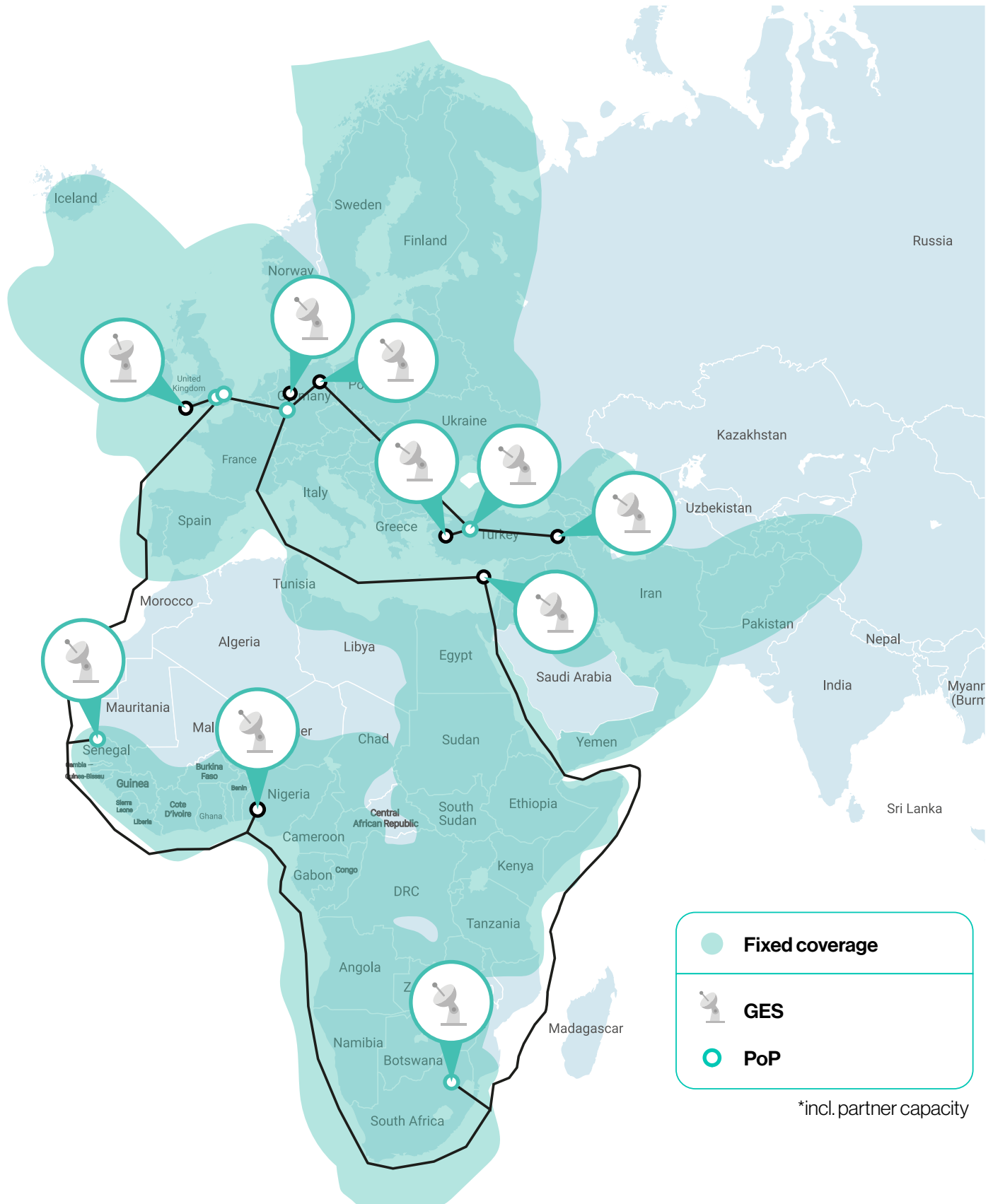




AVANTI COVERAGE



Avanti Coverage



	Fixed coverage
	GES
	PoP

*incl. partner capacity