS **COUNTY OF TRAVIS**

BEFORE ME, the undersigned on this day personally appeared

NASSER MIDAMBA, Project Manager (Names and Titles).

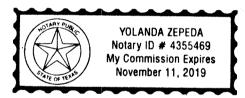
and attested that they are authorized to sign on behalf of the company shown above and proved to me through the presentation of a valid Texas Driver's License to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that they executed the same for the purposes and consideration therein expressed. They furthermore attested that they are signing this document in their capacity as shown in the above set out Titles for and on behalf of the Company as shown above, and that such capacity makes their signatures valid and binding to said Company.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, this 19th day of December 2017.

John Mary Of Public Notary Of Public 11

My Commission Expires: //////9

Notary Public, in and for the State of Texas



Required Information Related to

Eligibility for Network Providers Proposing Use of Right-of-Way for Network Node, Node Support Pole or Transport Facility

INSTRUCTIONS:

Company is required to provide the following information, including a schedule of projected facility installations and a network node deployment plan for the coming calendar year. Quarterly updates of the plan are required including the status of completed installations and the number, type and estimated date for projected installations. THIS IS NOT AN APPLICATION FORM FOR A PERMIT OR ATTACHMENT LICENSE.

installations. This is in	OT AN APPLICATION FORINT FOR A PERIVITI OR ATTACH
DATE OF SUBMITTAL	10/17/2017

COMPANY INFORMATION:

Crown Castle NG Central LLC (Crown Castle)

Company's Legal Name (Owner of Facilities)			
2000 Corporate Drive	Canonsbu	rg PA	15317
Mailing Address	City	State	Zip
Physical Address (if different from mailing address)	City	State	Zip
(724) 416-2000	(88)	8) 632-0931	
Primary Business (area code) Telephone #	24-H	our Emergency Phon	e#
(888) 632-0931	SCN.N	OC@crowncast	le.com
Toll-free customer service number	Primary e	e-mail address	
Jacob Honeycutt	Project Manager	(972) 374-4008	jacob.honeycutt@crowncastle.com
Designated primary authorized representative	Title	Phone #	Email
Amandus Derr	Generativest Relations Manager	(917) 228-4247	Amandus.Derr@crowncastle.com
Designated secondary authorized representative	Title	Phone #	Email
Donna Neal	Regulatory Specialist	(724) 416-9948	Donna.Neal@crowncastle.com
Designated regulatory contact	Title	Phone #	Email
Small Cell Network Operations Center		(888) 632-0931	SCN.NOC@crowncastle.com
Designated complaint contact	Title	Phone #	Email
Small Cell Network Operations Center		(888) 632-0931	SCN.NOC@crowncastle.com
Primary emergency contact	Title	Phone #	Email
Small Cell Network Operations Center		(888) 632-0931	SCN.NOC@crowncastle.com
Secondary emergency contact	Titl <u>e</u>	Phone #	Email
Bruce Matthynssens	Manger (Velwork Operations	(972) 457-9114	Bruce.Matthyrssens@crowncastie.com
Operation and policy migration contact	Title	Phone #	Email

APPLICANT ELIGIBILITY INFORMATION:
s your Company authorized to do business in the State of Texas? (Please check one) 🗹 Yes 🔲 No
• If a foreign entity, provide copy of Company's certificate of authority to do business in the State of Texas
If not a foreign entity, under what authority does Company conduct business in the State of Texas Service Provider Certificate of Authority
Company is a "network provider" under Sec. 284.002(13) of the Texas Local Government Code as (check one of the following) either (1) \square a wireless service provider, or (2) $\boxed{\checkmark}$ builder or installer of wireless network facilities on behalf of a wireless service provider.
 If (1), provide Company's valid state and/or federal licenses and authorizations necessary to instal operate, or maintain wireless facilities as wireless service provider.
 If (2), provide (a) a copy of Company's agreement with a wireless service provider authorized to provid wireless services showing that the Company as agent for building or installing facilities on behalf of th wireless service provider along with (b) a copy of the wireless service provider's valid state and/or federal licenses and authorizations for providing wireless services.
PLEASE SUBMIT ALL PROJECT INFORMATION THAT APPLIES AND THAT WILL APPLY TO COMPANY'S INSTALLATION TO DATE AND FOR THE NEXT TWELVE MONTHS IN AUSTIN RIGHT-OF-WAY!
Network Node(s): Completed = 0 Planned next 12 mos. 17
Node Support Pole(s): Completed = 0 Planned next 12 mos. 0
Transport Facility (Aerial/Underground): Completed = 0 Planned next 12 mos. 19,800 ft
Colocation on Pole:
Streetlight pole: Completed = 0 Planned next 12 mos. 1

Distribution pole: Completed = 0

Traffic Signal Pole: Completed = $\frac{0}{1}$

Company may not assign or transfer (in part or in whole) ownership to any of Company's installations without the written consent of the City of Austin. Any assignment or transfer of ownership or responsibility to any of Company's installations shall require Company's successor to complete and submit to the City this form and

Planned next 12 mos. 0

Planned next 12 mos. 16

EXECUTION

The undersigned authorizes the City of Austin to verify any and all information provided as determined necessary. In addition, the undersigned understands that failure to provide the requested information or false information on this form or related attachments may result in denial of requested permits.

THE OWNER OF THE FACILITIES, ACKNOWLEDGES BY THEIR SIGNATURES BELOW THAT THEY HAVE READ AND UNDERSTAND THE USES OF THE RIGHT-OF-WAY ORDINANCE (CITY OF AUSTIN CODE 14-11), USES OF CITY-OWNED UTILITY INFRASTRUCTURE (CITY OF AUSTIN CODE 15-7) AND OTHER PERTINENT ORDINANCES, CODES, MANUALS AND REQUIREMENTS, INCLUDING ALL INDEMNITY PROVISIONS, OR IF APPLICABLE ANY STATE LAW PROVISIONS AND THEY ACKNOWLEDGE AND AGREE TO BE BOUND BY THOSE INDEMNITY PROVISIONS. THE OWNER OF FACILITIES ACKNOWLEDGES THAT IT IS RESPONSIBLE AND LIABLE FOR ITS AGENTS, CONTRACTORS, AND SUB-CONTRACTORS. SUCH LIABILITY INCLUDES, BUT IS NOT LIMITED TO, REIMBURSEMENT FOR ALL DAMAGE TO PROPERTY, REPAIR AND REPLACEMENT OF PROPERTY TO THE SAME OR BETTER CONDITION PRIOR TO THE CONSTRUCTION. SUCH REIMBURSEMENT MAY ALSO INCLUDE, IF APPLICABLE, ADDITIONAL COST TO THE CITY FOR CITY PERSONNEL OR OTHER LAWFUL USERS OF THE RIGH-OF-WAY, RESPONDING TO EMERGENCY SITUATIONS WHERE ROADBEDS, WATER OR SEWER LINES OR OTHER UTILITY LINES HAVE BEEN DAMAGED AS A RESULT OF THE CONSTRUCTION WORK PERFORMED.

SIGNED: Facility Owner: (Company Name) Crown	ny Name) Crown Castle NG Central LLC		
By (Authorized Representative): (Signature)			
Authorized Representative Printed Name: <u>Ja</u>			
Title: Project Manager	Telephone: (972) 374-4008		
E-mail address: Jacob. Honeycutto	@crowncastle.com		

STATE OF TEXAS
COUNTY OF TRAVIS

(Names and Titles),
and attested that they are authorized to sign on behalf of the company shown above and proved to me through the presentation of a valid Texas Driver's License to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that they executed the same for the purposes and consideration therein expressed. They furthermore attested that they are signing this document in their capacity as shown in the above set out Titles for and on behalf of the Company as shown above, and that such capacity makes their signatures valid and binding to said Company.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, this day of October 20 17.

Notary Public, State of Texas My Commission Expires February 03, 2019

My Commission Expires:

Notary Public, in and for the State of Texas

Required Information Related to

Eligibility for Network Providers Proposing Use of Right-of-Way for Network Node, Node Support Pole or Transport Facility

INSTRUCTIONS:

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DATE OF SUBMITTAL:	11-9-17
COMPANY INFORMATION	DN:

	(a				
Company's Legal Name ExtoNot Systems In					
ExteNet Systems, Ir	IC.	O':			
Mailing Address		City		tate 	Zip
3030 Warrenville Ro	•	Lisle		<u>IL</u>	60532
-	erent from mailing addres	s) City	S	State	Zip
same as above					
Primary Business (area o	code) Telephone #	24	1-Hour Emergency P	hone #	
1-630-505-3800		1-	-866-892-5327		
Toll-free customer servi	ce number	Primai	ry e-mail address		
1-866-892-5327		noc@ext	tenetsystems.cor	n	
Designated primary auth	norized representative	Title	Phone #	Email	
Joe Milone	Director of External R	elations	281-203-6100	jmilone@	extenetsystems.co
Designated secondary a	uthorized representative	Title	Phone #	Email	
Don Couch Directo	or, Engineering & Imp	lementation	281-979-4374	dcough@	extenetsystems.
Designated regulatory c	ontact	Title	Phone #	Email	
Heather Sandor	National Compliand	e Director	248-670-7156	hsandor(@extenetsystems.
Designated complaint co	ontact	Title	Phone #	Email	
ExteNet NOC	Network Operation	ons Center	866-892-5327	noc@exte	netsystems.com
Primary emergency con	tact	Title	Phone #	Email	
ExteNet NOC	Network Operation	ons Center	866-892-5327	noc@exte	netsystems.com
Secondary emergency co	ontact	Title	Phone #	Email	
ExteNet NOC Tier 2		Tier 2	630-245-1916	tier2noc@e	xtenetsystems.co
Operation and policy mi	gration contact	Title	Phone #	Email	

Network Operations Center 866-892-5327 noc@extenetsystems.com

ExteNet NOC

APPLICANT ELIGIBILITY INFORMATION:	
Is your Company authorized to do business in the State of Texas? (Please check one) $\boxed{\mathbb{X}}$ Yes $\boxed{\square}$ No	
 If a foreign entity, provide copy of Company's certificate of authority to do business in the State of Texas. If not a foreign entity, under what authority does Company conduct business in the State of Texas? 	
Company is a "network provider" under Sec. 284.002(13) of the Texas Local Government Code as (check one of the following) either (1) \square a wireless service provider, or (2) \square builder or installer of wireless network facilities on behalf of a wireless service provider.	
• If (1), provide Company's valid state and/or federal licenses and authorizations necessary to install, operate, or maintain wireless facilities as wireless service provider.	
• If (2), provide (a) a copy of Company's agreement with a wireless service provider authorized to provide wireless services showing that the Company as agent for building or installing facilities on behalf of the wireless service provider along with (b) a copy of the wireless service provider's valid state and/or federal licenses and authorizations for providing wireless services.	
PLEASE SUBMIT ALL PROJECT INFORMATION THAT APPLIES AND THAT WILL APPLY TO COMPANY'S INSTALLATIONS TO DATE AND FOR THE NEXT TWELVE MONTHS IN AUSTIN RIGHT-OF-WAY:	
Network Node(s): Completed = Planned next 12 mos 78	
Node Support Pole(s): Completed = 0 Planned next 12 mos 2	
Transport Facility (Aerial/Underground): Completed = 0 Planned next 12 mos. <u>Aerial 30/Underground</u>	nd 21
Colocation on Pole: Streetlight pole: Completed = 0	

Company may not assign or transfer (in part or in whole) ownership to any of Company's installations without the written consent of the City of Austin. Any assignment or transfer of ownership or responsibility to any of Company's installations shall require Company's successor to complete and submit to the City this form and

EXECUTION

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THE OWNER OF THE FACILITIES, ACKNOWLEDGES BY THEIR SIGNATURES BELOW THAT THEY HAVE READ AND UNDERSTAND THE USES OF THE RIGHT-OF-WAY ORDINANCE (CITY OF AUSTIN CODE 14-11), USES OF CITY-OWNED UTILITY INFRASTRUCTURE (CITY OF AUSTIN CODE 15-7) AND OTHER PERTINENT ORDINANCES, CODES, MANUALS AND REQUIREMENTS, INCLUDING ALL INDEMNITY PROVISIONS, OR IF APPLICABLE ANY STATE LAW PROVISIONS AND THEY ACKNOWLEDGE AND AGREE TO BE BOUND BY THOSE INDEMNITY PROVISIONS. THE OWNER OF FACILITIES ACKNOWLEDGES THAT IT IS RESPONSIBLE AND LIABLE FOR ITS AGENTS, CONTRACTORS, AND SUB-CONTRACTORS. SUCH LIABILITY INCLUDES, BUT IS NOT LIMITED TO, REIMBURSEMENT FOR ALL DAMAGE TO PROPERTY, REPAIR AND REPLACEMENT OF PROPERTY TO THE SAME OR BETTER CONDITION PRIOR TO THE CONSTRUCTION. SUCH REIMBURSEMENT MAY ALSO INCLUDE, IF APPLICABLE, ADDITIONAL COST TO THE CITY FOR CITY PERSONNEL OR OTHER LAWFUL USERS OF THE RIGH-OF-WAY, RESPONDING TO EMERGENCY SITUATIONS WHERE ROADBEDS, WATER OR SEWER LINES OR OTHER UTILITY LINES HAVE BEEN DAMAGED AS A RESULT OF THE CONSTRUCTION WORK PERFORMED.

SIGNED:	Λ
Facility Owner: (Company Name) ExteNet Systems, In	1¢. A
By (Authorized Representative): (Signature)	
Authorized Representative Printed Name:	10
Title: VP, External Relations	Telephone: 630-505-3803
E-mail address: jnoceto@extenetsystems.com	

STATE OF TEXAS COUNTY OF TRAVIS

BEFORE ME, the undersigned on this day personally appeared

Jay Noceto

VP, External Relations

(Names and Titles),

and attested that they are authorized to sign on behalf of the company shown above and proved to me through the presentation of a valid Texas Driver's License to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that they executed the same for the purposes and consideration therein expressed. They furthermore attested that they are signing this document in their capacity as shown in the above set out Titles for and on behalf of the Company as shown above, and that such capacity makes their signatures valid and binding to said Company.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, this 15th day of November 2017.

May C. Chenn

NOTARY OF PUBLIC

My Commission Expires:

9-27-20

Notary Public, in and for the State of Terms Illinois

OFFICIAL SEAL MARY C ARENA **NOTARY PUBLIC - STATE OF ILLINOIS** MY COMMISSION EXPIRES:09/27/20



TEXAS COMPTROLLER OF PUBLIC ACCOUNTS

SUSAN COMBS · COMPTROLLER · AUSTIN, TEXAS 78774

April 16, 2008

CERTIFICATE OF ACCOUNT STATUS

THE STATE OF TEXAS COUNTY OF TRAVIS

I, Susan Combs, Comptroller of Public Accounts of the State of Texas, DO HEREBY CERTIFY that according to the records of this office

EXTENET SYSTEMS INC DBA EXTENET SYSTEMS, INC.

is, as of this date, in good standing with this office having no franchise tax reports or payments due at this time. This certificate is valid through the date that the next franchise tax report will be due May 15, 2008.

This certificate does not make a representation as to the status of the entity's registration, if any, with the Texas Secretary of State.

This certificate is valid for the purpose of conversion when the converted entity is subject to franchise tax as required by law. This certificate is not valid for any other filing with the Texas Secretary of State.

GIVEN UNDER MY HAND AND SEAL OF OFFICE in the City of Austin, this 16th day of April 2008 A.D.

Susan Combs Texas Comptroller

Taxpayer number: 12238760651 File number: 0800671941

Form 05-304 (Rev. 12-07/17)



Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Application for Registration for ExteNet Systems, Inc., authorized under the name ExteNet Systems, Inc. (file number 800671941), a DELAWARE, USA, Foreign For-Profit Corporation, was filed in this office on June 22, 2006.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on April 16, 2008.



Phil Wilson Secretary of State

Pholester

TID: 10264

Dial: 7-1-1 for Relay Services Document: 212317180003

Small Cell Service Order #5

Austin Market

This SMALL CELL SERVICE ORDER, including all Exhibits attached hereto, which are incorporated herein by reference (collectively referred to as the "Small Cell Service Order"), is effective as of the date of execution by the last party to sign (the "Effective Date"), and is a Service Order for Small Cell Services under the Small Cell Service Attachment to the Master Services Agreement dated April 11, 2016 (the "Agreement") between ExteNet Systems, Inc. ("Carrier"), and T-Mobile USA, Inc., a Delaware corporation ("T-Mobile").

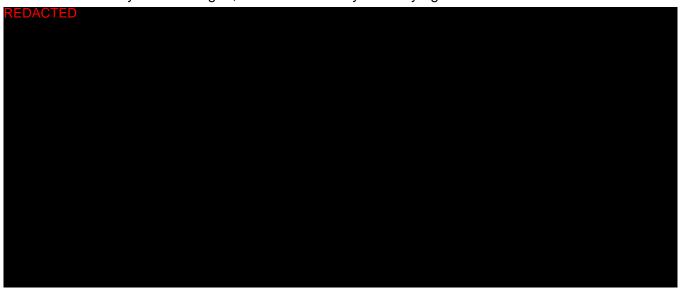
T-Mobile and Carrier are referred to herein individually as "Party" and collectively as the "Parties". All terms and conditions set forth in the Agreement shall have full force and effect unless specifically superseded by this Small Cell Service Order. Capitalized terms used herein shall, unless a specific meaning is stated herein, have the respective meanings ascribed to them in the Agreement (including the Small Cell Service Attachment).

RECITALS:

WHEREAS, T-Mobile and Carrier are parties to the Agreement;

WHEREAS, Carrier shall provide Service pursuant to the Small Cell Service Attachment, including, without limitation, the Technical Specifications to the Small Cell Service Attachment with Points of Termination between the Small Cell Locations and the T-Mobile Hub Site serving the applicable Small Cell Location; and

NOW, THEREFORE, in consideration of the foregoing and the mutual promises and covenants contained herein, and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the Parties hereby mutually agree as follows:





IN WITNESS WHEREOF, the Parties hereto have caused this Small Cell Service Order to be executed by their duly authorized representatives as of the Effective Date.

ExteNet Systems, Inc.	T-Mobile USA, Inc.
Signature: Docusigned by: AF530BE8A5240D	Signature: Docusigned by: Mille K. Kay 906460866439433
Name:	Name:
Dan Timm	Neville R. Ray
Title:	Title:
CF0	СТО
Date:	Date:
8/25/2017	8/24/2017

Docusigned by:
Legal Approval By Mark Methewlis

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8/23/2017 | 1:19 PM PDT

Required Information Related to

Eligibility for Network Providers Proposing Use of Right-of-Way for Network Node, Node Support Pole or Transport Facility

INSTRUCTIONS:

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DATE OF SUBMITTAL: 12/18/2017

COMPANY INFORMATION:

Mobilitie, LLC

Company's Legal Name (Owner of Facilities)			
1515 South Capital of Texas Highway, Suite 415	Austin	TX	78746
Mailing Address	City	State	Zip
N/A			
Physical Address (if different from mailing address)	City	State	Zip
877.999.7070	(87	7) 244-7889	
Primary Business (area code) Telephone #	24-H	our Emergency Phon	e #
1-877-244-7889	solutio	ns@mobilitie.com	m
Toll-free customer service number	Primary 6	-mail address	
Lizz Hoeninghaus	Permitting Manager	210-540-9193	EHoeninghaus@mobilitie.com
Designated primary authorized representative	Title	Phone #	Email
Josh Kubik	Network Real Estate Spc.	(936) 662-1884	jkubik@mobilitie.com
Designated secondary authorized representative	Title	Phone #	Email
Eric Andresen	Regulatory Project Mngr.	(470) 346-9358	EAndresen@mobilitie.com
Designated regulatory contact	Title	Phone #	Email
Lizz Hoeninghaus	Permitting Manager	210-540-9193	EHoeninghaus@mobilitie.com
Designated complaint contact	Title	Phone #	Email
Site Verification Support Center	N/A	(877) 244-7889	
Primary emergency contact	Title	Phone #	Email
Lizz Hoeninghaus	Permitting Manager	210-540-9193	EHoeninghaus@mobilitie.com
Secondary emergency contact	Title	Phone #	Email
Mobilitie Network Operations Center	N/A	1-877-244-7889	mnoc@mobilitie.com
Operation and policy migration contact	Title	Phone #	Email

APPLICANT ELIGIBILITY INFORMATION:		
Is your Company authorized to do business in the State of	Texas? (Please check one) 🔽 Yes 🔲 No	
는 100mm - 1 및 전문 전문 100mm 1	cificate of authority to do business in the State of Texas. Des Company conduct business in the State of Texas?	
Company is a "network provider" under Sec. 284.002(13) the following) either (1) \(\sum_{\text{a}} \) a wireless service provider, or facilities on behalf of a wireless service provider.		
 If (1), provide Company's valid state and/or fed operate, or maintain wireless facilities as wireless 	deral licenses and authorizations necessary to install, service provider.	
wireless services showing that the Company as a	t with a wireless service provider authorized to provide gent for building or installing facilities on behalf of the the wireless service provider's valid state and/or federal services.	
PLEASE SUBMIT ALL PROJECT INFORMATION THAT APPLIES TO DATE AND FOR THE NEXT TWELVE MONTHS IN AUSTIN		
Network Node(s): Completed = 0	Planned next 12 mos. 130	
Node Support Pole(s): Completed = 0	Planned next 12 mos. 50	
Transport Facility (Aerial/Underground): Completed = 0	Planned next 12 mos. 0	
Colocation on Pole:		
Streetlight pole: Completed = 0	Planned next 12 mos. 25	
Distribution pole: Completed = 0	Planned next 12 mos. 25	
Traffic Signal Pole: Completed = 0	Planned next 12 mos. 30	

Company may not assign or transfer (in part or in whole) ownership to any of Company's installations without the written consent of the City of Austin. Any assignment or transfer of ownership or responsibility to any of Company's installations shall require Company's successor to complete and submit to the City this form and

EXECUTION

The undersigned authorizes the City of Austin to verify any and all information provided as determined necessary. In addition, the undersigned understands that failure to provide the requested information or false information on this form or related attachments may result in denial of requested permits.

THE OWNER OF THE FACILITIES, ACKNOWLEDGES BY THEIR SIGNATURES BELOW THAT THEY HAVE READ AND UNDERSTAND THE USES OF THE RIGHT-OF-WAY ORDINANCE (CITY OF AUSTIN CODE 14-11), USES OF CITY-OWNED UTILITY INFRASTRUCTURE (CITY OF AUSTIN CODE 15-7) AND OTHER PERTINENT ORDINANCES, CODES, MANUALS AND REQUIREMENTS, INCLUDING ALL INDEMNITY PROVISIONS, OR IF APPLICABLE ANY STATE LAW PROVISIONS AND THEY ACKNOWLEDGE AND AGREE TO BE BOUND BY THOSE INDEMNITY PROVISIONS. THE OWNER OF FACILITIES ACKNOWLEDGES THAT IT IS RESPONSIBLE AND LIABLE FOR ITS AGENTS, CONTRACTORS, AND SUB-CONTRACTORS. SUCH LIABILITY INCLUDES, BUT IS NOT LIMITED TO, REIMBURSEMENT FOR ALL DAMAGE TO PROPERTY, REPAIR AND REPLACEMENT OF PROPERTY TO THE SAME OR BETTER CONDITION PRIOR TO THE CONSTRUCTION. SUCH REIMBURSEMENT MAY ALSO INCLUDE, IF APPLICABLE, ADDITIONAL COST TO THE CITY FOR CITY PERSONNEL OR OTHER LAWFUL USERS OF THE RIGH-OF-WAY, RESPONDING TO EMERGENCY SITUATIONS WHERE ROADBEDS, WATER OR SEWER LINES OR OTHER UTILITY LINES HAVE BEEN DAMAGED AS A RESULT OF THE CONSTRUCTION WORK PERFORMED.

SIGNED:
Facility Owner: (Company Name) Mobilitie, LLC

By (Authorized Representative): (Signature)

Authorized Representative Printed Name: Lizz Hoeninghaus

Title: NRE Permitting Manager

Title: Ehoeninghaus@mobilitie.com

STATE OF TEXAS COUNTY OF TRAVIS

BEFORE ME, the undersigned on this day personally appeared

(Names and Titles),

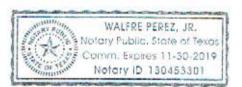
and attested that they are authorized to sign on behalf of the company shown above and proved to me through the presentation of a valid Texas Driver's License to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that they executed the same for the purposes and consideration therein expressed. They furthermore attested that they are signing this document in their capacity as shown in the above set out Titles for and on behalf of the Company as shown above, and that such capacity makes their signatures valid and binding to said Company.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, this 18 day of December , 2017.

NOTARY OF PUBLIC

My Commission Expires: [1/30/2019

Notary Public, in and for the State of Texas



Required Information Related to

Eligibility for Network Providers Proposing Use of Right-of-Way for Network Node, Node Support Pole or Transport Facility

INSTRUCTIONS:

Company is required to provide the following information, including a schedule of projected facility installations and a network node deployment plan for the coming calendar year. Quarterly updates of the plan are required including the status of completed installations and the number, type and estimated date for projected installations. THIS IS NOT AN APPLICATION FORM FOR A PERMIT OR ATTACHMENT LICENSE.

DATE OF SUBMITTAL: 10/26/2017			
COMPANY INFORMATION:			
T-Mobile West LLC			
Company's Legal Name (Owner of Facilities)			
Attn: Lease Compliance, 12920 SE 38th Street	Bellevue	WA	98006
Mailing Address	City	State	Zip
Physical Address (if different from mailing address)	City	State	e Zip
Primary Business (area code) Telephone #	24-H	our Emergency Phon	e #
877-373-0093	877-61	1-5868	
Toll-free customer service number	Primary e	-mail address	
877-373-0093			propertymanagement@t-moible.com
Designated primary authorized representative	Title	Phone #	Email
Thao Nguyen	Project Manager	817-233-4590	thao.nguyen176@t-mobile.com
Designated secondary authorized representative	Title	Phone #	Email
Ambre Blatter	Director	512-464-8095	ambre.blatter@t-mobile.com
Designated regulatory contact	Title	Phone #	Email
Thao Nguyen	Project Manager	512-464-8095	thao.nguyen176@t-mobile.com
Designated complaint contact	Title	Phone #	Email
Thao Nguyen	Project Manager	512-464-8095	thao.nguyen176@t-mobile.com
Primary emergency contact	Title	Phone #	Email
Thao Nguyen	Project Manager	512-464-8095	thao.nguyen176@t-mobile.com
Secondary emergency contact	Title	Phone #	Email
Tom Barbisch	Sr. Manager Operations	512-464-8091	thomas.barbisch@t-mobile.com
Operation and policy migration contact	Title	Phone #	Email

APPLICANT ELIGIBILITY INFORMATION:	
Is your Company authorized to do business in the State of	Texas? (Please check one) 🔽 Yes 🔲 No
	ficate of authority to do business in the State of Texas es Company conduct business in the State of Texas
Company is a "network provider" under Sec. 284.002(13) of the following) either (1) $\boxed{\checkmark}$ a wireless service provider, or facilities on behalf of a wireless service provider.	
 If (1), provide Company's valid state and/or fed operate, or maintain wireless facilities as wireless s 	eral licenses and authorizations necessary to install service provider.
wireless services showing that the Company as ag	with a wireless service provider authorized to provide ent for building or installing facilities on behalf of the ne wireless service provider's valid state and/or federa services.
PLEASE SUBMIT ALL PROJECT INFORMATION THAT APPLIES	
TO DATE AND FOR THE NEXT TWELVE MONTHS IN AUSTIN	
Network Node(s): Completed = 0	Planned next 12 mos. <u>300</u>
Node Support Pole(s): Completed = 0	Planned next 12 mos. 300
Transport Facility (Aerial/Underground): Completed = $\frac{0}{1}$	Planned next 12 mos. 300
Colocation on Pole:	
Streetlight pole: Completed = $\frac{0}{1}$	Planned next 12 mos. 0
Distribution pole: Completed = 0	Planned next 12 mos. 275

Traffic Signal Pole: Completed = $\frac{0}{1}$

Company may not assign or transfer (in part or in whole) ownership to any of Company's installations without the written consent of the City of Austin. Any assignment or transfer of ownership or responsibility to any of Company's installations shall require Company's successor to complete and submit to the City this form and

Planned next 12 mos. 25

EXECUTION

The undersigned authorizes the City of Austin to verify any and all information provided as determined necessary. In addition, the undersigned understands that failure to provide the requested information or false information on this form or related attachments may result in denial of requested permits.

THE OWNER OF THE FACILITIES, ACKNOWLEDGES BY THEIR SIGNATURES BELOW THAT THEY HAVE READ AND UNDERSTAND THE USES OF THE RIGHT-OF-WAY ORDINANCE (CITY OF AUSTIN CODE 14-11), USES OF CITY-OWNED UTILITY INFRASTRUCTURE (CITY OF AUSTIN CODE 15-7) AND OTHER PERTINENT ORDINANCES, CODES, MANUALS AND REQUIREMENTS, INCLUDING ALL INDEMNITY PROVISIONS, OR IF APPLICABLE ANY STATE LAW PROVISIONS AND THEY ACKNOWLEDGE AND AGREE TO BE BOUND BY THOSE INDEMNITY PROVISIONS. THE OWNER OF FACILITIES ACKNOWLEDGES THAT IT IS RESPONSIBLE AND LIABLE FOR ITS AGENTS, CONTRACTORS, AND SUB-CONTRACTORS. SUCH LIABILITY INCLUDES, BUT IS NOT LIMITED TO, REIMBURSEMENT FOR ALL DAMAGE TO PROPERTY, REPAIR AND REPLACEMENT OF PROPERTY TO THE SAME OR BETTER CONDITION PRIOR TO THE CONSTRUCTION. SUCH REIMBURSEMENT MAY ALSO INCLUDE, IF APPLICABLE, ADDITIONAL COST TO THE CITY FOR CITY PERSONNEL OR OTHER LAWFUL USERS OF THE RIGH-OF-WAY, RESPONDING TO EMERGENCY SITUATIONS WHERE ROADBEDS, WATER OR SEWER LINES OR OTHER UTILITY LINES HAVE BEEN DAMAGED AS A RESULT OF THE CONSTRUCTION WORK PERFORMED.

SIGNED:
Facility Owner: (Company Name) T-Mobile West LLC.
By (Authorized Representative): (Signature)
Authorized Representative Printed Name:
Title: Director of Engineery & Operations: 517, 464-8095
E-mail address Ambre Rlatter Ot-mobile Con

STATE OF TEXAS
COUNTY OF TRAVIS

BEFORE ME, the undersigned on this day personally appeared
Ambre Blatter Dir. Enonneening & Operation
(Names and Titles),
and attested that they are authorized to sign on behalf of the company shown above and proved to me
through the presentation of a valid Texas Driver's License to be the person whose name is subscribed to
the foregoing instrument, and acknowledged to me that they executed the same for the purposes and consideration therein expressed. They furthermore attested that they are signing this document in thei capacity as shown in the above set out Titles for and on behalf of the Company as shown above, and that such capacity makes their signatures valid and binding to said Company.
GIVEN UNDER MY HAND AND SEAL OF OFFICE, this 30 day of 0C +0/20/20/17. CECILY MARIE VENZA Notary Public, State of Texas My Commission Expires NOTARY OF PUBLIC
My Commission Expires:
2/10/2019