

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
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<010> Study Area Code	488011
<015> Study Area Name	Sagebrush Cellular, Inc.
<020> Program Year	2019
<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

<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>

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

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.

(050) Carrier Contact FormFCC Form 690
Approved by OMB
OMB Control No. 3060-1185
Page 2 of 8

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Reporting Carrier / Mobility Fund Phase 1 Winning Bidder

<110>	FCC Registration Number	1608645
<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

☐

<130>	Name (First, MI, Last, Suffix)	Carl G Akin
<131>	Company	Monte R. Lee & Company
<132>	Street Address (or PO Box)	525 Central Park Drive, Suite 300
<133>	City	Oklahoma City
<134>	State	OK
<135>	Zip-Code	73105
<136>	Telephone Number	4058422405 ext.
<137>	Fax Number	4058488018
<138>	Email Address	cakin@mrleng.com

(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	01/2018 - 12/2018

488011.zip

Coverage and Performance attachments

<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 Coverage and Performance data is uploaded (Yes/no)
				-- See attached worksheet						
				--						

Percentage of Total
Population Reached by
Service

0

Percentage of Total
Road Miles covered
by Service

98

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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:	
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 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) <u>Monte R. Lee & Company</u> 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:	Monte R. Lee & Company
Name of Reporting Carrier:	Sagebrush Cellular, Inc.
Signature of Authorized Officer or Employee:	CERTIFIED ONLINE Date: 06/14/2019
Printed name of Authorized Officer or Employee:	Remi Sun
Title or position of Authorized Officer or Employee:	CFO
Telephone number of Authorized Officer or Employee:	4067832358 ext.
Study Area Code of Reporting Carrier:	488011 Filing Due Date for this form: 07/01/2019
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:	Sagebrush Cellular, Inc.
Name of Authorized Agent Firm:	Monte R. Lee & Company
Signature of Authorized Agent or Employee of Agent:	CERTIFIED ONLINE Date: 06/07/2019
Name of Authorized Agent Employee:	Carl G. Akin
Title or position of Authorized Agent or Employee of Agent:	Staff Consultant
Telephone number of Authorized Agent or Employee of Agent:	4058422405 ext.
Study Area Code of Reporting Carrier:	488011 Filing Due Date for this form: 07/01/2019
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.	

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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, Not Applicable) 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:

- <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.

Select (Yes, No, Not Applicable)

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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

146422.47

<203> Total Mobility Fund Support Disbursed

127636.47

<210> Actual Completion Date

10/09/2014

<211> Project Status Description (attached)

488011_PSD_30.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

✓

<218> Network will Support 3G/4G Mobile Service ?

☐ 3G☒ 4G

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TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:**Certification of Officer as to the Accuracy of the Data Reported for Mobility Fund Recipients**

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the 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:

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.

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

Certification of Officer to Authorize an Agent to File for Mobility Fund Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) <u>Monte R. Lee & Company</u> is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the 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:	Monte R. Lee & Company
Name of Reporting Carrier:	Sagebrush Cellular, Inc.
Signature of Authorized Officer:	CERTIFIED ONLINE Date: 06/14/2019
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TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File for Mobility Fund Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the 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:	Sagebrush Cellular, Inc.
Name of Authorized Agent Firm:	Monte R. Lee & Company
Signature of Authorized Agent or Employee of Agent:	CERTIFIED ONLINE Date: 06/07/2019
Name of Authorized Agent Employee:	Monte R. Lee & Company
Title or position of Authorized Agent or Employee of Agent	Staff Consultant
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Attachments

(060) Coverage and Performance ReportFCC Form 690
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<140> Coverage and Performance Report Year 01/2018 - 12/2018

<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 Coverage and Performance data is uploaded (yes/no)
MT	Valley	301059406001101	0	0	0	1.35	1.35	1.35	Yes
MT	Valley	301059406001043	0	0	0	5.42	5.42	5.42	Yes
MT	Valley	301059406001112	0	0	0	0.5	0.5	0.5	Yes
MT	Valley	301059406001018	0	0	0	1.19	1.19	1.19	Yes
MT	Valley	301059406001098	0	0	0	4.33	4.33	4.33	Yes
MT	Valley	301059406001041	0	0	0	3.57	3.57	3.57	Yes
MT	Valley	301059406001046	0	0	0	1.97	1.52	1.52	Yes
MT	Valley	301059406001102	0	0	0	0.6	0.6	0.6	Yes
MT	Valley	301059406001097	0	0	0	3.6	3.6	3.6	Yes

Percentage of
Total Population
Reached by
Service

0

Percentage of Total
Road Miles covered
by Service

98