Sagebrush
CELLULAR
d/b/a **Nemont**

RECEIVED
JUL 31 2014
NORTH DAKOTA
PUBLIC SERVICE COMMISSION

July 31, 2014

Darrell Nitschke, Executive Secretary
North Dakota Public Service Commission
600 E. Boulevard, Dept. 408
Bismarck, ND 58505-0480

RE: FCC Mobility Fund Form 690

Dear Mr. Nitschke:

Sagebrush Cellular, Inc. respectfully submits an original and one copy of its FCC Mobility Fund form 690 for Study Area Codes 388001, 388002, 388003, 388004, 388005 and 388006 to the PSC pursuant to 47 CFR 54.1009.

An electronic version of this filing has also been submitted via the North Dakota Public Service Commission's website at ndpsc@nd.gov.

Should you have any questions or concerns about this filing, please contact me at 1-406-783-2200.

Sincerely,

Remi Sun
Chief Financial Officer

RS/sb

1 PU-14-675 Filed 07/31/2014 Pages: 110
Copy of FCC Mobility Fund form 690
Sagebrush Cellular, Inc.
Remi Sun, CFO

61 HIGHWAY 13 SOUTH ◇ PO BOX 600 ◇ SCOBEY, MONTANA 59263-0600
(406) 783-2200 ◇ 1-800-636-6680 ◇ FAX (406) 783-5283 ◇ email: nemont@nemont.coop

Mobility Fund Phase 1 - §54.1009 Annual Reporting Data Collection Form	FCC Form Approved by OMB OMB 3060-1185 Avg. Burden Estimate per Respondent: 18 Hours

<010>	Study Area Code	388001
<015>	Study Area Name	Sagebrush Cellular, Inc.
<020>	Program Year	2014
<030>	Contact Name: Person USAC should contact with questions about this data	Remi Sun
<035>	Contact Telephone Number: Number of the person identified in data line <030>	4067832200 ext.
<039>	Contact Email: Email of the person identified in data line <030>	remi.sun@nemont.coop

(check box when complete)

<040> **Has the information required pursuant to §54.1009 been provided with a Form 481 filing (Y/N)** <040> ○ ◉

<041> Attach a description of the documents filed with the Form 481 reporting <041>

<042> Cite the Study Area Code (SAC) for the Form 481 reporting <042>

<043> Cite the date of the Form 481 reporting <043>

<050> **Carrier Contact Information** *(has the contact info. changed since prior filing? Yes or No)* ◉ ○

(If yes, complete the attached worksheet) <050> ☑

<060> **Coverage and Performance Report** *(complete attached worksheet)* <060> ☑

<070> **Urban Rate Comparability Certification** *(complete attached certification)* <070> ☑

<080> **Tribal Lands Reporting (y/n?)** *(Does this study area cover tribal lands? Yes or No)* ○ ◉

(If yes, complete the attached worksheet) <080> ☐

<090> **Project Update Information** *(complete attached worksheet)* <090> ☑

<100> **Certifications**

<101> Reporting Carrier Certification *(complete attached certification)* <101> ☑

<102> Agent Certification *(complete attached certification)* <102> ☐

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements)

Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

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<039>	Contact Email Address - Email Address of person identified in data line <030>	remi.sun@nemont.coop

Reporting Carrier / Mobility Fund Phase 1 Winning Bidder

<110>	FCC Registration Number	0001608645
<111>	Filing Carrier Name	Sagebrush Cellular, Inc.
<112>	Winning Bidder Carrier Name	Sagebrush Cellular, Inc.
<113>	Street Address (or PO Box)	61 Hwy 13 South/PO Box 600
<114>	City	Scobey
<115>	State	MT
<116>	Zip-Code	59263-0600
<117>	Telephone Number	4067832200 ext.
<118>	Fax Number	4067835276
<119>	Email Address	remi.sun@nemont.coop

Contact Information

if same as above, indicate in this box ☑

<120>	Name (First, MI, Last, Suffix)	Remi Sun
<121>	Filing Carrier Name	Sagebrush Cellular, Inc.
<122>	Street Address (or PO Box)	61 Hwy 13 South/PO Box 600
<123>	City	Scobey
<124>	State	MT
<125>	Zip-Code	59263-0600
<126>	Telephone Number	4067832200 ext.
<127>	Fax Number	4067835276
<128>	Email Address	remi.sun@nemont.coop

Authorized Agent Information

if no agent, indicate in this box ☐

<120>	Name (First, MI, Last, Suffix)	
<121>	Company	
<122>	Street Address (or PO Box)	
<123>	City	
<124>	State	
<125>	Zip-Code	
<126>	Telephone Number	
<127>	Fax Number	
<128>	Email Address	

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<140> Coverage and Performance Report Year 01/2014 - 12/2014

Electronic Shapefiles attachments: 388001_060.zip

Name of Attached Document (.zip)

Drive Test Results attachments

Name of Attached Document (.zip)

Scattered Site Test Results attachments

Name of Attached Document (.zip)

<141>

<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<c1>	<c2>	<c3>	<d>	<e>	<f>
State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Electronic Shapefiles are uploaded (yes/no)	Certify that Drive Test Results are uploaded (yes/no)	Certify that Scattered Site Tests are uploaded (yes/no)
			-- See attached worksheet								
			--								

Percentage of Total Population Reached by Service: 0

Percentage of Total Road Miles covered by Service: 0

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

Certification of Officer or Employee as to Compliance with 47 CFR §54.1009(a)(4)

I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this form and in any attachments is accurate.

Name of Reporting Carrier: Sagebrush Cellular, Inc.

Signature of Authorized Officer: CERTIFIED ONLINE Date 07/30/2014

Printed name of Authorized Officer: Remi Sun

Title or position of Authorized Officer: CFO

Telephone number of Authorized Officer: 4067832200 ext.

Study Area Code of Reporting Carrier: 388001 Filing Due Date for this form: 07/31/2014

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.

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

Certification of Officer or Employee to authorize an Agent to file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier

I certify that (Name of Agent)_____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.

Name of Authorized Agent:

Name of Reporting Carrier:

Signature of Authorized Officer or Employee: Date:

Printed name of Authorized Officer or Employee:

Title or position of Authorized Officer or Employee:

Telephone number of Authorized Officer or Employee:

Study Area Code of Reporting Carrier: Filing Due Date for this form:

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TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier

I, as agent for the reporting carrier, certify that I am authorized to submit the certification 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.

Name of Reporting Carrier:

Name of Authorized Agent or Employee of Agent:

Signature of Authorized Agent or Employee of Agent: Date:

Printed name of Authorized Agent or Employee of Agent:

Title or position of Authorized Agent or Employee of Agent

Telephone number of Authorized Agent or Employee of Agent:

Study Area Code of Reporting Carrier: Filing Due Date for this form:

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<039>	Contact Email Address - Email Address of person identified in data line <030>	remi.sun@nemont.coop

<142> State

<143> County

<144> Tribal Land(s) on which ETC Serves

<145> Tribal Government Engagement Obligation

Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes,No, NA) for each of these boxes to confirm the status described on the attached PDF, on line 145, demonstrates coordination with the Tribal government pursuant to § 54.1004 includes:

		Select (Yes,No, NA)
<146>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions;	
<147>	Feasibility and sustainability planning;	
<148>	Marketing services in a culturally sensitive manner;	
<149>	Compliance with Rights of way processes	
<150>	Compliance with Land Use permitting requirements	
<151>	Compliance with Facilities Siting rules	
<152>	Compliance with Environmental Review processes	
<153>	Compliance with Cultural Preservation review processes	
<154>	Compliance with Tribal Business and Licensing requirements.	

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<200>	Date Authorized to Receive Support	06/20/2013
<201>	Targeted Completion Date	06/21/2015
<202>	Total Mobility Fund Support Awarded	782380.0
<203>	Total Mobility Fund Support Disbursed	260793.33
<204>	Support Applied to Network Design	
<205>	Support Applied to Construction	
<206>	Support Applied to Deployment	
<207>	Support Applied to Maintenance	
<208>	Certify Network will Support 3G Mobile Service (Yes / No)	◉ ○
<209>	Certify Network will Support 4G Mobile Service (Yes / No)	○ ◉
<210>	Actual Completion Date	
<211>	Project Status Description (attached)	388001_PSD_38 (Form 690 Project Status).pdf

{Name of PDF attached}

Please check these boxes below to confirm that the attached PDF, on line 211, contains a project status pursuant to §54.1005(b)(2)(v). The information shall be submitted as appropriate.

<212>	Status of Network Deployment - Network Design	✓
<213>	Status of Network Deployment - Construction	✓
<214>	Status of Network Deployment - Deployment	✓
<215>	Status of Network Deployment - Maintenance	✓
<216>	Project Budget Status	✓
<217>	Project Plan Status	✓

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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 Mobility Fund Recipients

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for Mobility Fund recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.

Name of Reporting Carrier: Sagebrush Cellular, Inc.

Signature of Authorized Officer: CERTIFIED ONLINE Date 07/30/2014

Printed name of Authorized Officer: Remi Sun

Title or position of Authorized Officer: CFO

Telephone number of Authorized Officer: 4067832200 ext.

Study Area Code of Reporting Carrier: 388001 Filing Due Date for this form: 07/31/2014

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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 Mobility Fund Recipients on Behalf of Reporting Carrier

I certify that (Name of Agent)_____ 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.

Name of Authorized Agent:

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.

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for Mobility Fund Recipients on Behalf of Reporting Carrier

I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for Mobility Fund 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.

Name of Reporting Carrier:

Name of Authorized Agent or Employee of Agent:

Signature of Authorized Agent or Employee of Agent: Date:

Printed name of Authorized Agent or Employee of Agent:

Title or position of Authorized Agent or Employee of Agent

Telephone number of Authorized Agent or Employee of Agent:

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.

Attachments

(060) Coverage and Performance Report

FCC Form 690
Approved by OMB
OMB Control No. 3060-1185

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<140>	Coverage and Performance Report Year	01/2014 - 12/2014

<141>

<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<c1>	<c2>	<c3>	<d>	<e>	<f>
State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Electronic Shapefiles are uploaded (yes/no)	Certify that Drive Test Results are uploaded (yes/no)	Certify that Scattered Site Tests are uploaded (yes/no)
ND	Divide	380239545001342	0	0	0	1.95	0.0	0.0	Yes	No	No
ND	Divide	380239545001528	0	0	0	0.98	0.0	0.0	Yes	No	No
ND	Divide	380239545001413	0	0	0	1.99	0.0	0.0	Yes	No	No
ND	Divide	380239545001351	0	0	0	1.47	0.0	0.0	Yes	No	No
ND	Divide	380239545001615	2	0	0	1.81	0.0	0.0	Yes	No	No
ND	Divide	380239545001500	0	0	0	0.57	0.0	0.0	Yes	No	No
ND	Divide	380239545001290	0	0	0	0.07	0.0	0.0	Yes	No	No
ND	Divide	380239545001337	0	0	0	2.46	0.0	0.0	Yes	No	No
ND	Divide	380239545001503	0	0	0	2.51	0.0	0.0	Yes	No	No
ND	Divide	380239545001478	3	0	0	2.65	0.0	0.0	Yes	No	No
ND	Divide	380239545001194	0	0	0	2.22	0.0	0.0	Yes	No	No
ND	Divide	380239545001609	0	0	0	1.83	0.0	0.0	Yes	No	No
ND	Divide	380239545001176	0	0	0	4.14	0.0	0.0	Yes	No	No
ND	Divide	380239545001474	0	0	0	1.43	0.0	0.0	Yes	No	No
ND	Divide	380239545001236	0	0	0	0.13	0.0	0.0	Yes	No	No
ND	Divide	380239545001475	0	0	0	0.97	0.0	0.0	Yes	No	No
ND	Divide	380239545001305	0	0	0	1.93	0.0	0.0	Yes	No	No
ND	Divide	380239545001481	0	0	0	2.05	0.0	0.0	Yes	No	No
ND	Divide	380239545001415	0	0	0	2.17	0.0	0.0	Yes	No	No
ND	Divide	380239545001288	0	0	0	0.1	0.0	0.0	Yes	No	No

Percentage of Total Population Reached by Service: 0

Percentage of Total Road Miles covered by Service: 0

(060) Coverage and Performance Report

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State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Electronic Shapefiles are uploaded (yes/no)	Certify that Drive Test Results are uploaded (yes/no)	Certify that Scattered Site Tests are uploaded (yes/no)
ND	Divide	380239545001226	0	0	0	2.32	0.0	0.0	Yes	No	No
ND	Divide	380239545001891	0	0	0	2.21	0.0	0.0	Yes	No	No
ND	Divide	380239545001235	0	0	0	7.33	0.0	0.0	Yes	No	No
ND	Divide	380239545001230	0	0	0	0.07	0.0	0.0	Yes	No	No
ND	Divide	380239545001219	0	0	0	3.82	0.0	0.0	Yes	No	No
ND	Divide	380239545001340	0	0	0	2.44	0.0	0.0	Yes	No	No
ND	Divide	380239545001465	4	0	0	3.22	0.0	0.0	Yes	No	No
ND	Divide	380239545001884	0	0	0	0.12	0.0	0.0	Yes	No	No
ND	Divide	380239545001564	0	0	0	2.75	0.0	0.0	Yes	No	No
ND	Divide	380239545001881	0	0	0	0.26	0.0	0.0	Yes	No	No
ND	Divide	380239545001561	0	0	0	3.59	0.0	0.0	Yes	No	No
ND	Divide	380239545001352	0	0	0	1.6	0.0	0.0	Yes	No	No
ND	Divide	380239545001295	1	0	0	3.06	0.0	0.0	Yes	No	No
ND	Divide	380239545001892	2	0	0	0.13	0.0	0.0	Yes	No	No
ND	Divide	380239545001423	0	0	0	0.46	0.0	0.0	Yes	No	No
ND	Divide	380239545001437	0	0	0	3.13	0.0	0.0	Yes	No	No
ND	Divide	380239545001472	0	0	0	4.68	0.0	0.0	Yes	No	No
ND	Divide	380239545001430	2	0	0	2.91	0.0	0.0	Yes	No	No
ND	Divide	380239545001499	0	0	0	9.32	0.0	0.0	Yes	No	No
ND	Divide	380239545001155	3	0	0	4.87	0.0	0.0	Yes	No	No

Percentage of Total Population Reached by Service: 0

Percentage of Total Road Miles covered by Service: 0

(060) Coverage and Performance Report

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ND	Divide	380239545001799	0	0	0	1.95	0.0	0.0	Yes	No	No
ND	Divide	380239545001902	0	0	0	0.03	0.0	0.0	Yes	No	No
ND	Divide	380239545001473	0	0	0	5.89	0.0	0.0	Yes	No	No
ND	Divide	380239545001897	4	0	0	3.18	0.0	0.0	Yes	No	No
ND	Divide	380239545001424	0	0	0	1.88	0.0	0.0	Yes	No	No
ND	Divide	380239545001425	0	0	0	1.83	0.0	0.0	Yes	No	No
ND	Divide	380239545001428	0	0	0	1.52	0.0	0.0	Yes	No	No
ND	Divide	380239545001426	0	0	0	1.95	0.0	0.0	Yes	No	No
ND	Divide	380239545001978	0	0	0	1.21	0.0	0.0	Yes	No	No
ND	Divide	380239545001895	2	0	0	2.21	0.0	0.0	Yes	No	No
ND	Divide	380239545001942	2	0	0	4.83	0.0	0.0	Yes	No	No
ND	Divide	380239545001306	0	0	0	0.05	0.0	0.0	Yes	No	No
ND	Divide	380239545001903	3	0	0	5.68	0.0	0.0	Yes	No	No
ND	Divide	380239545001613	0	0	0	0.08	0.0	0.0	Yes	No	No
ND	Divide	380239545001900	9	0	0	7.3	0.0	0.0	Yes	No	No
ND	Divide	380239545001427	0	0	0	1.52	0.0	0.0	Yes	No	No
ND	Divide	380239545001417	0	0	0	1.95	0.0	0.0	Yes	No	No
ND	Divide	380239545001157	0	0	0	0.09	0.0	0.0	Yes	No	No
ND	Divide	380239545001410	0	0	0	0.09	0.0	0.0	Yes	No	No
ND	Divide	380239545001460	0	0	0	0.59	0.0	0.0	Yes	No	No

Percentage of Total Population Reached by Service: 0

Percentage of Total Road Miles covered by Service: 0

(060) Coverage and Performance Report

FCC Form 690
Approved by OMB
OMB Control No. 3060-1185

<010>	Study Area Code	388001
<015>	Study Area Name	Sagebrush Cellular, Inc.
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Remi Sun
<035>	Contact Telephone Number - Number of person identified in data line <030>	4067832200 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	remi.sun@nemont.coop
<140>	Coverage and Performance Report Year	01/2014 - 12/2014

<141>

<a1> State	<a2> County	<a3> Census Block	<b1> Resident Population per Census Block	<b2> Resident Population Newly Reached by Service	<b3> Total Resident Population Reached by Service	<c1> Road Miles per Census Block	<c2> Road Miles per Census Block Newly Reached	<c3> Total Road Miles covered per Census Block	<d> Certify that Electronic Shapefiles are uploaded (yes/no)	<e> Certify that Drive Test Results are uploaded (yes/no)	<f> Certify that Scattered Site Tests are uploaded (yes/no)
ND	Divide	380239545001888	5	0	0	4.96	0.0	0.0	Yes	No	No
ND	Divide	380239545001330	0	0	0	1.06	0.0	0.0	Yes	No	No
ND	Divide	380239545001466	2	0	0	2.68	0.0	0.0	Yes	No	No
ND	Divide	380239545001476	0	0	0	1.48	0.0	0.0	Yes	No	No
ND	Divide	380239545001702	0	0	0	0.18	0.0	0.0	Yes	No	No
ND	Divide	380239545001333	0	0	0	4.04	0.0	0.0	Yes	No	No
ND	Divide	380239545001893	2	0	0	2.21	0.0	0.0	Yes	No	No
ND	Divide	380239545001521	0	0	0	0.33	0.0	0.0	Yes	No	No
ND	Divide	380239545001965	6	0	0	2.66	0.0	0.0	Yes	No	No
ND	Divide	380239545001217	0	0	0	4.2	0.0	0.0	Yes	No	No
ND	Divide	380239545001329	0	0	0	3.82	0.0	0.0	Yes	No	No
ND	Divide	380239545001293	2	0	0	4.95	0.0	0.0	Yes	No	No
ND	Divide	380239545001497	0	0	0	3.76	0.0	0.0	Yes	No	No
ND	Divide	380239545001495	2	0	0	3.51	0.0	0.0	Yes	No	No
ND	Divide	380239545001416	0	0	0	3.59	0.0	0.0	Yes	No	No
ND	Divide	380239545001202	0	0	0	5.46	0.0	0.0	Yes	No	No
ND	Divide	380239545001923	0	0	0	1.87	0.0	0.0	Yes	No	No
ND	Divide	380239545001231	0	0	0	0.1	0.0	0.0	Yes	No	No
ND	Divide	380239545001461	0	0	0	8.42	0.0	0.0	Yes	No	No
ND	Divide	380239545001298	0	0	0	0.14	0.0	0.0	Yes	No	No

Percentage of Total Population Reached by Service: 0

Percentage of Total Road Miles covered by Service: 0

(060) Coverage and Performance Report

FCC Form 690
Approved by OMB
OMB Control No. 3060-1185

<010>	Study Area Code	388001
<015>	Study Area Name	Sagebrush Cellular, Inc.
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Remi Sun
<035>	Contact Telephone Number - Number of person identified in data line <030>	4067832200 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	remi.sun@nemont.coop
<140>	Coverage and Performance Report Year	01/2014 - 12/2014

<141>

<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<c1>	<c2>	<c3>	<d>	<e>	<f>
State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Electronic Shapefiles are uploaded (yes/no)	Certify that Drive Test Results are uploaded (yes/no)	Certify that Scattered Site Tests are uploaded (yes/no)
ND	Divide	380239545001389	0	0	0	0.14	0.0	0.0	Yes	No	No
ND	Divide	380239545001462	0	0	0	1.03	0.0	0.0	Yes	No	No
ND	Divide	380239545001388	0	0	0	0.39	0.0	0.0	Yes	No	No
ND	Divide	380239545001228	0	0	0	2.14	0.0	0.0	Yes	No	No
ND	Divide	380239545001778	0	0	0	4.75	0.0	0.0	Yes	No	No
ND	Divide	380239545001338	0	0	0	0.13	0.0	0.0	Yes	No	No
ND	Divide	380239545001930	0	0	0	4.84	0.0	0.0	Yes	No	No
ND	Divide	380239545001501	3	0	0	3.5	0.0	0.0	Yes	No	No
ND	Divide	380239545001774	0	0	0	0.03	0.0	0.0	Yes	No	No
ND	Divide	380239545001883	0	0	0	1.92	0.0	0.0	Yes	No	No
ND	Divide	380239545001557	0	0	0	4.54	0.0	0.0	Yes	No	No
ND	Divide	380239545001973	0	0	0	0.17	0.0	0.0	Yes	No	No
ND	Divide	380239545001167	0	0	0	0.04	0.0	0.0	Yes	No	No
ND	Divide	380239545001341	0	0	0	6.57	0.0	0.0	Yes	No	No
ND	Divide	380239545001976	0	0	0	0.08	0.0	0.0	Yes	No	No
ND	Divide	380239545001328	0	0	0	0.05	0.0	0.0	Yes	No	No
ND	Divide	380239545001414	0	0	0	2.45	0.0	0.0	Yes	No	No
ND	Divide	380239545001959	0	0	0	3.35	0.0	0.0	Yes	No	No
ND	Divide	380239545001468	0	0	0	3.87	0.0	0.0	Yes	No	No
ND	Divide	380239545001612	0	0	0	0.11	0.0	0.0	Yes	No	No

Percentage of Total Population Reached by Service: 0

Percentage of Total Road Miles covered by Service: 0

(060) Coverage and Performance Report

FCC Form 690
Approved by OMB
OMB Control No. 3060-1185

<010>	Study Area Code	388001
<015>	Study Area Name	Sagebrush Cellular, Inc.
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Remi Sun
<035>	Contact Telephone Number - Number of person identified in data line <030>	4067832200 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	remi.sun@nemont.coop
<140>	Coverage and Performance Report Year	01/2014 - 12/2014

<141>

<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<c1>	<c2>	<c3>	<d>		
State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Electronic Shapefiles are uploaded (yes/no)	Certify that Drive Test Results are uploaded (yes/no)	Certify that Scattered Site Tests are uploaded (yes/no)
ND	Divide	380239545001294	0	0	0	4.17	0.0	0.0	Yes	No	No
ND	Divide	380239545001444	0	0	0	0.15	0.0	0.0	Yes	No	No
ND	Divide	380239545001611	0	0	0	1.89	0.0	0.0	Yes	No	No
ND	Divide	380239545001464	0	0	0	0.07	0.0	0.0	Yes	No	No
ND	Divide	[redacted]	0	0	0	0.05	0.0	0.0	Yes	No	No
ND	Divide	380239545001463	0	0	0	0.23	0.0	0.0	Yes	No	No
ND	Divide	380239545001896	2	0	0	3.36	0.0	0.0	Yes	No	No
ND	Divide	380239545001451	0	0	0	2.2	0.0	0.0	Yes	No	No
ND	Divide	380239545001229	0	0	0	3.04	0.0	0.0	Yes	No	No
ND	Divide	380239545001890	0	0	0	2.27	0.0	0.0	Yes	No	No
ND	Divide	380239545001320	0	0	0	4.51	0.0	0.0	Yes	No	No
ND	Divide	380239545001562	7	0	0	4.6	0.0	0.0	Yes	No	No
ND	Divide	380239545001616	0	0	0	2.12	0.0	0.0	Yes	No	No
ND	Divide	380239545001424	2	0	0	3.23	0.0	0.0	Yes	No	No
ND	Divide	[redacted]	0	0	0	1.95	0.0	0.0	Yes	No	No
ND	Divide	380239545001160	0	0	0	1.47	0.0	0.0	Yes	No	No
ND	Divide	380239545001420	0	0	0	2.33	0.0	0.0	Yes	No	No
ND	Divide	[redacted]	0	0	0	0.03	0.0	0.0	Yes	No	No
ND	Divide	[redacted]	0	0	0	2.97	0.0	0.0	Yes	No	No
ND	Divide	[redacted]	1	0	0	4.8	0.0	0.0	Yes	No	No

Percentage of Total Population Reached by Service: 0

Percentage of Total Road Miles covered by Service: 0

(060) Coverage and Performance Report

FCC Form 690
Approved by OMB
OMB Control No. 3060-1185

<010>	Study Area Code	388001
<015>	Study Area Name	Sagebrush Cellular, Inc.
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Remi Sun
<035>	Contact Telephone Number - Number of person identified in data line <030>	4067832200 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	remi.sun@nemont.coop
<140>	Coverage and Performance Report Year	01/2014 - 12/2014

<141>

<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<c1>	<c2>	<c3>	<d>	<e>	<f>
State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Electronic Shapefiles are uploaded (yes/no)	Certify that Drive Test Results are uploaded (yes/no)	Certify that Scattered Site Tests are uploaded (yes/no)
ND	Divide	380239545001332	0	0	0	1.06	0.0	0.0	Yes	No	No
ND	Divide	380239545001899	2	0	0	7.25	0.0	0.0	Yes	No	No
ND	Divide	380239545001218	3	0	0	2.46	0.0	0.0	Yes	No	No
ND	Divide	380239545001421	0	0	0	1.72	0.0	0.0	Yes	No	No
ND	Divide	380239545001905	0	0	0	0.11	0.0	0.0	Yes	No	No
ND	Divide	380239545001471	0	0	0	0.07	0.0	0.0	Yes	No	No
ND	Divide	380239545001563	0	0	0	0.05	0.0	0.0	Yes	No	No
ND	Divide	380239545001322	2	0	0	5.52	0.0	0.0	Yes	No	No
ND	Divide	380239545001153	0	0	0	5.02	0.0	0.0	Yes	No	No
ND	Divide	380239545001882	0	0	0	0.15	0.0	0.0	Yes	No	No
ND	Divide	380239545001467	0	0	0	4.69	0.0	0.0	Yes	No	No
ND	Divide	380239545001158	0	0	0	2.66	0.0	0.0	Yes	No	No
ND	Divide	380239545001520	0	0	0	5.68	0.0	0.0	Yes	No	No
ND	Divide	380239545001482	0	0	0	0.54	0.0	0.0	Yes	No	No
ND	Divide	380239545001904	0	0	0	0.21	0.0	0.0	Yes	No	No
ND	Divide	380239545001696	3	0	0	3.75	0.0	0.0	Yes	No	No
ND	Divide	380239545001879	0	0	0	4.61	0.0	0.0	Yes	No	No
ND	Divide	380239545001614	0	0	0	0.1	0.0	0.0	Yes	No	No
ND	Divide	380239545001470	0	0	0	2.59	0.0	0.0	Yes	No	No
ND	Divide	380239545001479	0	0	0	2.84	0.0	0.0	Yes	No	No

Percentage of Total Population Reached by Service: 0

Percentage of Total Road Miles covered by Service: 0

(060) Coverage and Performance Report

FCC Form 690
Approved by OMB
OMB Control No. 3060-1185

<010>	Study Area Code	388001
<015>	Study Area Name	Sagebrush Cellular, Inc.
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Remi Sun
<035>	Contact Telephone Number - Number of person identified in data line <030>	4067832200 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	remi.sun@nemont.coop
<140>	Coverage and Performance Report Year	01/2014 - 12/2014

<141>

<a1> State	<a2> County	<a3> Census Block	<b1> Resident Population per Census Block	<b2> Resident Population Newly Reached by Service	<b3> Total Resident Population Reached by Service	<c1> Road Miles per Census Block	<c2> Road Miles per Census Block Newly Reached	<c3> Total Road Miles covered per Census Block	<d> Certify that Electronic Shapefiles are uploaded (yes/no)	<e> Certify that Drive Test Results are uploaded (yes/no)	<f> Certify that Scattered Site Tests are uploaded (yes/no)
ND	Divide	380239545001327	0	0	0	1.56	0.0	0.0	Yes	No	No
ND	Divide	380239545001779	0	0	0	0.13	0.0	0.0	Yes	No	No
ND	Divide	380239545001312	0	0	0	0.17	0.0	0.0	Yes	No	No
ND	Divide	380239545001703	0	0	0	0.06	0.0	0.0	Yes	No	No
ND	Divide	[illegible]	0	0	0	2.41	0.0	0.0	Yes	No	No
ND	Divide	380239545001617	0	0	0	0.09	0.0	0.0	Yes	No	No
ND	Divide	380239545001560	2	0	0	4.6	0.0	0.0	Yes	No	No
ND	Divide	[illegible]45001530	0	0	0	3.84	0.0	0.0	Yes	No	No
ND	Divide	380239545001901	0	0	0	1.95	0.0	0.0	Yes	No	No
ND	Divide	[illegible]45001151	0	0	0	0.53	0.0	0.0	Yes	No	No
ND	Divide	380239545001309	5	0	0	2.95	0.0	0.0	Yes	No	No
ND	Divide	380239545001469	0	0	0	0.59	0.0	0.0	Yes	No	No
ND	Divide	380239545001898	0	0	0	3.12	0.0	0.0	Yes	No	No
ND	Divide	380239545001459	0	0	0	2.91	0.0	0.0	Yes	No	No
ND	Divide	380239545001146	5	0	0	17.01	0.0	0.0	Yes	No	No
ND	Divide	380239545001889	0	0	0	2.98	0.0	0.0	Yes	No	No
ND	Divide	[illegible]01894	0	0	0	5.31	0.0	0.0	Yes	No	No
ND	Divide	380239545001234	4	0	0	6.19	0.0	0.0	Yes	No	No
ND	Divide	[illegible]01164	0	0	0	3.2	0.0	0.0	Yes	No	No

Percentage of Total Population Reached by Service: 0

Percentage of Total Road Miles covered by Service: 0

File Name: 388001_060

SAC 388001 DIVIDE COUNTY, ND
SAGEBRUSH CELLULAR, INC.
COVERAGE UPDATE

There is no new coverage to report as of December 31, 2013.

File Name: 388001_PSD_38

SAC 388001 DIVIDE COUNTY, ND
SAGEBRUSH CELLULAR, INC.
PROJECT STATUS DESRIPTION

AWARD DATE 6/20/2013
TARGETED COMPLETION DATE 6/21/2015

1. Network Deployment Status

Status - Network Design (includes RF Design and Site Development)

1. Finding a Site	**Completed**
2. Site Acquisition	**Completed**
3. Drafting RFPs	**Completed**
4. Posting RFPs	**Completed**
5. Selecting Vendors	**Completed**
6. Negotiating Contracts	**Completed**

Status – Construction

7. Site Prep Work	**Pending**
8. Power to Site	**Pending**
9. Build-out of Site	**Pending**
10. Equipment Building	**Pending**
11. Final Site Work	**Pending**

Status – Deployment

12. Microwave Electronics	**Pending**
13. Cell Site Electronics	**Pending**
14. Drive Testing	**Pending**
15. Network Optimization	**Pending**

Status – Maintenance

16. Beginning of Scheduled Maintenance	**Pending**

File Name: 388001_PSD_38

2. Project Budget Status

Sagebrush Cellular, Inc. bid $782,380.00 for Tract T38023954500 in Divide County.

Bidder	Item Name	State	County	Road Miles	Total Bid Amount	SAC
Sagebrush Cellular, Inc.	T38023954500	ND	Divide	391.19	$782,380.00	388001

The planned budget submitted for project area SAC 388001 and the funds currently used as of December 31, 2013 are shown in the following table.

SAC	Network Design	Construction	Deployment	Maintenance
388001	$62,486.00	$415,480.00	$195,296.00	$31,167.00
Used	$5,671.75	$0.00	$9,747.73	$0.00

File Name: 388001_PSD_38

3. Description of Overall Plan

Sagebrush Cellular, Inc. (Sagebrush) operates a Code Division Multiple Access (CDMA) voice and data network in northeastern Montana and northwestern North Dakota. All of the 84 existing sites are Third Generation (3G) Evolution Data-Optimized (EVDO). The unserved areas won in the Federal Communications Commission (FCC or Commission) Mobility Fund Phase I Auction represent holes in Sagebrush's existing network coverage. The new base stations to be added as a result of Mobility Fund support will be full-scale, three-sector base stations, backhauled via microwave into the existing network, and supplemented with omnidirectional repeaters working off of both existing and new sites.

Initial design planning for 75% coverage of the unserved road miles in the 18 Census Tracts won in Auction 901 requires 19 new sites and three omnidirectional repeaters. The network implementation will incorporate EVDO which provides wireless broadband access to mobile devices. From the new tower sites, traffic will be backhauled by microwave or fiber to existing towers or to the network.
Sagebrush already has a 3G CDMA Core and Switch in Glasgow, Montana. Internet traffic is routed over redundant fiber from Glasgow to Billings. Long distance traffic from the Glasgow switch is routed to three separate Session Initiation Protocol (SIP) Voice-Over-IP (VoIP) carriers. One of those SIP providers is in Billings while the other two carriers are accessed over the Internet. All E911 traffic terminates to Public Safety Answering Points (PSAPs) using Time Division Multiplexing (TDM) trunks. All tandem traffic is sent over existing TDM circuits.

There are two (2) existing sites to be upgraded and four (4) sites to be built in SAC 388001. There is one (1) existing and two (2) sites to be built outside of the bounds that will provide service to SAC 388001.

File Name: 388001_PSD_38

4. Project Plan Status

Based on the proposed Planned Milestones the Sagebrush Cellular, Inc. 901 project is on schedule.

AWARD DATE 6/20/2013
TARGETED COMPLETION DATE 6/21/2015

The following table shows the original submitted schedule **(Proposed)** with the revised schedule based on the award date **(Updated)** and the current Status

Planned Milestones	Proposed	Updated	Status
Start Date of Network Design	1/2/2013	6/20/2013	**Completed**
End Date of Network Design	1/17/2013	7/5/2013	**Completed**
Start Date for Drafting and Posting RFPs	1/2/2013	6/20/2013	**Completed**
End Date for Drafting and Posting RFPs	2/12/2013	7/31/2013	**Completed**
Start Date for Selecting Vendors	2/13/2013	8/1/2013	**Completed**
End Date for Selecting Vendors	3/5/2013	8/21/2013	**Completed**
Start Date for Negotiating Contracts	3/6/2013	8/22/2013	**Completed**
End Date for Negotiating Contracts	3/26/2013	9/11/2013	**Completed**
Start Date for Construction	4/1/2013	9/17/2013	**Pending**
End Date for Construction	6/16/2014	12/2/2014	**Pending**

Mobility Fund Phase 1 - §54.1009 Annual Reporting Data Collection Form	FCC Form Approved by OMB OMB 3060-1185 Avg. Burden Estimate per Respondent: 18 Hours

<010>	Study Area Code	388002
<015>	Study Area Name	Sagebrush Cellular, Inc.
<020>	Program Year	2014
<030>	Contact Name: Person USAC should contact with questions about this data	Remi Sun
<035>	Contact Telephone Number: Number of the person identified in data line <030>	4067832200 ext.
<039>	Contact Email: Email of the person identified in data line <030>	remi.sun@nemont.coop

(check box when complete)

<040> **Has the information required pursuant to §54.1009 been provided with a Form 481 filing (Y/N)** <040> ◉ ○

<041> Attach a description of the documents filed with the Form 481 reporting <041> Form481SagebrushCellular388002.pdf

<042> Cite the Study Area Code (SAC) for the Form 481 reporting <042> 389013

<043> Cite the date of the Form 481 reporting <043> 07/01/2014

<050> **Carrier Contact Information** *(has the cantact info. changed since prior filing? Yes or No)* ◉ ○

(If yes, complete the attached worksheet) <050> ✓

<060> **Coverage and Performance Report** *(complete attached worksheet)* <060> ✓

<070> **Urban Rate Comparability Certification** *(complete attached certification)* <070> ✓

<080> **Tribal Lands Reporting (y/n?)** *(Does this study area cover tribal lands? Yes or No)* ◉ ○

(If yes, complete the attached worksheet) <080> ✓

<090> **Project Update Information** *(complete attached worksheet)* <090> ✓

<100> **Certifications**

<101> Reporting Carrier Certification *(complete attached certification)* <101> ✓

<102> Agent Certification *(complete attached certification)* <102> ☐

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements)

Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

<010>	Study Area Code	388002
<015>	Study Area Name	Sagebrush Cellular, Inc.
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Remi Sun
<035>	Contact Telephone Number - Number of person identified in data line <030>	4067832200 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	remi.sun@nemont.coop

Reporting Carrier / Mobility Fund Phase 1 Winning Bidder

<110>	FCC Registration Number	0001608645
<111>	Filing Carrier Name	Sagebrush Cellular, Inc.
<112>	Winning Bidder Carrier Name	Sagebrush Cellular, Inc.
<113>	Street Address (or PO Box)	61 Hwy 13 South/PO Box 600
<114>	City	Scobey
<115>	State	MT
<116>	Zip-Code	59263-0600
<117>	Telephone Number	4067832200 ext.
<118>	Fax Number	4067835276
<119>	Email Address	remi.sun@nemont.coop

Contact Information

if same as above, indicate in this box ☑

<120>	Name (First, MI, Last, Suffix)	Remi Sun
<121>	Filing Carrier Name	Sagebrush Cellular, Inc.
<122>	Street Address (or PO Box)	61 Hwy 13 South/PO Box 600
<123>	City	Scobey
<124>	State	MT
<125>	Zip-Code	59263-0600
<126>	Telephone Number	4067832200 ext.
<127>	Fax Number	4067835276
<128>	Email Address	remi.sun@nemont.coop

Authorized Agent Information

if no agent, indicate in this box ☐

<120>	Name (First, MI, Last, Suffix)	
<121>	Company	
<122>	Street Address (or PO Box)	
<123>	City	
<124>	State	
<125>	Zip-Code	
<126>	Telephone Number	
<127>	Fax Number	
<128>	Email Address	

<010>	Study Area Code	388002
<015>	Study Area Name	Sagebrush Cellular, Inc.
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Remi Sun
<035>	Contact Telephone Number - Number of person identified in data line <030>	4067832200 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	remi.sun@nemont.coop

<140> Coverage and Performance Report Year 01/2013 - 12/2013

Electronic Shapefiles attachments: 388002_060.zip

Name of Attached Document (.zip)

Drive Test Results attachments

Name of Attached Document (.zip)

Scattered Site Test Results attachments

Name of Attached Document (.zip)

<141>

<a1> State	<a2> County	<a3> Census Block	<b1> Resident Population per Census Block	<b2> Resident Population Newly Reached by Service	<b3> Total Resident Population Reached by Service	<c1> Road Miles per Census Block	<c2> Road Miles per Census Block Newly Reached	<c3> Total Road Miles covered per Census Block	<d> Certify that Electronic Shapefiles are uploaded (yes/no)	<e> Certify that Drive Test Results are uploaded (yes/no)	<f> Certify that Scattered Site Tests are uploaded (yes/no)
			-- See attached worksheet								
			--								

Percentage of Total Population Reached by Service: 0

Percentage of Total Road Miles covered by Service: 0

<010>	Study Area Code	388002
<01S>	Study Area Name	Sagebrush Cellular, Inc.
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Remi Sun
<035>	Contact Telephone Number - Number of person identified in data line <030>	4067832200 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	remi.sun@nemont.coop

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

Certification of Officer or Employee as to Compliance with 47 CFR §54.1009(a)(4)

I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this form and in any attachments is accurate.

Name of Reporting Carrier: Sagebrush Cellular, Inc.

Signature of Authorized Officer: CERTIFIED ONLINE Date 07/30/2014

Printed name of Authorized Officer: Remi Sun

Title or position of Authorized Officer: CFO

Telephone number of Authorized Officer: 4067832200 ext.

Study Area Code of Reporting Carrier: 388002 Filing Due Date for this form: 07/31/2014

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.

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

Certification of Officer or Employee to authorize an Agent to file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier

I certify that (Name of Agent)_____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.

Name of Authorized Agent:

Name of Reporting Carrier:

Signature of Authorized Officer or Employee: Date:

Printed name of Authorized Officer or Employee:

Title or position of Authorized Officer or Employee:

Telephone number of Authorized Officer or Employee:

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.

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier

I, as agent for the reporting carrier, certify that I am authorized to submit the certification 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.

Name of Reporting Carrier:

Name of Authorized Agent or Employee of Agent:

Signature of Authorized Agent or Employee of Agent: Date:

Printed name of Authorized Agent or Employee of Agent:

Title or position of Authorized Agent or Employee of Agent

Telephone number of Authorized Agent or Employee of Agent:

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.

<010>	Study Area Code	388002
<015>	Study Area Name	Sagebrush Cellular, Inc.
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Remi Sun
<035>	Contact Telephone Number - Number of person identified in data line <030>	4067832200 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	remi.sun@nemont.coop

<142> State

ND

<143> County

Divide

<144> Tribal Land(s) on which ETC Serves

Turtle Mountain Tribal allotted land

<145> Tribal Government Engagement Obligation

388002_TLRa5_ND.pdf

Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes,No, NA) for each of these boxes to confirm the status described on the attached PDF, on line 145, demonstrates coordination with the Tribal government pursuant to § 54.1004 includes:

		Select (Yes,No, NA)
<146>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions;	NA
<147>	Feasibility and sustainability planning;	NA
<148>	Marketing services in a culturally sensitive manner;	NA
<149>	Compliance with Rights of way processes	NA
<150>	Compliance with Land Use permitting requirements	NA
<151>	Compliance with Facilities Siting rules	NA
<152>	Compliance with Environmental Review processes	NA
<153>	Compliance with Cultural Preservation review processes	NA
<154>	Compliance with Tribal Business and Licensing requirements.	NA

<010>	Study Area Code	388002
<015>	Study Area Name	Sagebrush Cellular, Inc.
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Remi Sun
<035>	Contact Telephone Number - Number of person identified in data line <030>	4067832200 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	remi.sun@nemont.coop

<200>	Date Authorized to Receive Support	06/20/2013
<201>	Targeted Completion Date	06/21/2015
<202>	Total Mobility Fund Support Awarded	440.0
<203>	Total Mobility Fund Support Disbursed	146.67
<204>	Support Applied to Network Design	
<205>	Support Applied to Construction	
<206>	Support Applied to Deployment	
<207>	Support Applied to Maintenance	
<208>	Certify Network will Support 3G Mobile Service (Yes / No)	◉ ○
<209>	Certify Network will Support 4G Mobile Service (Yes / No)	○ ◉
<210>	Actual Completion Date	
<211>	Project Status Description (attached)	388002_PSD_38 (Form 690 Project Status).pdf

{Name of PDF attached}

Please check these boxes below to confirm that the attached PDF, on line 211, contains a project status pursuant to §54.1005(b)(2)(v). The information shall be submitted as appropriate.

<212>	Status of Network Deployment - Network Design	✓
<213>	Status of Network Deployment - Construction	✓
<214>	Status of Network Deployment - Deployment	✓
<215>	Status of Network Deployment - Maintenance	✓
<216>	Project Budget Status	✓
<217>	Project Plan Status	✓

<010>	Study Area Code	388002
<015>	Study Area Name	Sagebrush Cellular, Inc.
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Remi Sun
<035>	Contact Telephone Number - Number of person identified in data line <030>	4067832200 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	remi.sun@nemont.coop

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 Mobility Fund Recipients

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for Mobility Fund recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.

Name of Reporting Carrier: Sagebrush Cellular, Inc.

Signature of Authorized Officer: CERTIFIED ONLINE Date 07/30/2014

Printed name of Authorized Officer: Remi Sun

Title or position of Authorized Officer: CFO

Telephone number of Authorized Officer: 4067832200 ext.

Study Area Code of Reporting Carrier: 388002 Filing Due Date for this form: 07/31/2014

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.

<010>	Study Area Code	388002
<015>	Study Area Name	Sagebrush Cellular, Inc.
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Remi Sun
<035>	Contact Telephone Number - Number of person identified in data line <030>	4067832200 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	remi.sun@nemont.coop

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 Mobility Fund Recipients on Behalf of Reporting Carrier

I certify that (Name of Agent)_____ 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.

Name of Authorized Agent:

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.

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for Mobility Fund Recipients on Behalf of Reporting Carrier

I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for Mobility Fund 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.

Name of Reporting Carrier:

Name of Authorized Agent or Employee of Agent:

Signature of Authorized Agent or Employee of Agent: Date:

Printed name of Authorized Agent or Employee of Agent:

Title or position of Authorized Agent or Employee of Agent

Telephone number of Authorized Agent or Employee of Agent:

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.

Attachments

(060) Coverage and Performance Report

FCC Form 690
Approved by OMB
OMB Control No. 3060-1185

<010>	Study Area Code	388002
<015>	Study Area Name	Sagebrush Cellular, Inc.
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Remi Sun
<035>	Contact Telephone Number - Number of person identified in data line <030>	4067832200 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	remi.sun@nemont.coop
<140>	Coverage and Performance Report Year	01/2013 - 12/2013

<141>

<a1> State	<a2> County	<a3> Census Block	<b1> Resident Population per Census Block	<b2> Resident Population Newly Reached by Service	<b3> Total Resident Population Reached by Service	<c1> Road Miles per Census Block	<c2> Road Miles per Census Block Newly Reached	<c3> Total Road Miles covered per Census Block	<d> Certify that Electronic Shapefiles are uploaded (yes/no)	<e> Certify that Drive Test Results are uploaded (yes/no)	<f> Certify that Scattered Site Tests are uploaded (yes/no)
ND	Divide	380239545001523	0	0	0	0.22	0.0	0.0	Yes	No	No

Percentage of Total Population Reached by Service: 0

Percentage of Total Road Miles covered by Service: 0

File Name: 388002_060

SAC 388002 DIVIDE COUNTY, ND
SAGEBRUSH CELLULAR, INC.
COVERAGE UPDATE

There is no new coverage to report as of December 31, 2013.

Annual Reporting for Mobility Phase I Recipients
47 C.F.R. §54.1009
Sagebrush Cellular, Inc.

§54.1009(a)(5) - COMPLIANCE WITH TRIBAL ENGAGEMENT

Sagebrush Cellular, Inc., Study Area Code 388002, provides services to some Turtle Mountain tribal allotted land in North Dakota. Sagebrush Cellular, Inc. has requested meetings to discuss additional requirements regarding Tribal Engagements; however, Sagebrush Cellular, Inc. has not received any responses from Turtle Mountain Tribal officials.

File Name: 388002_PSD_38

SAC 388002 DIVIDE COUNTY, ND
SAGEBRUSH CELLULAR, INC.
PROJECT STATUS DESRIPTION

AWARD DATE 6/20/2013
TARGETED COMPLETION DATE 6/21/2015

1. Network Deployment Status

Status - Network Design (includes RF Design and Site Development)

1. Finding a Site **Completed**
2. Site Acquisition **Completed**
3. Drafting RFPs **Completed**
4. Posting RFPs **Completed**
5. Selecting Vendors **Completed**
6. Negotiating Contracts **Completed**

Status – Construction

7. Site Prep Work **Pending**
8. Power to Site **Pending**
9. Build-out of Site **Pending**
10. Equipment Building **Pending**
11. Final Site Work **Pending**

Status – Deployment

12. Microwave Electronics **Pending**
13. Cell Site Electronics **Pending**
14. Drive Testing **Pending**
15. Network Optimization **Pending**

Status – Maintenance

16. Beginning of Scheduled Maintenance **Pending**

File Name: 388002_PSD_38

2. Project Budget Status

Sagebrush Cellular, Inc. bid $440.00 for Tract T38023954500-4345 in Divide County.

Bidder	Item Name	State	County	Road Miles	Total Bid Amount	SAC
Sagebrush Cellular, Inc.	T38023954500-4345	ND	Divide	0.22	$440	388002

The planned budget submitted for project area SAC 388002 and the funds currently used as of December 31, 2013 are shown in the following table.

SAC	Network Design	Construction	Deployment	Maintenance
388002	$11,027.00	$73,320.00	$34,464.00	$5,500.00
Used	$5,671.75	$0.00	$9,747.73	$0.00

File Name: 388002_PSD_38

3. Description of Overall Plan

Sagebrush Cellular, Inc. (Sagebrush) operates a Code Division Multiple Access (CDMA) voice and data network in northeastern Montana and northwestern North Dakota. All of the 84 existing sites are Third Generation (3G) Evolution Data-Optimized (EVDO). The unserved areas won in the Federal Communications Commission (FCC or Commission) Mobility Fund Phase I Auction represent holes in Sagebrush's existing network coverage. The new base stations to be added as a result of Mobility Fund support will be full-scale, three-sector base stations, backhauled via microwave into the existing network, and supplemented with omnidirectional repeaters working off of both existing and new sites.

Initial design planning for 75% coverage of the unserved road miles in the 18 Census Tracts won in Auction 901 requires 19 new sites and three omnidirectional repeaters. The network implementation will incorporate EVDO which provides wireless broadband access to mobile devices. From the new tower sites, traffic will be backhauled by microwave or fiber to existing towers or to the network.
Sagebrush already has a 3G CDMA Core and Switch in Glasgow, Montana. Internet traffic is routed over redundant fiber from Glasgow to Billings. Long distance traffic from the Glasgow switch is routed to three separate Session Initiation Protocol (SIP) Voice-Over-IP (VoIP) carriers. One of those SIP providers is in Billings while the other two carriers are accessed over the Internet. All E911 traffic terminates to Public Safety Answering Points (PSAPs) using Time Division Multiplexing (TDM) trunks. All tandem traffic is sent over existing TDM circuits.

There are two (2) existing sites to be upgraded and four (4) sites to be built in SAC 388002. There is one (1) existing and two (2) sites to be built outside of the bounds that will provide service to SAC 388002.

File Name: 388002_PSD_38

4. Project Plan Status

Based on the proposed Planned Milestones the Sagebrush Cellular, Inc. 901 project is on schedule.

AWARD DATE 6/20/2013
TARGETED COMPLETION DATE 6/21/2015

The following table shows the original submitted schedule **(Proposed)** with the revised schedule based on the award date **(Updated)** and the current Status

Planned Milestones	Proposed	Updated	Status
Start Date of Network Design	1/2/2013	6/20/2013	**Completed**
End Date of Network Design	1/17/2013	7/5/2013	**Completed**
Start Date for Drafting and Posting RFPs	1/2/2013	6/20/2013	**Completed**
End Date for Drafting and Posting RFPs	2/12/2013	7/31/2013	**Completed**
Start Date for Selecting Vendors	2/13/2013	8/1/2013	**Completed**
End Date for Selecting Vendors	3/5/2013	8/21/2013	**Completed**
Start Date for Negotiating Contracts	3/6/2013	8/22/2013	**Completed**
End Date for Negotiating Contracts	3/26/2013	9/11/2013	**Completed**
Start Date for Construction	4/1/2013	9/17/2013	**Pending**
End Date for Construction	6/16/2014	12/2/2014	**Pending**

Mobility Fund Phase 1 - §54.1009 Annual Reporting Data Collection Form	FCC Form Approved by OMB OMB 3060-1185 Avg. Burden Estimate per Respondent: 18 Hours

<010>	Study Area Code	388003
<015>	Study Area Name	Sagebrush Cellular, Inc.
<020>	Program Year	2014
<030>	Contact Name: Person USAC should contact with questions about this data	Remi Sun
<035>	Contact Telephone Number: Number of the person identified in data line <030>	4067832200 ext.
<039>	Contact Email: Email of the person identified in data line <030>	remi.sun@nemont.coop

(check box when complete)

<040> **Has the information required pursuant to §54.1009 been provided with a Form 481 filing (Y/N)** <040> ○ ◉

<041> Attach a description of the documents filed with the Form 481 reporting <041>

<042> Cite the Study Area Code (SAC) for the Form 481 reporting <042>

<043> Cite the date of the Form 481 reporting <043>

<050> **Carrier Contact Information** *(has the contact info. changed since prior filing? Yes or No)* ◉ ○

(If yes, complete the attached worksheet) <050> ✓

<060> **Coverage and Performance Report** *(complete attached worksheet)* <060> ✓

<070> **Urban Rate Comparability Certification** *(complete attached certification)* <070> ✓

<080> **Tribal Lands Reporting (y/n?)** *(Does this study area cover tribal lands? Yes or No)* ○ ◉

(If yes, complete the attached worksheet) <080> ☐

<090> **Project Update Information** *(complete attached worksheet)* <090> ✓

<100> **Certifications**

<101> Reporting Carrier Certification *(complete attached certification)* <101> ✓

<102> Agent Certification *(complete attached certification)* <102> ☐

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements)

Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

<010>	Study Area Code	388003
<015>	Study Area Name	Sagebrush Cellular, Inc.
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Remi Sun
<035>	Contact Telephone Number - Number of person identified in data line <030>	4067832200 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	remi.sun@nemont.coop

Reporting Carrier / Mobility Fund Phase 1 Winning Bidder

<110>	FCC Registration Number	0001608645
<111>	Filing Carrier Name	Sagebrush Cellular, Inc.
<112>	Winning Bidder Carrier Name	Sagebrush Cellular, Inc.
<113>	Street Address (or PO Box)	61 Hwy 13 South/PO Box 600
<114>	City	Scobey
<115>	State	MT
<116>	Zip-Code	59263-0600
<117>	Telephone Number	4067832200 ext.
<118>	Fax Number	4067835276
<119>	Email Address	remi.sun@nemont.coop

Contact Information

if same as above, indicate in this box ☑

<120>	Name (First, MI, Last, Suffix)	Remi Sun
<121>	Filing Carrier Name	Sagebrush Cellular, Inc.
<122>	Street Address (or PO Box)	61 Hwy 13 South/PO Box 600
<123>	City	Scobey
<124>	State	MT
<125>	Zip-Code	59263-0600
<126>	Telephone Number	4067832200 ext.
<127>	Fax Number	4067835276
<128>	Email Address	remi.sun@nemont.coop

Authorized Agent Information

if no agent, indicate in this box ☐

<120>	Name (First, MI, Last, Suffix)	
<121>	Company	
<122>	Street Address (or PO Box)	
<123>	City	
<124>	State	
<125>	Zip-Code	
<126>	Telephone Number	
<127>	Fax Number	
<128>	Email Address	

<010>	Study Area Code	388003
<015>	Study Area Name	Sagebrush Cellular, Inc.
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Remi Sun
<035>	Contact Telephone Number - Number of person identified in data line <030>	4067832200 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	remi.sun@nemont.coop

<140> Coverage and Performance Report Year 01/2013 - 12/2013

Electronic Shapefiles attachments: 388003_060.zip
Name of Attached Document (.zip)

Drive Test Results attachments
Name of Attached Document (.zip)

Scattered Site Test Results attachments
Name of Attached Document (.zip)

<141>

<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<c1>	<c2>	<c3>	<d>	<e>	<f>
State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Electronic Shapefiles are uploaded (yes/no)	Certify that Drive Test Results are uploaded (yes/no)	Certify that Scattered Site Tests are uploaded (yes/no)
			-- See attached worksheet								
			--								

Percentage of Total Population Reached by Service: 0

Percentage of Total Road Miles covered by Service: 0

<010>	Study Area Code	388003
<015>	Study Area Name	Sagebrush Cellular, Inc.
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Remi Sun
<035>	Contact Telephone Number - Number of person identified in data line <030>	4067832200 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	remi.sun@nemont.coop

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

Certification of Officer or Employee as to Compliance with 47 CFR §54.1009(a)(4)

I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this form and in any attachments is accurate.

Name of Reporting Carrier: Sagebrush Cellular, Inc.

Signature of Authorized Officer: CERTIFIED ONLINE Date 07/30/2014

Printed name of Authorized Officer: Remi Sun

Title or position of Authorized Officer: CFO

Telephone number of Authorized Officer: 4067832200 ext.

Study Area Code of Reporting Carrier: 388003 Filing Due Date for this form: 07/31/2014

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.

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

Certification of Officer or Employee to authorize an Agent to file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier

I certify that (Name of Agent)_____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.

Name of Authorized Agent:

Name of Reporting Carrier:

Signature of Authorized Officer or Employee: Date:

Printed name of Authorized Officer or Employee:

Title or position of Authorized Officer or Employee:

Telephone number of Authorized Officer or Employee:

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.

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier

I, as agent for the reporting carrier, certify that I am authorized to submit the certification 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.

Name of Reporting Carrier:

Name of Authorized Agent or Employee of Agent:

Signature of Authorized Agent or Employee of Agent: Date:

Printed name of Authorized Agent or Employee of Agent:

Title or position of Authorized Agent or Employee of Agent

Telephone number of Authorized Agent or Employee of Agent:

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.

<010>	Study Area Code	388003
<015>	Study Area Name	Sagebrush Cellular, Inc.
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Remi Sun
<035>	Contact Telephone Number - Number of person identified in data line <030>	4067832200 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	remi.sun@nemont.coop

<142> State

<143> County

<144> Tribal Land(s) on which ETC Serves

<145> Tribal Government Engagement Obligation

Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes,No, NA) for each of these boxes to confirm the status described on the attached PDF, on line 145, demonstrates coordination with the Tribal government pursuant to § 54.1004 includes:

		Select (Yes,No, NA)
<146>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions;	
<147>	Feasibility and sustainability planning;	
<148>	Marketing services in a culturally sensitive manner;	
<149>	Compliance with Rights of way processes	
<150>	Compliance with Land Use permitting requirements	
<151>	Compliance with Facilities Siting rules	
<152>	Compliance with Environmental Review processes	
<153>	Compliance with Cultural Preservation review processes	
<154>	Compliance with Tribal Business and Licensing requirements.	

<010>	Study Area Code	388003
<015>	Study Area Name	Sagebrush Cellular, Inc.
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Remi Sun
<035>	Contact Telephone Number - Number of person identified in data line <030>	4067832200 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	remi.sun@nemont.coop

<200>	Date Authorized to Receive Support	06/20/2013
<201>	Targeted Completion Date	06/21/2015
<202>	Total Mobility Fund Support Awarded	197260.0
<203>	Total Mobility Fund Support Disbursed	65753.33
<204>	Support Applied to Network Design	
<205>	Support Applied to Construction	
<206>	Support Applied to Deployment	
<207>	Support Applied to Maintenance	
<208>	Certify Network will Support 3G Mobile Service (Yes / No)	◉ ○
<209>	Certify Network will Support 4G Mobile Service (Yes / No)	○ ◉
<210>	Actual Completion Date	
<211>	Project Status Description (attached)	388003_PSD_38 (Form 690 Project Status).pdf *{Name of PDF attached}*

Please check these boxes below to confirm that the attached PDF, on line 211, contains a project status pursuant to §54.1005(b)(2)(v). The information shall be submitted as appropriate.

<212>	Status of Network Deployment - Network Design	✓
<213>	Status of Network Deployment - Construction	✓
<214>	Status of Network Deployment - Deployment	✓
<215>	Status of Network Deployment - Maintenance	✓
<216>	Project Budget Status	✓
<217>	Project Plan Status	✓

<010>	Study Area Code	388003
<015>	Study Area Name	Sagebrush Cellular, Inc.
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Remi Sun
<035>	Contact Telephone Number - Number of person identified in data line <030>	4067832200 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	remi.sun@nemont.coop

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 Mobility Fund Recipients

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for Mobility Fund recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.

Name of Reporting Carrier: Sagebrush Cellular, Inc.

Signature of Authorized Officer: CERTIFIED ONLINE Date 07/30/2014

Printed name of Authorized Officer: Remi Sun

Title or position of Authorized Officer: CFO

Telephone number of Authorized Officer: 4067832200 ext.

Study Area Code of Reporting Carrier: 388003 Filing Due Date for this form: 07/31/2014

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.

<010>	Study Area Code	388003
<015>	Study Area Name	Sagebrush Cellular, Inc.
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Remi Sun
<035>	Contact Telephone Number - Number of person identified in data line <030>	4067832200 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	remi.sun@nemont.coop

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 Mobility Fund Recipients on Behalf of Reporting Carrier

I certify that (Name of Agent)_____ 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.

Name of Authorized Agent:

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.

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for Mobility Fund Recipients on Behalf of Reporting Carrier

I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for Mobility Fund 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.

Name of Reporting Carrier:

Name of Authorized Agent or Employee of Agent:

Signature of Authorized Agent or Employee of Agent: Date:

Printed name of Authorized Agent or Employee of Agent:

Title or position of Authorized Agent or Employee of Agent

Telephone number of Authorized Agent or Employee of Agent:

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.

Attachments

(060) Coverage and Performance Report

FCC Form 690
Approved by OMB
OMB Control No. 3060-1185

<010>	Study Area Code	388003
<015>	Study Area Name	Sagebrush Cellular, Inc.
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Remi Sun
<035>	Contact Telephone Number - Number of person identified in data line <030>	4067832200 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	remi.sun@nemont.coop
<140>	Coverage and Performance Report Year	01/2013 - 12/2013

<141>

<a1> State	<a2> County	<a3> Census Block	<b1> Resident Population per Census Block	<b2> Resident Population Newly Reached by Service	<b3> Total Resident Population Reached by Service	<c1> Road Miles per Census Block	<c2> Road Miles per Census Block Newly Reached	<c3> Total Road Miles covered per Census Block	<d> Certify that Electronic Shapefiles are uploaded (yes/no)	<e> Certify that Drive Test Results are uploaded (yes/no)	<f> Certify that Scattered Site Tests are uploaded (yes/no)
ND	Williams	381059534001822	0	0	0	1.44	0.0	0.0	Yes	No	No
ND	Williams	381059534001270	0	0	0	1.83	0.0	0.0	Yes	No	No
ND	Williams	381059534001365	0	0	0	0.07	0.0	0.0	Yes	No	No
ND	Williams	381059534001265	0	0	0	3.19	0.0	0.0	Yes	No	No
ND	Williams	381059534001539	0	0	0	0.13	0.0	0.0	Yes	No	No
ND	Williams	381059534001339	0	0	0	0.11	0.0	0.0	Yes	No	No
ND	Williams	381059534001340	1	0	0	0.24	0.0	0.0	Yes	No	No
ND	Williams	381059534001273	0	0	0	0.12	0.0	0.0	Yes	No	No
ND	Williams	381059534001821	0	0	0	0.05	0.0	0.0	Yes	No	No
ND	Williams	381059534001534	0	0	0	0.12	0.0	0.0	Yes	No	No
ND	Williams	381059534001438	0	0	0	3.1	0.0	0.0	Yes	No	No
ND	Williams	381059534001345	0	0	0	1.64	0.0	0.0	Yes	No	No
ND	Williams	381059534001267	0	0	0	1.45	0.0	0.0	Yes	No	No
ND	Williams	381059534001342	1	0	0	0.11	0.0	0.0	Yes	No	No
ND	Williams	381059534001341	6	0	0	0.13	0.0	0.0	Yes	No	No
ND	Williams	381059534001331	2	0	0	2.22	0.0	0.0	Yes	No	No
ND	Williams	381059534001361	1	0	0	0.07	0.0	0.0	Yes	No	No
ND	Williams	381059534001819	0	0	0	0.05	0.0	0.0	Yes	No	No
ND	Williams	381059534001512	0	0	0	0.86	0.0	0.0	Yes	No	No
ND	Williams	381059534001274	0	0	0	0.38	0.0	0.0	Yes	No	No

Percentage of Total Population Reached by Service: 0

Percentage of Total Road Miles covered by Service: 0

(060) Coverage and Performance Report

<010>	Study Area Code	388003
<015>	Study Area Name	Sagebrush Cellular, Inc.
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Remi Sun
<035>	Contact Telephone Number - Number of person identified in data line <030>	4067832200 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	remi.sun@nemont.coop
<140>	Coverage and Performance Report Year	01/2013 - 12/2013

<141>

<a1> State	<a2> County	<a3> Census Block	<b1> Resident Population per Census Block	<b2> Resident Population Newly Reached by Service	<b3> Total Resident Population Reached by Service	<c1> Road Miles per Census Block	<c2> Road Miles per Census Block Newly Reached	<c3> Total Road Miles covered per Census Block	<d> Certify that Electronic Shapefiles are uploaded (yes/no)	<e> Certify that Drive Test Results are uploaded (yes/no)	Certify that Scattered Site Tests are uploaded (yes/no)
ND	Williams	381059534001439	0	0	0	2.57	0.0	0.0	Yes	No	No
ND	Williams	381059534001818	0	0	0	0.16	0.0	0.0	Yes	No	No
ND	Williams	381059534001516	0	0	0	0.97	0.0	0.0	Yes	No	No
ND	Williams	381059534001332	0	0	0	0.11	0.0	0.0	Yes	No	No
ND	Williams	381059534001441	0	0	0	4.11	0.0	0.0	Yes	No	No
ND	Williams	381059534001533	3	0	0	0.07	0.0	0.0	Yes	No	No
ND	Williams	381059534001351	0	0	0	0.16	0.0	0.0	Yes	No	No
ND	Williams	381059534001272	0	0	0	0.03	0.0	0.0	Yes	No	No
ND	Williams	381059534001067	0	0	0	0.06	0.0	0.0	Yes	No	No
ND	Williams	381059534001508	0	0	0	4.86	0.0	0.0	Yes	No	No
ND	Williams	381059534001538	0	0	0	0.44	0.0	0.0	Yes	No	No
ND	Williams	381059534001518	0	0	0	0.96	0.0	0.0	Yes	No	No
ND	Williams	381059534001523	0	0	0	1.21	0.0	0.0	Yes	No	No
ND	Williams	381059534001337	0	0	0	0.24	0.0	0.0	Yes	No	No
ND	Williams	381059534001330	0	0	0	0.97	0.0	0.0	Yes	No	No
ND	Williams	381059534001065	0	0	0	0.2	0.0	0.0	Yes	No	No
ND	Williams	381059534001446	1	0	0	3.05	0.0	0.0	Yes	No	No
ND	Williams	381059534001536	0	0	0	0.08	0.0	0.0	Yes	No	No
ND	Williams	[illegible]	0	0	0	0.9	0.0	0.0	Yes	No	No
ND	Williams	[illegible]	0	0	0	0.07	0.0	0.0	Yes	No	No

Percentage of Total Population Reached by Service: 0

Percentage of Total Road Miles covered by Service: 0

(060) Coverage and Performance Report

FCC Form 690
Approved by OMB
OMB Control No. 3060-1185

<010>	Study Area Code	388003
<015>	Study Area Name	Sagebrush Cellular, Inc.
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Remi Sun
<035>	Contact Telephone Number - Number of person identified in data line <030>	4067832200 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	remi.sun@nemont.coop
<140>	Coverage and Performance Report Year	01/2013 - 12/2013

<141>

<a1> State	<a2> County	<a3> Census Block	<b1> Resident Population per Census Block	<b2> Resident Population Newly Reached by Service	<b3> Total Resident Population Reached by Service	<c1> Road Miles per Census Block	<c2> Road Miles per Census Block Newly Reached	<c3> Total Road Miles covered per Census Block	<d> Certify that Electronic Shapefiles are uploaded (yes/no)	<e> Certify that Drive Test Results are uploaded (yes/no)	<f> Certify that Scattered Site Tests are uploaded (yes/no)
ND	Williams	381059534001349	2	0	0	1.5	0.0	0.0	Yes	No	No
ND	Williams	381059534001450	2	0	0	6.62	0.0	0.0	Yes	No	No
ND	Williams	381059534001334	0	0	0	0.04	0.0	0.0	Yes	No	No
ND	Williams	381059534001524	0	0	0	0.19	0.0	0.0	Yes	No	No
ND	Williams	381059534001343	0	0	0	1.19	0.0	0.0	Yes	No	No
ND	Williams	381059534001440	0	0	0	1.95	0.0	0.0	Yes	No	No
ND	Williams	381059534001436	0	0	0	3.0	0.0	0.0	Yes	No	No
ND	Williams	381059534001820	0	0	0	0.04	0.0	0.0	Yes	No	No
ND	Williams	381059534001338	3	0	0	1.17	0.0	0.0	Yes	No	No
ND	Williams	381059534001449	0	0	0	1.69	0.0	0.0	Yes	No	No
ND	Williams	381059534001514	2	0	0	1.53	0.0	0.0	Yes	No	No
ND	Williams	381059534001823	0	0	0	0.04	0.0	0.0	Yes	No	No
ND	Williams	381059534001532	0	0	0	1.41	0.0	0.0	Yes	No	No
ND	Williams	381059534001453	0	0	0	0.22	0.0	0.0	Yes	No	No
ND	Williams	381059534001366	0	0	0	0.65	0.0	0.0	Yes	No	No
ND	Williams	381059534001346	2	0	0	0.08	0.0	0.0	Yes	No	No
ND	Williams	381059534001513	3	0	0	3.79	0.0	0.0	Yes	No	No
ND	Williams	381059534001364	6	0	0	3.18	0.0	0.0	Yes	No	No
ND	Williams	381059534001535	0	0	0	0.35	0.0	0.0	Yes	No	No
ND	Williams	381059534001269	0	0	0	0.05	0.0	0.0	Yes	No	No

Percentage of Total Population Reached by Service: 0

Percentage of Total Road Miles covered by Service: 0

(060) Coverage and Performance Report

FCC Form 690
Approved by OMB
OMB Control No. 3060-1185

<010>	Study Area Code	388003
<015>	Study Area Name	Sagebrush Cellular, Inc.
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Remi Sun
<035>	Contact Telephone Number - Number of person identified in data line <030>	4067832200 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	remi.sun@nemont.coop
<140>	Coverage and Performance Report Year	01/2013 - 12/2013

<141>

<a1> State	<a2> County	<a3> Census Block	<b1> Resident Population per Census Block	<b2> Resident Population Newly Reached by Service	<b3> Total Resident Population Reached by Service	<c1> Road Miles per Census Block	<c2> Road Miles per Census Block Newly Reached	<c3> Total Road Miles covered per Census Block	<d> Certify that Electronic Shapefiles are uploaded (yes/no)	<e> Certify that Drive Test Results are uploaded (yes/no)	<f> Certify that Scattered Site Tests are uploaded (yes/no)
ND	Williams	381059534001333	2	0	0	2.47	0.0	0.0	Yes	No	No
ND	Williams	381059534001517	0	0	0	1.33	0.0	0.0	Yes	No	No
ND	Williams	381059534001266	0	0	0	0.8	0.0	0.0	Yes	No	No
ND	Williams	381059534001437	0	0	0	2.03	0.0	0.0	Yes	No	No
ND	Williams	381059534001363	0	0	0	0.07	0.0	0.0	Yes	No	No
ND	Williams	381059534001336	0	0	0	0.39	0.0	0.0	Yes	No	No
ND	Williams	381059534001526	0	0	0	0.07	0.0	0.0	Yes	No	No
ND	Williams	381059534001344	0	0	0	1.8	0.0	0.0	Yes	No	No
ND	Williams	381059534001525	0	0	0	2.33	0.0	0.0	Yes	No	No
ND	Williams	381059534001271	0	0	0	0.7	0.0	0.0	Yes	No	No
ND	Williams	381059534001335	7	0	0	2.65	0.0	0.0	Yes	No	No
ND	Williams	381059534001066	1	0	0	0.72	0.0	0.0	Yes	No	No
ND	Williams	381059534001817	0	0	0	0.19	0.0	0.0	Yes	No	No
ND	Williams	381059534001447	0	0	0	0.67	0.0	0.0	Yes	No	No
ND	Williams	381059534001064	0	0	0	3.62	0.0	0.0	Yes	No	No
ND	Williams	381059534001448	1	0	0	2.05	0.0	0.0	Yes	No	No
ND	Williams	381059534001063	0	0	0	6.07	0.0	0.0	Yes	No	No
ND	Williams	381059534001537	0	0	0	2.15	0.0	0.0	Yes	No	No
ND	Williams	381059534001268	2	0	0	2.3	0.0	0.0	Yes	No	No

Percentage of Total Population Reached by Service: 0

Percentage of Total Road Miles covered by Service: 0

File Name: 388003_060

SAC 388003 WILLIAMS COUNTY, ND
SAGEBRUSH CELLULAR, INC.
COVERAGE UPDATE

There is no new coverage to report as of December 31, 2013.

File Name: 388003_PSD_38

SAC 388003 WILLIAMS COUNTY, ND
SAGEBRUSH CELLULAR, INC.
PROJECT STATUS DESRIPTION

AWARD DATE 6/20/2013
TARGETED COMPLETION DATE 6/21/2015

1. Network Deployment Status

Status - Network Design (includes RF Design and Site Development)

1.	Finding a Site	**Completed**
2.	Site Acquisition	**Completed**
3.	Drafting RFPs	**Completed**
4.	Posting RFPs	**Completed**
5.	Selecting Vendors	**Completed**
6.	Negotiating Contracts	**Completed**

Status – Construction

7.	Site Prep Work	**Pending**
8.	Power to Site	**Pending**
9.	Build-out of Site	**Pending**
10.	Equipment Building	**Pending**
11.	Final Site Work	**Pending**

Status – Deployment

12.	Microwave Electronics	**Pending**
13.	Cell Site Electronics	**Pending**
14.	Drive Testing	**Pending**
15.	Network Optimization	**Pending**

Status – Maintenance

16.	Beginning of Scheduled Maintenance	**Pending**

File Name: 388003_PSD_38

2. Project Budget Status

Sagebrush Cellular, Inc. bid $197,260.00 for Tract T38105953400 in Williams County.

Bidder	Item Name	State	County	Road Miles	Total Bid Amount	SAC
Sagebrush Cellular, Inc.	T38105953400	ND	Williams	14.61	$197,260.00	388003

The planned budget submitted for project area SAC 388003 and the funds currently used as of December 31, 2013 are shown in the following table.

SAC	Network Design	Construction	Deployment	Maintenance
388003	$25,730.00	$171,080.00	$80,416.00	$12,833.00
Used	$5,671.75	$0.00	$9,747.73	$0.00

File Name: 388003_PSD_38

3. Description of Overall Plan

Sagebrush Cellular, Inc. (Sagebrush) operates a Code Division Multiple Access (CDMA) voice and data network in northeastern Montana and northwestern North Dakota. All of the 84 existing sites are Third Generation (3G) Evolution Data-Optimized (EVDO). The unserved areas won in the Federal Communications Commission (FCC or Commission) Mobility Fund Phase I Auction represent holes in Sagebrush's existing network coverage. The new base stations to be added as a result of Mobility Fund support will be full-scale, three-sector base stations, backhauled via microwave into the existing network, and supplemented with omnidirectional repeaters working off of both existing and new sites.

Initial design planning for 75% coverage of the unserved road miles in the 18 Census Tracts won in Auction 901 requires 19 new sites and three omnidirectional repeaters. The network implementation will incorporate EVDO which provides wireless broadband access to mobile devices. From the new tower sites, traffic will be backhauled by microwave or fiber to existing towers or to the network.
Sagebrush already has a 3G CDMA Core and Switch in Glasgow, Montana. Internet traffic is routed over redundant fiber from Glasgow to Billings. Long distance traffic from the Glasgow switch is routed to three separate Session Initiation Protocol (SIP) Voice-Over-IP (VoIP) carriers. One of those SIP providers is in Billings while the other two carriers are accessed over the Internet. All E911 traffic terminates to Public Safety Answering Points (PSAPs) using Time Division Multiplexing (TDM) trunks. All tandem traffic is sent over existing TDM circuits.

There is one (1) existing site to be upgraded inside SAC 388003. There are two (2) existing and one (1) site to be built outside of the bounds that will provide service to SAC 388003.

File Name: 388003_PSD_38

4. Project Plan Status

Based on the proposed Planned Milestones the Sagebrush Cellular, Inc. 901 project is on schedule.

AWARD DATE 6/20/2013
TARGETED COMPLETION DATE 6/21/2015

The following table shows the original submitted schedule **(Proposed)** with the revised schedule based on the award date **(Updated)** and the current Status

Planned Milestones	Proposed	Updated	Status
Start Date of Network Design	1/2/2013	6/20/2013	**Completed**
End Date of Network Design	1/17/2013	7/5/2013	**Completed**
Start Date for Drafting and Posting RFPs	1/2/2013	6/20/2013	**Completed**
End Date for Drafting and Posting RFPs	2/12/2013	7/31/2013	**Completed**
Start Date for Selecting Vendors	2/13/2013	8/1/2013	**Completed**
End Date for Selecting Vendors	3/5/2013	8/21/2013	**Completed**
Start Date for Negotiating Contracts	3/6/2013	8/22/2013	**Completed**
End Date for Negotiating Contracts	3/26/2013	9/11/2013	**Completed**
Start Date for Construction	4/1/2013	9/17/2013	**Pending**
End Date for Construction	6/16/2014	12/2/2014	**Pending**

Mobility Fund Phase 1 - §54.1009 Annual Reporting Data Collection Form	FCC Form Approved by OMB OMB 3060-1185 Avg. Burden Estimate per Respondent: 18 Hours

<010>	Study Area Code	388004
<015>	Study Area Name	Sagebrush Cellular, Inc.
<020>	Program Year	2014
<030>	Contact Name: Person USAC should contact with questions about this data	Remi Sun
<035>	Contact Telephone Number: Number of the person identified in data line <030>	4067832200 ext.
<039>	Contact Email: Email of the person identified in data line <030>	remi.sun@nemont.coop

(check box when complete)

<040> **Has the information required pursuant to §54.1009 been provided with a Form 481 filing (Y/N)** <040> ○ ◉

<041> Attach a description of the documents filed with the Form 481 reporting <041>

<042> Cite the Study Area Code (SAC) for the Form 481 reporting <042>

<043> Cite the date of the Form 481 reporting <043>

<050> **Carrier Contact Information** *(has the contact info. changed since prior filing? Yes or No)* ◉ ○

(If yes, complete the attached worksheet) <050> ☑

<060> **Coverage and Performance Report** *(complete attached worksheet)* <060> ☑

<070> **Urban Rate Comparability Certification** *(complete attached certification)* <070> ☑

<080> **Tribal Lands Reporting (y/n?)** *(Does this study area cover tribal lands? Yes or No)* ○ ◉

(If yes, complete the attached worksheet) <080> ☐

<090> **Project Update Information** *(complete attached worksheet)* <090> ☑

<100> **Certifications**

<101> Reporting Carrier Certification *(complete attached certification)* <101> ☑

<102> Agent Certification *(complete attached certification)* <102> ☐

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements)

Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

<010>	Study Area Code	388004
<015>	Study Area Name	Sagebrush Cellular, Inc.
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Remi Sun
<035>	Contact Telephone Number - Number of person identified in data line <030>	4067832200 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	remi.sun@nemont.coop

Reporting Carrier / Mobility Fund Phase 1 Winning Bidder

<110>	FCC Registration Number	0001608645
<111>	Filing Carrier Name	Sagebrush Cellular, Inc.
<112>	Winning Bidder Carrier Name	Sagebrush Cellular, Inc.
<113>	Street Address (or PO Box)	61 Hwy 13 South/PO Box 600
<114>	City	Scobey
<115>	State	MT
<116>	Zip-Code	59263-0600
<117>	Telephone Number	4067832200 ext.2264
<118>	Fax Number	4067835283
<119>	Email Address	twyla.holum@nemont.coop

Contact Information

if same as above, indicate in this box ☑

<120>	Name (First, MI, Last, Suffix)	Twyla Holum
<121>	Filing Carrier Name	Sagebrush Cellular, Inc.
<122>	Street Address (or PO Box)	61 Hwy 13 South/PO Box 600
<123>	City	Scobey
<124>	State	MT
<125>	Zip-Code	59263-0600
<126>	Telephone Number	4067832200 ext.2264
<127>	Fax Number	4067835283
<128>	Email Address	twyla.holum@nemont.coop

Authorized Agent Information

if no agent, indicate in this box ☐

<120>	Name (First, MI, Last, Suffix)	
<121>	Company	
<122>	Street Address (or PO Box)	
<123>	City	
<124>	State	
<125>	Zip-Code	
<126>	Telephone Number	
<127>	Fax Number	
<128>	Email Address	

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<140> Coverage and Performance Report Year 01/2013 - 12/2013

Electronic Shapefiles attachments: 388004_060.zip

Name of Attached Document (.zip)

Drive Test Results attachments

Name of Attached Document (.zip)

Scattered Site Test Results attachments

Name of Attached Document (.zip)

<141>

<a1> State	<a2> County	<a3> Census Block	<b1> Resident Population per Census Block	<b2> Resident Population Newly Reached by Service	<b3> Total Resident Population Reached by Service	<c1> Road Miles per Census Block	<c2> Road Miles per Census Block Newly Reached	<c3> Total Road Miles covered per Census Block	<d> Certify that Electronic Shapefiles are uploaded (yes/no)	<e> Certify that Drive Test Results are uploaded (yes/no)	<f> Certify that Scattered Site Tests are uploaded (yes/no)
			-- See attached worksheet								
			--								

Percentage of Total Population Reached by Service: 0

Percentage of Total Road Miles covered by Service: 0

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<039>	Contact Email Address - Email Address of person identified in data line <030>	remi.sun@nemont.coop

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

Certification of Officer or Employee as to Compliance with 47 CFR §54.1009(a)(4)

I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this form and in any attachments is accurate.

Name of Reporting Carrier: Sagebrush Cellular, Inc.

Signature of Authorized Officer: CERTIFIED ONLINE Date 07/30/2014

Printed name of Authorized Officer: Remi Sun

Title or position of Authorized Officer: CFO

Telephone number of Authorized Officer: 4067832200 ext.

Study Area Code of Reporting Carrier: 388004 Filing Due Date for this form: 07/31/2014

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.

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

Certification of Officer or Employee to authorize an Agent to file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier

I certify that (Name of Agent)_____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.

Name of Authorized Agent:

Name of Reporting Carrier:

Signature of Authorized Officer or Employee: Date:

Printed name of Authorized Officer or Employee:

Title or position of Authorized Officer or Employee:

Telephone number of Authorized Officer or Employee:

Study Area Code of Reporting Carrier: Filing Due Date for this form:

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TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier

I, as agent for the reporting carrier, certify that I am authorized to submit the certification 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.

Name of Reporting Carrier:

Name of Authorized Agent or Employee of Agent:

Signature of Authorized Agent or Employee of Agent: Date:

Printed name of Authorized Agent or Employee of Agent:

Title or position of Authorized Agent or Employee of Agent

Telephone number of Authorized Agent or Employee of Agent:

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<039>	Contact Email Address - Email Address of person identified in data line <030>	remi.sun@nemont.coop

<142> State

<143> County

<144> Tribal Land(s) on which ETC Serves

<145> Tribal Government Engagement Obligation

Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes,No, NA) for each of these boxes to confirm the status described on the attached PDF, on line 145, demonstrates coordination with the Tribal government pursuant to § 54.1004 includes:

		Select (Yes,No, NA)
<146>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions;	
<147>	Feasibility and sustainability planning;	
<148>	Marketing services in a culturally sensitive manner;	
<149>	Compliance with Rights of way processes	
<150>	Compliance with Land Use permitting requirements	
<151>	Compliance with Facilities Siting rules	
<152>	Compliance with Environmental Review processes	
<153>	Compliance with Cultural Preservation review processes	
<154>	Compliance with Tribal Business and Licensing requirements.	

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<200>	Date Authorized to Receive Support	06/20/2013
<201>	Targeted Completion Date	06/21/2015
<202>	Total Mobility Fund Support Awarded	269600.0
<203>	Total Mobility Fund Support Disbursed	89866.67
<204>	Support Applied to Network Design	
<205>	Support Applied to Construction	
<206>	Support Applied to Deployment	
<207>	Support Applied to Maintenance	
<208>	Certify Network will Support 3G Mobile Service (Yes / No)	◉ ○
<209>	Certify Network will Support 4G Mobile Service (Yes / No)	○ ◉
<210>	Actual Completion Date	
<211>	Project Status Description (attached)	388004_PSD_38 (Form 690 Project Status).pdf *{Name of PDF attached}*

Please check these boxes below to confirm that the attached PDF, on line 211, contains a project status pursuant to §54.1005(b)(2)(v). The information shall be submitted as appropriate.

<212>	Status of Network Deployment - Network Design	✓
<213>	Status of Network Deployment - Construction	✓
<214>	Status of Network Deployment - Deployment	✓
<215>	Status of Network Deployment - Maintenance	✓
<216>	Project Budget Status	✓
<217>	Project Plan Status	✓

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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 Mobility Fund Recipients

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for Mobility Fund recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.

Name of Reporting Carrier: Sagebrush Cellular, Inc.

Signature of Authorized Officer: CERTIFIED ONLINE Date 07/30/2014

Printed name of Authorized Officer: Remi Sun

Title or position of Authorized Officer: CFO

Telephone number of Authorized Officer: 4067832200 ext.

Study Area Code of Reporting Carrier: 388004 Filing Due Date for this form: 07/31/2014

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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 Mobility Fund Recipients on Behalf of Reporting Carrier

I certify that (Name of Agent)_____ 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.

Name of Authorized Agent:

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.

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for Mobility Fund Recipients on Behalf of Reporting Carrier

I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for Mobility Fund 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.

Name of Reporting Carrier:

Name of Authorized Agent or Employee of Agent:

Signature of Authorized Agent or Employee of Agent: Date:

Printed name of Authorized Agent or Employee of Agent:

Title or position of Authorized Agent or Employee of Agent

Telephone number of Authorized Agent or Employee of Agent:

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.

Attachments

(060) Coverage and Performance Report

FCC Form 690
Approved by OMB
OMB Control No. 3060-1185

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<140>	Coverage and Performance Report Year	01/2013 - 12/2013

<141>

<a1> State	<a2> County	<a3> Census Block	<b1> Resident Population per Census Block	<b2> Resident Population Newly Reached by Service	<b3> Total Resident Population Reached by Service	<c1> Road Miles per Census Block	<c2> Road Miles per Census Block Newly Reached	<c3> Total Road Miles covered per Census Block	<d> Certify that Electronic Shapefiles are uploaded (yes/no)	<e> Certify that Drive Test Results are uploaded (yes/no)	<f> Certify that Scattered Site Tests are uploaded (yes/no)
ND	Williams	381059535001390	1	0	0	4.33	0.0	0.0	Yes	No	No
ND	Williams	381059535001542	0	0	0	0.05	0.0	0.0	Yes	No	No
ND	Williams	381059535001167	0	0	0	0.62	0.0	0.0	Yes	No	No
ND	Williams	381059535001599	0	0	0	0.08	0.0	0.0	Yes	No	No
ND	Williams	381059535001250	0	0	0	1.09	0.0	0.0	Yes	No	No
ND	Williams	381059535001387	0	0	0	1.47	0.0	0.0	Yes	No	No
ND	Williams	381059535001253	0	0	0	0.5	0.0	0.0	Yes	No	No
ND	Williams	381059535001168	6	0	0	0.25	0.0	0.0	Yes	No	No
ND	Williams	381059535001170	0	0	0	0.87	0.0	0.0	Yes	No	No
ND	Williams	381059535001244	0	0	0	3.3	0.0	0.0	Yes	No	No
ND	Williams	381059535001365	0	0	0	1.46	0.0	0.0	Yes	No	No
ND	Williams	381059535001590	0	0	0	0.05	0.0	0.0	Yes	No	No
ND	Williams	381059535001173	0	0	0	0.09	0.0	0.0	Yes	No	No
ND	Williams	381059535001248	0	0	0	1.71	0.0	0.0	Yes	No	No
ND	Williams	381059535001610	0	0	0	2.4	0.0	0.0	Yes	No	No
ND	Williams	381059535001169	0	0	0	1.97	0.0	0.0	Yes	No	No
ND	Williams	381059535001634	0	0	0	0.2	0.0	0.0	Yes	No	No
ND	Williams	381059535001359	0	0	0	0.16	0.0	0.0	Yes	No	No
ND	Williams	381059535001327	0	0	0	3.05	0.0	0.0	Yes	No	No
ND	Williams	381059535001633	9	0	0	2.86	0.0	0.0	Yes	No	No

Percentage of Total Population Reached by Service: 0

Percentage of Total Road Miles covered by Service: 0

(060) Coverage and Performance Report

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<140>	Coverage and Performance Report Year	01/2013 - 12/2013

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<a1> State	<a2> County	<a3> Census Block	<b1> Resident Population per Census Block	<b2> Resident Population Newly Reached by Service	<b3> Total Resident Population Reached by Service	<c1> Road Miles per Census Block	<c2> Road Miles per Census Block Newly Reached	<c3> Total Road Miles covered per Census Block	<e> Certify that Electronic Shapefiles are uploaded (yes/no)	<f> Certify that Drive Test Results are uploaded (yes/no)	<f> Certify that Scattered Site Tests are uploaded (yes/no)
ND	Williams	381059535001360	0	0	0	1.94	0.0	0.0	Yes	No	No
ND	Williams	381059535001349	0	0	0	4.71	0.0	0.0	Yes	No	No
ND	Williams	381059535001164	0	0	0	2.06	0.0	0.0	Yes	No	No
ND	Williams	381059535001329	0	0	0	1.95	0.0	0.0	Yes	No	No
ND	Williams	381059535001247	0	0	0	1.72	0.0	0.0	Yes	No	No
ND	Williams	381059535001381	2	0	0	5.34	0.0	0.0	Yes	No	No
ND	Williams	381059535001278	0	0	0	2.95	0.0	0.0	Yes	No	No
ND	Williams	381059535001436	0	0	0	2.6	0.0	0.0	Yes	No	No
ND	Williams	381059535001618	0	0	0	0.04	0.0	0.0	Yes	No	No
ND	Williams	381059535001431	0	0	0	2.37	0.0	0.0	Yes	No	No
ND	Williams	381059535001389	0	0	0	0.65	0.0	0.0	Yes	No	No
ND	Williams	381059535001174	0	0	0	1.95	0.0	0.0	Yes	No	No
ND	Williams	381059535001598	0	0	0	3.31	0.0	0.0	Yes	No	No
ND	Williams	381059535001892	0	0	0	1.8	0.0	0.0	Yes	No	No
ND	Williams	381059535001614	0	0	0	1.35	0.0	0.0	Yes	No	No
ND	Williams	381059535001621	0	0	0	2.04	0.0	0.0	Yes	No	No
ND	Williams	381059535001624	0	0	0	0.06	0.0	0.0	Yes	No	No
ND	Williams	381059535001358	0	0	0	0.59	0.0	0.0	Yes	No	No
ND	Williams	381059535001620	0	0	0	2.17	0.0	0.0	Yes	No	No
ND	Williams	381059535001156	0	0	0	0.98	0.0	0.0	Yes	No	No

Percentage of Total Population Reached by Service: 0

Percentage of Total Road Miles covered by Service: 0

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ND	Williams	381059535001622	0	0	0	2.41	0.0	0.0	Yes	No	No
ND	Williams	381059535001323	0	0	0	1.74	0.0	0.0	Yes	No	No
ND	Williams	381059535001615	3	0	0	0.21	0.0	0.0	Yes	No	No
ND	Williams	381059535001249	0	0	0	1.41	0.0	0.0	Yes	No	No
ND	Williams	381059535001596	6	0	0	4.17	0.0	0.0	Yes	No	No
ND	Williams	381059535001013	0	0	0	3.66	0.0	0.0	Yes	No	No
ND	Williams	381059535001154	0	0	0	6.5	0.0	0.0	Yes	No	No
ND	Williams	381059535001288	0	0	0	2.0	0.0	0.0	Yes	No	No
ND	Williams	381059535001299	0	0	0	1.21	0.0	0.0	Yes	No	No
ND	Williams	381059535001158	0	0	0	0.09	0.0	0.0	Yes	No	No
ND	Williams	381059535001000	0	0	0	3.79	0.0	0.0	Yes	No	No
ND	Williams	381059535001172	1	0	0	1.52	0.0	0.0	Yes	No	No
ND	Williams	381059535001160	0	0	0	1.69	0.0	0.0	Yes	No	No
ND	Williams	381059535001423	0	0	0	0.15	0.0	0.0	Yes	No	No
ND	Williams	381059535001252	0	0	0	1.72	0.0	0.0	Yes	No	No
ND	Williams	381059535001308	0	0	0	0.47	0.0	0.0	Yes	No	No
ND	Williams	381059535001114	0	0	0	0.4	0.0	0.0	Yes	No	No
ND	Williams	381059535001245	0	0	0	1.03	0.0	0.0	Yes	No	No
ND	Williams	381059535001251	0	0	0	3.88	0.0	0.0	Yes	No	No
ND	Williams	381059535001391	0	0	0	0.15	0.0	0.0	Yes	No	No

Percentage of Total Population Reached by Service: 0

Percentage of Total Road Miles covered by Service: 0

(060) Coverage and Performance Report

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<140>	Coverage and Performance Report Year	01/2013 - 12/2013

<141>

<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<c1>	<c2>	<c3>	<d>	<e>	<f>
State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Electronic Shapefiles are uploaded (yes/no)	Certify that Drive Test Results are uploaded (yes/no)	Certify that Scattered Site Tests are uploaded (yes/no)
ND	Williams	381059535001612	0	0	0	0.12	0.0	0.0	Yes	No	No
ND	Williams	381059535001889	0	0	0	0.48	0.0	0.0	Yes	No	No
ND	Williams	381059535001388	0	0	0	1.73	0.0	0.0	Yes	No	No
ND	Williams	381059535001328	0	0	0	0.12	0.0	0.0	Yes	No	No
ND	Williams	381059535001171	0	0	0	0.49	0.0	0.0	Yes	No	No
ND	Williams	381059535001611	5	0	0	2.68	0.0	0.0	Yes	No	No
ND	Williams	381059535001279	0	0	0	0.13	0.0	0.0	Yes	No	No
ND	Williams	381059535001392	5	0	0	1.83	0.0	0.0	Yes	No	No
ND	Williams	381059535001282	0	0	0	0.2	0.0	0.0	Yes	No	No
ND	Williams	381059535001380	2	0	0	3.99	0.0	0.0	Yes	No	No
ND	Williams	381059535001617	1	0	0	1.6	0.0	0.0	Yes	No	No
ND	Williams	381059535001316	0	0	0	0.1	0.0	0.0	Yes	No	No
ND	Williams	381059535001157	0	0	0	0.1	0.0	0.0	Yes	No	No
ND	Williams	381059535001592	2	0	0	0.06	0.0	0.0	Yes	No	No
ND	Williams	381059535001635	2	0	0	1.86	0.0	0.0	Yes	No	No
ND	Williams	381059535001616	0	0	0	1.46	0.0	0.0	Yes	No	No
ND	Williams	381059535001159	0	0	0	1.61	0.0	0.0	Yes	No	No
ND	Williams	381059535001307	0	0	0	0.07	0.0	0.0	Yes	No	No
ND	Williams	381059535001312	0	0	0	1.88	0.0	0.0	Yes	No	No
ND	Williams	381059535001613	0	0	0	0.08	0.0	0.0	Yes	No	No

Percentage of Total Population Reached by Service: 0

Percentage of Total Road Miles covered by Service: 0

(060) Coverage and Performance Report

FCC Form 690
Approved by OMB
OMB Control No. 3060-1185

<010>	Study Area Code	388004
<015>	Study Area Name	Sagebrush Cellular, Inc.
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Remi Sun
<035>	Contact Telephone Number - Number of person identified in data line <030>	4067832200 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	remi.sun@nemont.coop
<140>	Coverage and Performance Report Year	01/2013 - 12/2013

<141>

<a1> State	<a2> County	<a3> Census Block	<b1> Resident Population per Census Block	<b2> Resident Population Newly Reached by Service	<b3> Total Resident Population Reached by Service	<c1> Road Miles per Census Block	<c2> Road Miles per Census Block Newly Reached	<c3> Total Road Miles covered per Census Block	<d> Certify that Electronic Shapefiles are uploaded (yes/no)	<e> Certify that Drive Test Results are uploaded (yes/no)	<f> Certify that Scattered Site Tests are uploaded (yes/no)
ND	Williams	381059535001165	0	0	0	1.88	0.0	0.0	Yes	No	No
ND	Williams	381059535001280	0	0	0	1.12	0.0	0.0	Yes	No	No
ND	Williams	381059535001362	0	0	0	2.6	0.0	0.0	Yes	No	No
ND	Williams	381059535001313	0	0	0	0.05	0.0	0.0	Yes	No	No
ND	Williams	381059535001623	0	0	0	3.05	0.0	0.0	Yes	No	No
ND	Williams	381059535001897	2	0	0	0.22	0.0	0.0	Yes	No	No

Percentage of Total Population Reached by Service: 0

Percentage of Total Road Miles covered by Service: 0

File Name: 388004_060

SAC 388004 WILLIAMS COUNTY, ND
SAGEBRUSH CELLULAR, INC.
COVERAGE UPDATE

There is no new coverage to report as of December 31, 2013.

File Name: 388004_PSD_38

SAC 388004 WILLIAMS COUNTY, ND
SAGEBRUSH CELLULAR, INC.
PROJECT STATUS DESRIPTION

AWARD DATE 6/20/2013
TARGETED COMPLETION DATE 6/21/2015

1. Network Deployment Status

Status - Network Design (includes RF Design and Site Development)

1. Finding a Site	**Completed**
2. Site Acquisition	**Completed**
3. Drafting RFPs	**Completed**
4. Posting RFPs	**Completed**
5. Selecting Vendors	**Completed**
6. Negotiating Contracts	**Completed**

Status – Construction

7. Site Prep Work	**Pending**
8. Power to Site	**Pending**
9. Build-out of Site	**Pending**
10. Equipment Building	**Pending**
11. Final Site Work	**Pending**

Status – Deployment

12. Microwave Electronics	**Pending**
13. Cell Site Electronics	**Pending**
14. Drive Testing	**Pending**
15. Network Optimization	**Pending**

Status – Maintenance

16. Beginning of Scheduled Maintenance	**Pending**

File Name: 388004_PSD_38

2. Project Budget Status

Sagebrush Cellular, Inc. bid $269,600.00 for Tract T38105953500 in Williams County.

Bidder	Item Name	State	County	Road Miles	Total Bid Amount	SAC
Sagebrush Cellular, Inc.	T38105953500	ND	Williams	134.8	$269,600.00	388004

The planned budget submitted for project area SAC 388004 and the funds currently used as of December 31, 2013 are shown in the following table.

SAC	Network Design	Construction	Deployment	Maintenance
388004	$33,081.00	$219,960.00	$130,392.00	$16,500.00
Used	$5,671.75	$0.00	$9,747.73	$0.00

File Name: 388004_PSD_38

3. Description of Overall Plan

Sagebrush Cellular, Inc. (Sagebrush) operates a Code Division Multiple Access (CDMA) voice and data network in northeastern Montana and northwestern North Dakota. All of the 84 existing sites are Third Generation (3G) Evolution Data-Optimized (EVDO). The unserved areas won in the Federal Communications Commission (FCC or Commission) Mobility Fund Phase I Auction represent holes in Sagebrush's existing network coverage. The new base stations to be added as a result of Mobility Fund support will be full-scale, three-sector base stations, backhauled via microwave into the existing network, and supplemented with omnidirectional repeaters working off of both existing and new sites.

Initial design planning for 75% coverage of the unserved road miles in the 18 Census Tracts won in Auction 901 requires 19 new sites and three omnidirectional repeaters. The network implementation will incorporate EVDO which provides wireless broadband access to mobile devices. From the new tower sites, traffic will be backhauled by microwave or fiber to existing towers or to the network.
Sagebrush already has a 3G CDMA Core and Switch in Glasgow, Montana. Internet traffic is routed over redundant fiber from Glasgow to Billings. Long distance traffic from the Glasgow switch is routed to three separate Session Initiation Protocol (SIP) Voice-Over-IP (VoIP) carriers. One of those SIP providers is in Billings while the other two carriers are accessed over the Internet. All E911 traffic terminates to Public Safety Answering Points (PSAPs) using Time Division Multiplexing (TDM) trunks. All tandem traffic is sent over existing TDM circuits.

There is one (1) existing and one (1) site to be built inside of SAC 388004. There are three (3) existing and one (1) site to be built outside of the bounds that will serve SAC 388004.

File Name: 388004_PSD_38

4. Project Plan Status

Based on the proposed Planned Milestones the Sagebrush Cellular, Inc. 901 project is on schedule.

AWARD DATE 6/20/2013
TARGETED COMPLETION DATE 6/21/2015

The following table shows the original submitted schedule **(Proposed)** with the revised schedule based on the award date **(Updated)** and the current Status

Planned Milestones	Proposed	Updated	Status
Start Date of Network Design	1/2/2013	6/20/2013	**Completed**
End Date of Network Design	1/17/2013	7/5/2013	**Completed**
Start Date for Drafting and Posting RFPs	1/2/2013	6/20/2013	**Completed**
End Date for Drafting and Posting RFPs	2/12/2013	7/31/2013	**Completed**
Start Date for Selecting Vendors	2/13/2013	8/1/2013	**Completed**
End Date for Selecting Vendors	3/5/2013	8/21/2013	**Completed**
Start Date for Negotiating Contracts	3/6/2013	8/22/2013	**Completed**
End Date for Negotiating Contracts	3/26/2013	9/11/2013	**Completed**
Start Date for Construction	4/1/2013	9/17/2013	**Pending**
End Date for Construction	6/16/2014	12/2/2014	**Pending**

Mobility Fund Phase 1 - §54.1009 Annual Reporting Data Collection Form	FCC Form Approved by OMB OMB 3060-1185 Avg. Burden Estimate per Respondent: 18 Hours

<010>	Study Area Code	388005
<015>	Study Area Name	Sagebrush Cellular, Inc.
<020>	Program Year	2014
<030>	Contact Name: Person USAC should contact with questions about this data	Remi Sun
<035>	Contact Telephone Number: Number of the person identified in data line <030>	4067832200 ext.
<039>	Contact Email: Email of the person identified in data line <030>	remi.sun@nemont.coop

(check box when complete)

<040> **Has the information required pursuant to §54.1009 been provided with a Form 481 filing (Y/N)** <040> ◉ ○

<041> Attach a description of the documents filed with the Form 481 reporting <041> Form481SagebrushCellular388005.pdf

<042> Cite the Study Area Code (SAC) for the Form 481 reporting <042> 389013

<043> Cite the date of the Form 481 reporting <043> 07/01/2014

<050> **Carrier Contact Information** *(has the contact info. changed since prior filing? Yes or No)* ◉ ○

(If yes, complete the attached worksheet) <050> ✓

<060> **Coverage and Performance Report** *(complete attached worksheet)* <060> ✓

<070> **Urban Rate Comparability Certification** *(complete attached certification)* <070> ✓

<080> **Tribal Lands Reporting (y/n?)** *(Does this study area cover tribal lands? Yes or No)* ◉ ○

(If yes, complete the attached worksheet) <080> ✓

<090> **Project Update Information** *(complete attached worksheet)* <090> ✓

<100> **Certifications**

<101> Reporting Carrier Certification *(complete attached certification)* <101> ✓

<102> Agent Certification *(complete attached certification)* <102> ☐

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements)

Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

<010>	Study Area Code	388005
<015>	Study Area Name	Sagebrush Cellular, Inc.
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Remi Sun
<035>	Contact Telephone Number - Number of person identified in data line <030>	4067832200 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	remi.sun@nemont.coop

Reporting Carrier / Mobility Fund Phase 1 Winning Bidder

<110>	FCC Registration Number	0001608645
<111>	Filing Carrier Name	Sagebrush Cellular, Inc.
<112>	Winning Bidder Carrier Name	Sagebrush Cellular, Inc
<113>	Street Address (or PO Box)	61 Hwy 13 South
<114>	City	Scobey
<115>	State	MT
<116>	Zip-Code	59263-0600
<117>	Telephone Number	4067832200 ext.
<118>	Fax Number	4067835276
<119>	Email Address	remi.sun@nemont.coop

Contact Information

if same as above, indicate in this box ✓

<120>	Name (First, MI, Last, Suffix)	Remi Sun
<121>	Filing Carrier Name	Sagebrush Cellular, Inc.
<122>	Street Address (or PO Box)	61 Hwy 13 South
<123>	City	Scobey
<124>	State	MT
<125>	Zip-Code	59263-0600
<126>	Telephone Number	4067832200 ext.
<127>	Fax Number	4067835276
<128>	Email Address	remi.sun@nemont.coop

Authorized Agent Information

if no agent, indicate in this box ☐

<120>	Name (First, MI, Last, Suffix)	
<121>	Company	
<122>	Street Address (or PO Box)	
<123>	City	
<124>	State	
<125>	Zip-Code	
<126>	Telephone Number	
<127>	Fax Number	
<128>	Email Address	

<010>	Study Area Code	388005
<015>	Study Area Name	Sagebrush Cellular, Inc.
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Remi Sun
<035>	Contact Telephone Number - Number of person identified in data line <030>	4067832200 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	remi.sun@nemont.coop

<140> Coverage and Performance Report Year 01/2013 - 12/2013

Electronic Shapefiles attachments: 388005_060.zip

Name of Attached Dacument (.zip)

Drive Test Results attachments:

Name of Attached Dacument (.zip)

Scattered Site Test Results attachments:

Name of Attached Document (.zip)

<141>

<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<c1>	<c2>	<c3>	<d>	<e>	<f>
State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Electronic Shapefiles are uploaded (yes/no)	Certify that Drive Test Results are uploaded (yes/no)	Certify that Scattered Site Tests are uploaded (yes/no)
			-- See attached worksheet								
			--								

Percentage of Total Population Reached by Service: 0

Percentage of Total Road Miles covered by Service: 0

<010>	Study Area Code	388005
<015>	Study Area Name	Sagebrush Cellular, Inc.
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Remi Sun
<035>	Contact Telephone Number - Number of person identified in data line <030>	4067832200 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	remi.sun@nemont.coop

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

Certification of Officer or Employee as to Compliance with 47 CFR §54.1009(a)(4)

I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this form and in any attachments is accurate.

Name of Reporting Carrier: Sagebrush Cellular, Inc.

Signature of Authorized Officer: CERTIFIED ONLINE Date 07/30/2014

Printed name of Authorized Officer: Remi Sun

Title or position of Authorized Officer: CFO

Telephone number of Authorized Officer: 4067832200 ext.

Study Area Code of Reporting Carrier: 388005 Filing Due Date for this form: 07/31/2014

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.

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

Certification of Officer or Employee to authorize an Agent to file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier

I certify that (Name of Agent)_____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.

Name of Authorized Agent:

Name of Reporting Carrier:

Signature of Authorized Officer or Employee: Date:

Printed name of Authorized Officer or Employee:

Title or position of Authorized Officer or Employee:

Telephone number of Authorized Officer or Employee:

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.

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier

I, as agent for the reporting carrier, certify that I am authorized to submit the certification 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.

Name of Reporting Carrier:

Name of Authorized Agent or Employee of Agent:

Signature of Authorized Agent or Employee of Agent: Date:

Printed name of Authorized Agent or Employee of Agent:

Title or position of Authorized Agent or Employee of Agent

Telephone number of Authorized Agent or Employee of Agent:

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.

<010>	Study Area Code	388005
<015>	Study Area Name	Sagebrush Cellular, Inc.
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Remi Sun
<035>	Contact Telephone Number - Number of person identified in data line <030>	4067832200 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	remi.sun@nemont.coop

<142> State: ND

<143> County: Williams

<144> Tribal Land(s) on which ETC Serves: Turtle Mountain Tribal allotted land

<145> Tribal Government Engagement Obligation: 388005_TLRa5_ND.pdf

Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes,No, NA) for each of these boxes to confirm the status described on the attached PDF, on line 145, demonstrates coordination with the Tribal government pursuant to § 54.1004 includes:

		Select (Yes,No, NA)
<146>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions;	NA
<147>	Feasibility and sustainability planning;	NA
<148>	Marketing services in a culturally sensitive manner;	NA
<149>	Compliance with Rights of way processes	NA
<150>	Compliance with Land Use permitting requirements	NA
<151>	Compliance with Facilities Siting rules	NA
<152>	Compliance with Environmental Review processes	NA
<153>	Compliance with Cultural Preservation review processes	NA
<154>	Compliance with Tribal Business and Licensing requirements.	NA

<010>	Study Area Code	388005
<015>	Study Area Name	Sagebrush Cellular, Inc.
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Remi Sun
<035>	Contact Telephone Number - Number of person identified in data line <030>	4067832200 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	remi.sun@nemont.coop

<200>	Date Authorized to Receive Support	06/20/2013
<201>	Targeted Completion Date	06/21/2015
<202>	Total Mobility Fund Support Awarded	980.0
<203>	Total Mobility Fund Support Disbursed	326.67
<204>	Support Applied to Network Design	
<205>	Support Applied to Construction	
<206>	Support Applied to Deployment	
<207>	Support Applied to Maintenance	
<208>	Certify Network will Support 3G Mobile Service (Yes / No)	◉ ○
<209>	Certify Network will Support 4G Mobile Service (Yes / No)	○ ◉
<210>	Actual Completion Date	
<211>	Project Status Description (attached)	388005_PSD_38 (Form 690 Project Status).pdf

{Name of PDF attached}

Please check these boxes below to confirm that the attached PDF, on line 211, contains a project status pursuant to §54.1005(b)(2)(v). The information shall be submitted as appropriate.

<212>	Status of Network Deployment - Network Design	✓
<213>	Status of Network Deployment - Construction	✓
<214>	Status of Network Deployment - Deployment	✓
<215>	Status of Network Deployment - Maintenance	✓
<216>	Project Budget Status	✓
<217>	Project Plan Status	✓

<010>	Study Area Code	388005
<015>	Study Area Name	Sagebrush Cellular, Inc.
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Remi Sun
<035>	Contact Telephone Number - Number of person identified in data line <030>	4067832200 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	remi.sun@nemont.coop

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 Mobility Fund Recipients

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for Mobility Fund recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.

Name of Reporting Carrier: Sagebrush Cellular, Inc.

Signature of Authorized Officer: CERTIFIED ONLINE Date 07/30/2014

Printed name of Authorized Officer: Remi Sun

Title or position of Authorized Officer: CFO

Telephone number of Authorized Officer: 4067832200 ext.

Study Area Code of Reporting Carrier: 388005 Filing Due Date for this form: 07/31/2014

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.

<010>	Study Area Code	388005
<015>	Study Area Name	Sagebrush Cellular, Inc.
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Remi Sun
<035>	Contact Telephone Number - Number of person identified in data line <030>	4067832200 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	remi.sun@nemont.coop

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 Mobility Fund Recipients on Behalf of Reporting Carrier

I certify that (Name of Agent)_____ 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.

Name of Authorized Agent:

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.

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for Mobility Fund Recipients on Behalf of Reporting Carrier

I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for Mobility Fund 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.

Name of Reporting Carrier:

Name of Authorized Agent or Employee of Agent:

Signature of Authorized Agent or Employee of Agent: Date:

Printed name of Authorized Agent or Employee of Agent:

Title or position of Authorized Agent or Employee of Agent

Telephone number of Authorized Agent or Employee of Agent:

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.

Attachments

(060) Coverage and Performance Report

FCC Form 690
Approved by OMB
OMB Control No. 3060-1185

<010>	Study Area Code	388005
<015>	Study Area Name	Sagebrush Cellular, Inc.
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Remi Sun
<035>	Contact Telephone Number - Number of person identified in data line <030>	4067832200 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	remi.sun@nemont.coop
<140>	Coverage and Performance Report Year	01/2013 - 12/2013

<141>

<a1> State	<a2> County	<a3> Census Block	<b1> Resident Population per Census Block	<b2> Resident Population Newly Reached by Service	<b3> Total Resident Population Reached by Service	<c1> Road Miles per Census Block	<c2> Road Miles per Census Block Newly Reached	<c3> Total Road Miles covered per Census Block	<d> Certify that Electronic Shapefiles are uploaded (yes/no)	<e> Certify that Drive Test Results are uploaded (yes/no)	<f> Certify that Scattered Site Tests are uploaded (yes/no)
ND	Williams	381059535001419	0	0	0	0.49	0.0	0.0	Yes	No	No

Percentage of Total Population Reached by Service: 0

Percentage of Total Road Miles covered by Service: 0

File Name: 388005_060

SAC 388005 WILLIAMS COUNTY, ND
SAGEBRUSH CELLULAR, INC.
COVERAGE UPDATE

There is no new coverage to report as of December 31, 2013.

Annual Reporting for Mobility Phase I Recipients
47 C.F.R. §54.1009
Sagebrush Cellular, Inc.

§54.1009(a)(5) - COMPLIANCE WITH TRIBAL ENGAGEMENT

Sagebrush Cellular, Inc., Study Area Code 388005, provides services to some Turtle Mountain tribal allotted land in North Dakota. Sagebrush Cellular, Inc. has requested meetings to discuss additional requirements regarding Tribal Engagements; however, Sagebrush Cellular, Inc. has not received any responses from Turtle Mountain Tribal officials.

File Name: 388005_PSD_38

SAC 388005 WILLIAMS COUNTY, ND
SAGEBRUSH CELLULAR, INC.
PROJECT STATUS DESRIPTION

AWARD DATE 6/20/2013
TARGETED COMPLETION DATE 6/21/2015

1. Network Deployment Status

Status - Network Design (includes RF Design and Site Development)

1. Finding a Site	**Completed**
2. Site Acquisition	**Completed**
3. Drafting RFPs	**Completed**
4. Posting RFPs	**Completed**
5. Selecting Vendors	**Completed**
6. Negotiating Contracts	**Completed**

Status – Construction

7. Site Prep Work	**Pending**
8. Power to Site	**Pending**
9. Build-out of Site	**Pending**
10. Equipment Building	**Pending**
11. Final Site Work	**Pending**

Status – Deployment

12. Microwave Electronics	**Pending**
13. Cell Site Electronics	**Pending**
14. Drive Testing	**Pending**
15. Network Optimization	**Pending**

Status – Maintenance

16. Beginning of Scheduled Maintenance	**Pending**

File Name: 388005_PSD_38

2. Project Budget Status

Sagebrush Cellular, Inc. bid $980.00 for Tract T38105953500-4345 in Williams County.

Bidder	Item Name	State	County	Road Miles	Total Bid Amount	SAC
Sagebrush Cellular, Inc.	T38105953500-4345	ND	Williams	0.49	$980.00	388005

The planned budget submitted for project area SAC 388005 and the funds currently used as of December 31, 2013 are shown in the following table.

SAC	Network Design	Construction	Deployment	Maintenance
388005	$7,351.00	$48,880.00	$22,976.00	$3,667.00
Used	$5,671.75	$0.00	$9,747.73	$0.00

File Name: 388005_PSD_38

3. Description of Overall Plan

Sagebrush Cellular, Inc. (Sagebrush) operates a Code Division Multiple Access (CDMA) voice and data network in northeastern Montana and northwestern North Dakota. All of the 84 existing sites are Third Generation (3G) Evolution Data-Optimized (EVDO). The unserved areas won in the Federal Communications Commission (FCC or Commission) Mobility Fund Phase I Auction represent holes in Sagebrush's existing network coverage. The new base stations to be added as a result of Mobility Fund support will be full-scale, three-sector base stations, backhauled via microwave into the existing network, and supplemented with omnidirectional repeaters working off of both existing and new sites.

Initial design planning for 75% coverage of the unserved road miles in the 18 Census Tracts won in Auction 901 requires 19 new sites and three omnidirectional repeaters. The network implementation will incorporate EVDO which provides wireless broadband access to mobile devices. From the new tower sites, traffic will be backhauled by microwave or fiber to existing towers or to the network.
Sagebrush already has a 3G CDMA Core and Switch in Glasgow, Montana. Internet traffic is routed over redundant fiber from Glasgow to Billings. Long distance traffic from the Glasgow switch is routed to three separate Session Initiation Protocol (SIP) Voice-Over-IP (VoIP) carriers. One of those SIP providers is in Billings while the other two carriers are accessed over the Internet. All E911 traffic terminates to Public Safety Answering Points (PSAPs) using Time Division Multiplexing (TDM) trunks. All tandem traffic is sent over existing TDM circuits.

There is one (1) existing and one (1) site to be built inside of SAC 388005. There are three (3) existing and one (1) site to be built outside of the bounds that will serve SAC 388005.

File Name: 388005_PSD_38

4. Project Plan Status

Based on the proposed Planned Milestones the Sagebrush Cellular, Inc. 901 project is on schedule.

AWARD DATE 6/20/2013
TARGETED COMPLETION DATE 6/21/2015

The following table shows the original submitted schedule **(Proposed)** with the revised schedule based on the award date **(Updated)** and the current Status

Planned Milestones	Proposed	Updated	Status
Start Date of Network Design	1/2/2013	6/20/2013	**Completed**
End Date of Network Design	1/17/2013	7/5/2013	**Completed**
Start Date for Drafting and Posting RFPs	1/2/2013	6/20/2013	**Completed**
End Date for Drafting and Posting RFPs	2/12/2013	7/31/2013	**Completed**
Start Date for Selecting Vendors	2/13/2013	8/1/2013	**Completed**
End Date for Selecting Vendors	3/5/2013	8/21/2013	**Completed**
Start Date for Negotiating Contracts	3/6/2013	8/22/2013	**Completed**
End Date for Negotiating Contracts	3/26/2013	9/11/2013	**Completed**
Start Date for Construction	4/1/2013	9/17/2013	**Pending**
End Date for Construction	6/16/2014	12/2/2014	**Pending**

Mobility Fund Phase 1 - §54.1009 Annual Reporting Data Collection Form	FCC Form Approved by OMB OMB 3060-1185 Avg. Burden Estimate per Respondent: 18 Hours

<010>	Study Area Code	388006
<015>	Study Area Name	Sagebrush Cellular, Inc.
<020>	Program Year	2014
<030>	Contact Name: Person USAC should contact with questions about this data	Remi Sun
<035>	Contact Telephone Number: Number of the person identified in data line <030>	4067832200 ext.
<039>	Contact Email: Email of the person identified in data line <030>	remi.sun@nemont.coop

(check box when complete)

<040> **Has the information required pursuant to §54.1009 been provided with a Form 481 filing (Y/N)** <040> ○ ◉

<041> Attach a description of the documents filed with the Form 481 reporting <041>

<042> Cite the Study Area Code (SAC) for the Form 481 reporting <042>

<043> Cite the date of the Form 481 reporting <043>

<050> **Carrier Contact Information** *(has the contact info. changed since prior filing? Yes or No)* ◉ ○

(If yes, complete the attached worksheet) <050> ☑

<060> **Coverage and Performance Report** *(complete attached worksheet)* <060> ☑

<070> **Urban Rate Comparability Certification** *(complete attached certification)* <070> ☑

<080> **Tribal Lands Reporting (y/n?)** *(Does this study area cover tribal lands? Yes or No)* ○ ◉

(If yes, complete the attached worksheet) <080> ☐

<090> **Project Update Information** *(complete attached worksheet)* <090> ☑

<100> **Certifications**

<101> Reporting Carrier Certification *(complete attached certification)* <101> ☑

<102> Agent Certification *(complete attached certification)* <102> ☐

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements)

Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

<010>	Study Area Code	388006
<015>	Study Area Name	Sagebrush Cellular, Inc.
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Remi Sun
<035>	Contact Telephone Number - Number of person identified in data line <030>	4067832200 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	remi.sun@nemont.coop

Reporting Carrier / Mobility Fund Phase 1 Winning Bidder

<110>	FCC Registration Number	0001608645
<111>	Filing Carrier Name	Sagebrush Cellular, Inc.
<112>	Winning Bidder Carrier Name	Sagebrush Cellular, Inc.
<113>	Street Address (or PO Box)	61 Hwy 13 South
<114>	City	Scobey
<115>	State	MT
<116>	Zip-Code	59263-0600
<117>	Telephone Number	4067832200 ext.
<118>	Fax Number	4067835276
<119>	Email Address	remi.sun@nemont.coop

Contact Information

if same as above, indicate in this box ✓

<120>	Name (First, MI, Last, Suffix)	Remi Sun
<121>	Filing Carrier Name	Sagebrush Cellular, Inc.
<122>	Street Address (or PO Box)	61 Hwy 13 South
<123>	City	Scobey
<124>	State	MT
<125>	Zip-Code	59263-0600
<126>	Telephone Number	4067832200 ext.
<127>	Fax Number	4067835276
<128>	Email Address	remi.sun@nemont.coop

Authorized Agent Information

if no agent, indicate in this box ☐

<120>	Name (First, MI, Last, Suffix)	
<121>	Company	
<122>	Street Address (or PO Box)	
<123>	City	
<124>	State	
<125>	Zip-Code	
<126>	Telephone Number	
<127>	Fax Number	
<128>	Email Address	

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<035>	Contact Telephone Number - Number of person identified in data line <030>	4067832200 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	remi.sun@nemont.coop

<140> Coverage and Performance Report Year 01/2013 - 12/2013

Electronic Shapefiles attachments: 388006_060.zip

Name of Attached Document (.zip)

Drive Test Results attachments

Name of Attached Document (.zip)

Scattered Site Test Results attachments

Name of Attached Document (.zip)

<141>

<a1> State	<a2> County	<a3> Census Block	<b1> Resident Population per Census Block	<b2> Resident Population Newly Reached by Service	<b3> Total Resident Population Reached by Service	<c1> Road Miles per Census Block	<c2> Road Miles per Census Block Newly Reached	<c3> Total Road Miles covered per Census Block	<d> Certify that Electronic Shapefiles are uploaded (yes/no)	<e> Certify that Drive Test Results are uploaded (yes/no)	<f> Certify that Scattered Site Tests are uploaded (yes/no)
			-- See attached worksheet								
			--								

Percentage of Total Population Reached by Service: 0

Percentage of Total Road Miles covered by Service: 0

<010>	Study Area Code	388006
<015>	Study Area Name	Sagebrush Cellular, Inc.
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Remi Sun
<035>	Contact Telephone Number - Number of person identified in data line <030>	4067832200 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	remi.sun@nemont.coop

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

Certification of Officer or Employee as to Compliance with 47 CFR §54.1009(a)(4)

I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this form and in any attachments is accurate.

Name of Reporting Carrier: Sagebrush Cellular, Inc.

Signature of Authorized Officer: CERTIFIED ONLINE Date 07/30/2014

Printed name of Authorized Officer: Remi Sun

Title or position of Authorized Officer: CFO

Telephone number of Authorized Officer: 4067832200 ext.

Study Area Code of Reporting Carrier: 388006 Filing Due Date for this form: 07/31/2014

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.

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

Certification of Officer or Employee to authorize an Agent to file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier

I certify that (Name of Agent)_____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.

Name of Authorized Agent:

Name of Reporting Carrier:

Signature of Authorized Officer or Employee: Date:

Printed name of Authorized Officer or Employee:

Title or position of Authorized Officer or Employee:

Telephone number of Authorized Officer or Employee:

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.

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier

I, as agent for the reporting carrier, certify that I am authorized to submit the certification 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.

Name of Reporting Carrier:

Name of Authorized Agent or Employee of Agent:

Signature of Authorized Agent or Employee of Agent: Date:

Printed name of Authorized Agent or Employee of Agent:

Title or position of Authorized Agent or Employee of Agent

Telephone number of Authorized Agent or Employee of Agent:

Study Area Code of Reporting Carrier: **Filing Due Date for this form:**

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<030>	Contact Name - Person USAC should contact regarding this data	Remi Sun
<035>	Contact Telephone Number - Number of person identified in data line <030>	4067832200 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	remi.sun@nemont.coop

<142> State

<143> County

<144> Tribal Land(s) on which ETC Serves

<145> Tribal Government Engagement Obligation

Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes,No, NA) for each of these boxes to confirm the status described on the attached PDF, on line 145, demonstrates coordination with the Tribal government pursuant to § 54.1004 includes:

		Select (Yes,No, NA)
<146>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions;	
<147>	Feasibility and sustainability planning;	
<148>	Marketing services in a culturally sensitive manner;	
<149>	Compliance with Rights of way processes	
<150>	Compliance with Land Use permitting requirements	
<151>	Compliance with Facilities Siting rules	
<152>	Compliance with Environmental Review processes	
<153>	Compliance with Cultural Preservation review processes	
<154>	Compliance with Tribal Business and Licensing requirements.	

<010>	Study Area Code	388006
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<035>	Contact Telephone Number - Number of person identified in data line <030>	4067832200 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	remi.sun@nemont.coop

<200>	Date Authorized to Receive Support	06/20/2013
<201>	Targeted Completion Date	06/21/2015
<202>	Total Mobility Fund Support Awarded	269496.64
<203>	Total Mobility Fund Support Disbursed	89832.21
<204>	Support Applied to Network Design	
<205>	Support Applied to Construction	
<206>	Support Applied to Deployment	
<207>	Support Applied to Maintenance	
<208>	Certify Network will Support 3G Mobile Service (Yes / No)	◉ ○
<209>	Certify Network will Support 4G Mobile Service (Yes / No)	○ ◉
<210>	Actual Completion Date	
<211>	Project Status Description (attached)	388006_PSD_38 (Form 690 Project Status).pdf *{Name of PDF attached}*

Please check these boxes below to confirm that the attached PDF, on line 211, contains a project status pursuant to §54.1005(b)(2)(v). The information shall be submitted as appropriate.

<212>	Status of Network Deployment - Network Design	✓
<213>	Status of Network Deployment - Construction	✓
<214>	Status of Network Deployment - Deployment	✓
<215>	Status of Network Deployment - Maintenance	✓
<216>	Project Budget Status	✓
<217>	Project Plan Status	✓

<010>	Study Area Code	388006
<015>	Study Area Name	Sagebrush Cellular, Inc.
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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 Mobility Fund Recipients

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for Mobility Fund recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.

Name of Reporting Carrier: Sagebrush Cellular, Inc.

Signature of Authorized Officer: CERTIFIED ONLINE Date 07/30/2014

Printed name of Authorized Officer: Remi Sun

Title or position of Authorized Officer: CFO

Telephone number of Authorized Officer: 4067832200 ext.

Study Area Code of Reporting Carrier: 388006 Filing Due Date for this form: 07/31/2014

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<039>	Contact Email Address - Email Address of person identified in data line <030>	remi.sun@nemont.coop

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 Mobility Fund Recipients on Behalf of Reporting Carrier

I certify that (Name of Agent)_____ 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.

Name of Authorized Agent:

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.

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for Mobility Fund Recipients on Behalf of Reporting Carrier

I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for Mobility Fund 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.

Name of Reporting Carrier:

Name of Authorized Agent or Employee of Agent:

Signature of Authorized Agent or Employee of Agent: Date:

Printed name of Authorized Agent or Employee of Agent:

Title or position of Authorized Agent or Employee of Agent

Telephone number of Authorized Agent or Employee of Agent:

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.

Attachments

(060) Coverage and Performance Report

FCC Form 690
Approved by OMB
OMB Control No. 3060-1185

<010>	Study Area Code	388006
<015>	Study Area Name	Sagebrush Cellular, Inc.
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Remi Sun
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<140>	Coverage and Performance Report Year	01/2013 - 12/2013

<141>

<a1>	<a2>	<a3>	<b1>	<b2>				<c3>			
State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Electronic Shapefiles are uploaded (yes/no)	Certify that Drive Test Results are uploaded (yes/no)	Certify that Scattered Site Tests are uploaded (yes/no)
ND	Williams	381059536001579	0	0	0	0.03	0.0	0.0	Yes	No	No
ND	Williams	381059536002010	0	0	0	0.04	0.0	0.0	Yes	No	No
ND	Williams	381059536001272	0	0	0	0.52	0.0	0.0	Yes	No	No
ND	Williams	381059536001270	0	0	0	0.76	0.0	0.0	Yes	No	No
ND	Williams	[illegible]	0	0	0	0.21	0.0	0.0	Yes	No	No
ND	Williams	[illegible]	0	0	0	0.06	0.0	0.0	Yes	No	No
ND	Williams	381059536001609	0	0	0	0.16	0.0	0.0	Yes	No	No
ND	Williams	[illegible]	0	0	0	0.19	0.0	0.0	Yes	No	No
ND	Williams	381059536001271	0	0	0	0.52	0.0	0.0	Yes	No	No
ND	Williams	[illegible]	0	0	0	0.04	0.0	0.0	Yes	No	No
ND	Williams	381059536002007	0	0	0	0.15	0.0	0.0	Yes	No	No
ND	Williams	381059536002271	0	0	0	0.52	0.0	0.0	Yes	No	No
ND	Williams	381059536001571	0	0	0	0.64	0.0	0.0	Yes	No	No
ND	Williams	381059536001582	0	0	0	1.11	0.0	0.0	Yes	No	No
ND	Williams	[illegible]	0	0	0	0.16	0.0	0.0	Yes	No	No
ND	Williams	381059536001578	4	0	0	1.38	0.0	0.0	Yes	No	No
ND	Williams	381059536001585	3	0	0	0.89	0.0	0.0	Yes	No	No
ND	Williams	381059536001652	0	0	0	2.87	0.0	0.0	Yes	No	No
ND	Williams	[illegible]	4	0	0	0.24	0.0	0.0	Yes	No	No
ND	Williams	[illegible]	0	0	0	0.4	0.0	0.0	Yes	No	No

Percentage of Total Population Reached by Service: 0

Percentage of Total Road Miles covered by Service: 0

(060) Coverage and Performance Report

FCC Form 690
Approved by OMB
OMB Control No. 3060-1185

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<140>	Coverage and Performance Report Year	01/2013 - 12/2013

<141>

<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<c1>	<c2>	<c3>	<e>	<f>	
State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Electronic Shapefiles are uploaded (yes/no)	Certify that Drive Test Results are uploaded (yes/no)	Certify that Scattered Site Tests are uploaded (yes/no)
ND	Williams	381059536001586	0	0	0	0.16	0.0	0.0	Yes	No	No
ND	Williams	381059536002316	0	0	0	0.27	0.0	0.0	Yes	No	No
ND	Williams	381059536001267	0	0	0	0.13	0.0	0.0	Yes	No	No
ND	Williams	381059536002009	0	0	0	0.19	0.0	0.0	Yes	No	No
ND	Williams	381059536001562	8	0	0	1.13	0.0	0.0	Yes	No	No
ND	Williams	381059536002315	13	0	0	1.27	0.0	0.0	Yes	No	No
ND	Williams	381059536001574	0	0	0	1.17	0.0	0.0	Yes	No	No
ND	Williams	381059536001651	0	0	0	0.89	0.0	0.0	Yes	No	No
ND	Williams	381059536001266	0	0	0	0.7	0.0	0.0	Yes	No	No
ND	Williams	381059536001555	0	0	0	0.05	0.0	0.0	Yes	No	No
ND	Williams	381059536002324	28	0	0	0.48	0.0	0.0	Yes	No	No
ND	Williams	381059536001763	0	0	0	0.23	0.0	0.0	Yes	No	No
ND	Williams	381059536002280	0	0	0	0.53	0.0	0.0	Yes	No	No
ND	Williams	381059536001545	0	0	0	0.1	0.0	0.0	Yes	No	No
ND	Williams	381059536001612	0	0	0	0.65	0.0	0.0	Yes	No	No
ND	Williams	381059536001584	0	0	0	0.15	0.0	0.0	Yes	No	No
ND	Williams	381059536001764	0	0	0	0.23	0.0	0.0	Yes	No	No
ND	Williams	381059536001617	2	0	0	0.91	0.0	0.0	Yes	No	No
ND	Williams	381059536001577	0	0	0	0.06	0.0	0.0	Yes	No	No
ND	Williams	381059536001556	0	0	0	0.23	0.0	0.0	Yes	No	No

Percentage of Total Population Reached by Service: 0

Percentage of Total Road Miles covered by Service: 0

(060) Coverage and Performance Report

FCC Form 690
Approved by OMB
OMB Control No. 3060-1185

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<140>	Coverage and Performance Report Year	01/2013 - 12/2013

<141>

<a1> State	<a2> County	<a3> Census Block	<b1> Resident Population per Census Block	<b2> Resident Population Newly Reached by Service	<b3> Total Resident Population Reached by Service	<c1> Road Miles per Census Block	<c2> Road Miles per Census Block Newly Reached	<c3> Total Road Miles covered per Census Block	<d> Certify that Electronic Shapefiles are uploaded (yes/no)	<e> Certify that Drive Test Results are uploaded (yes/no)	<f> Certify that Scattered Site Tests are uploaded (yes/no)
ND	Williams	381059536002276	0	0	0	1.18	0.0	0.0	Yes	No	No
ND	Williams	381059536001573	0	0	0	0.05	0.0	0.0	Yes	No	No
ND	Williams	381059536001607	0	0	0	0.48	0.0	0.0	Yes	No	No
ND	Williams	381059536001562	0	0	0	0.54	0.0	0.0	Yes	No	No
ND	Williams	381059536002011	0	0	0	0.08	0.0	0.0	Yes	No	No
ND	Williams	381059536002319	16	0	0	0.86	0.0	0.0	Yes	No	No
ND	Williams	381059536001576	0	0	0	0.12	0.0	0.0	Yes	No	No
ND	Williams	381059536002262	0	0	0	1.56	0.0	0.0	Yes	No	No
ND	Williams	381059536001581	0	0	0	0.08	0.0	0.0	Yes	No	No
ND	Williams	381059536001543	0	0	0	0.5	0.0	0.0	Yes	No	No
ND	Williams	381059536002005	0	0	0	0.12	0.0	0.0	Yes	No	No
ND	Williams	381059536001866	2	0	0	0.37	0.0	0.0	Yes	No	No
ND	Williams	381059536002323	12	0	0	0.2	0.0	0.0	Yes	No	No
ND	Williams	381059536001877	0	0	0	0.07	0.0	0.0	Yes	No	No
ND	Williams	381059536002322	28	0	0	0.57	0.0	0.0	Yes	No	No
ND	Williams	381059536001650	0	0	0	0.21	0.0	0.0	Yes	No	No
ND	Williams	381059536001262	0	0	0	1.07	0.0	0.0	Yes	No	No
ND	Williams	381059536002023	0	0	0	0.27	0.0	0.0	Yes	No	No
ND	Williams	381059536001546	0	0	0	0.13	0.0	0.0	Yes	No	No
ND	Williams	381059536001770	0	0	0	0.66	0.0	0.0	Yes	No	No

Percentage of Total Population Reached by Service: 0

Percentage of Total Road Miles covered by Service: 0

(060) Coverage and Performance Report

FCC Form 690
Approved by OMB
OMB Control No. 3060-1185

<010>	Study Area Code	388006
<015>	Study Area Name	Sagebrush Cellular, Inc.
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Remi Sun
<035>	Contact Telephone Number - Number of person identified in data line <030>	4067832200 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	remi.sun@nemont.coop
<140>	Coverage and Performance Report Year	01/2013 - 12/2013

<141>

<a1> State	<a2> County	<a3> Census Block	<b1> Resident Population per Census Block	<b2> Resident Population Newly Reached by Service	<b3> Total Resident Population Reached by Service	<c1> Road Miles per Census Block	<c2> Road Miles per Census Block Newly Reached	<c3> Total Road Miles covered per Census Block	<d> Certify that Electronic Shapefiles are uploaded (yes/no)	<e> Certify that Drive Test Results are uploaded (yes/no)	<f> Certify that Scattered Site Tests are uploaded (yes/no)
ND	Williams	381059536001608	1	0	0	0.9	0.0	0.0	Yes	No	No
ND	Williams	381059536001580	0	0	0	0.03	0.0	0.0	Yes	No	No
ND	Williams	381059536001563	0	0	0	0.54	0.0	0.0	Yes	No	No
ND	Williams	381059536002327	2	0	0	0.08	0.0	0.0	Yes	No	No
ND	Williams	381059536001264	2	0	0	3.63	0.0	0.0	Yes	No	No

Percentage of Total Population Reached by Service: 0

Percentage of Total Road Miles covered by Service: 0

File Name: 388006_060

SAC 388006 WILLIAMS COUNTY, ND
SAGEBRUSH CELLULAR, INC.
COVERAGE UPDATE

There is no new coverage to report as of December 31, 2013.

File Name: 388006_PSD_38

SAC 388006 WILLIAMS COUNTY, ND
SAGEBRUSH CELLULAR, INC.
PROJECT STATUS DESRIPTION

AWARD DATE 6/20/2013
TARGETED COMPLETION DATE 6/21/2015

1. Network Deployment Status

Status - Network Design (includes RF Design and Site Development)

1. Finding a Site	**Completed**
2. Site Acquisition	**Completed**
3. Drafting RFPs	**Completed**
4. Posting RFPs	**Completed**
5. Selecting Vendors	**Completed**
6. Negotiating Contracts	**Completed**

Status – Construction

7. Site Prep Work	**Pending**
8. Power to Site	**Pending**
9. Build-out of Site	**Pending**
10. Equipment Building	**Pending**
11. Final Site Work	**Pending**

Status – Deployment

12. Microwave Electronics	**Pending**
13. Cell Site Electronics	**Pending**
14. Drive Testing	**Pending**
15. Network Optimization	**Pending**

Status – Maintenance

16. Beginning of Scheduled Maintenance	**Pending**

File Name: 388006_PSD_38

2. Project Budget Status

Sagebrush Cellular, Inc. bid $269,496.64 for Tract T38105953600 in Williams County.

Bidder	Item Name	State	County	Road Miles	Total Bid Amount	SAC
Sagebrush Cellular, Inc.	T38105953600	ND	Williams	34.72	$269,496.64	388006

The planned budget submitted for project area SAC 388006 and the funds currently used as of December 31, 2013 are shown in the following table.

SAC	Network Design	Construction	Deployment	Maintenance
388006	$29,405.00	$195,520.00	$91,904.00	$14,667.00
Used	$5,671.75	$0.00	$9,747.73	$0.00

File Name: 388006_PSD_38

3. Description of Overall Plan

Sagebrush Cellular, Inc. (Sagebrush) operates a Code Division Multiple Access (CDMA) voice and data network in northeastern Montana and northwestern North Dakota. All of the 84 existing sites are Third Generation (3G) Evolution Data-Optimized (EVDO). The unserved areas won in the Federal Communications Commission (FCC or Commission) Mobility Fund Phase I Auction represent holes in Sagebrush's existing network coverage. The new base stations to be added as a result of Mobility Fund support will be full-scale, three-sector base stations, backhauled via microwave into the existing network, and supplemented with omnidirectional repeaters working off of both existing and new sites.

Initial design planning for 75% coverage of the unserved road miles in the 18 Census Tracts won in Auction 901 requires 19 new sites and three omnidirectional repeaters. The network implementation will incorporate EVDO which provides wireless broadband access to mobile devices. From the new tower sites, traffic will be backhauled by microwave or fiber to existing towers or to the network.
Sagebrush already has a 3G CDMA Core and Switch in Glasgow, Montana. Internet traffic is routed over redundant fiber from Glasgow to Billings. Long distance traffic from the Glasgow switch is routed to three separate Session Initiation Protocol (SIP) Voice-Over-IP (VoIP) carriers. One of those SIP providers is in Billings while the other two carriers are accessed over the Internet. All E911 traffic terminates to Public Safety Answering Points (PSAPs) using Time Division Multiplexing (TDM) trunks. All tandem traffic is sent over existing TDM circuits.

There is one (1) existing tower to be upgraded and three (3) new sites to be built in SAC 388006.

File Name: 388006_PSD_38

4. Project Plan Status

Based on the proposed Planned Milestones the Sagebrush Cellular, Inc. 901 project is on schedule.

AWARD DATE 6/20/2013
TARGETED COMPLETION DATE 6/21/2015

The following table shows the original submitted schedule **(Proposed)** with the revised schedule based on the award date **(Updated)** and the current Status

Planned Milestones	Proposed	Updated	Status
Start Date of Network Design	1/2/2013	6/20/2013	**Completed**
End Date of Network Design	1/17/2013	7/5/2013	**Completed**
Start Date for Drafting and Posting RFPs	1/2/2013	6/20/2013	**Completed**
End Date for Drafting and Posting RFPs	2/12/2013	7/31/2013	**Completed**
Start Date for Selecting Vendors	2/13/2013	8/1/2013	**Completed**
End Date for Selecting Vendors	3/5/2013	8/21/2013	**Completed**
Start Date for Negotiating Contracts	3/6/2013	8/22/2013	**Completed**
End Date for Negotiating Contracts	3/26/2013	9/11/2013	**Completed**
Start Date for Construction	4/1/2013	9/17/2013	**Pending**
End Date for Construction	6/16/2014	12/2/2014	**Pending**