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LLGS LUKAS
LAFURIA
GUTIERREZ
& SACHS LLP

June 22, 2018

Accepted / Filed

JUN 22 2018

Federal Communications Commission
Office of the Secretary

VIA HAND DELIVERY

Marlene H. Dortch, Secretary
Federal Communications Commission
Office of the Secretary
445 12th Street, S.W., Room TW-A306
Washington, DC 20554

DOCKET FILE COPY ORIGINAL

**Re: WT Docket No. 10-208
East Kentucky Network, LLC
FCC Form 690 Mobility Fund Phase I Annual Report
SAC(s): 268001, 268004, 268005, 268006, 268007, 268008, 268009,
268010, 268011, 268012, 268013, 268014, 268016, and 268017.**

Dear Secretary Dortch:

Please find attached a copy of each FCC Form 690 Mobility Fund Phase I Annual Report ("FCC Form 690") submitted with the Universal Service Administrative Company (USAC) by East Kentucky Network, LLC pursuant to Section 54.1009 of the Commission's rules. Copies of the FCC Form 690 are also being submitted with the relevant state Commission.

A copy of this cover letter has been provided, which you are requested to date-stamp and return.

Sincerely,



Todd Slamowitz

Attachments

No. of Copies rec'd 0
List ABCDE

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	268001
<015> Study Area Name	East Kentucky Network, LLC
<020> Program Year	2018
<030> Contact Name: Person USAC should contact with questions about this data	Cindy McCarty
<035> Contact Telephone Number: Number of the person identified in data line <030>	6063391006 ext.
<039> Contact Email: Email of the person identified in data line <030>	cmccarty@ekn.com

<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)*

☐ ☒

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

<010>	Study Area Code	268001
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<039>	Contact Email Address - Email Address of person identified in data line <030>	cmccarty@ekn.com

Reporting Carrier / Mobility Fund Phase 1 Winning Bidder

<110>	FCC Registration Number	0001786607
<111>	Filing Carrier Name	East Kentucky Network, LLC
<112>	Winning Bidder Carrier Name	East Kentucky Network, LLC
<113>	Street Address (or PO Box)	101 Technology Trail
<114>	City	Ivel
<115>	State	KY
<116>	Zip-Code	41642
<117>	Telephone Number	6063391164 ext.
<118>	Fax Number	6067912225
<119>	Email Address	mhuffman@ekn.com

Contact Information

if same as above, indicate in this box

☐

<120>	Name (First, MI, Last, Suffix)	Michael Huffman
<121>	Filing Carrier Name	East Kentucky Network, LLC
<122>	Street Address (or PO Box)	101 Technology Trail
<123>	City	Ivel
<124>	State	KY
<125>	Zip-Code	41642
<126>	Telephone Number	6063391164 ext.
<127>	Fax Number	6067912225
<128>	Email Address	mhuffman@ekn.com

Authorized Agent Information

if no agent, indicate in this box

☒

<130>	Name (First, MI, Last, Suffix)	
<131>	Company	
<132>	Street Address (or PO Box)	
<133>	City	
<134>	State	
<135>	Zip-Code	
<136>	Telephone Number	
<137>	Fax Number	
<138>	Email Address	

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Coverage and Performace attachments

Page 3

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<039> Contact Email Address - Email Address of person identified in data line <030>	cmccarty@ekn.com

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:	East Kentucky Network, LLC
Signature of Authorized Officer:	CERTIFIED ONLINE Date 06/21/2018
Printed name of Authorized Officer:	Michael Huffman
Title or position of Authorized Officer:	Financial Operations Director
Telephone number of Authorized Officer:	6063391164 ext.
Study Area Code of Reporting Carrier:	268001 Filing Due Date for this form: 07/02/2018
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 Firm:	
Signature of Authorized Agent or Employee of Agent:	Date:
Name of Authorized Agent Employee:	
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.	

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<039>	Contact Email Address - Email Address of person identified in data line <030>	cmccarty@ekn.com

<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)

(090) Project Update Information

FCC Form 690

Approved by OMB

OMB Control No. 3060-1185

Page 6 of 8

<010>	Study Area Code	268001
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<039>	Contact Email Address - Email Address of person identified in data line <030>	cmccarty@ekn.com

<200> Date Authorized to Receive Support

07/18/2013

<201> Targeted Completion Date

07/19/2016

<202> Total Mobility Fund Support Awarded

<203> Total Mobility Fund Support Disbursed

<210> Actual Completion Date

<211> Project Status Description (attached)

Project Status Description - Line 211.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

(101) Certification - Reporting Carrier

FCC Form 690
Approved by OMB
OMB Control No. 3060-1185
Page 7 of 8

<010> Study Area Code	268001
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<039> Contact Email Address - Email Address of person identified in data line <030>	cmccarty@ekn.com

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: East Kentucky Network, LLC

Signature of Authorized Officer: CERTIFIED ONLINE Date 06/21/2018

Printed name of Authorized Officer: Michael Huffman

Title or position of Authorized Officer: Financial Operations Director

Telephone number of Authorized Officer: 6063391164 ext.

Study Area Code of Reporting Carrier: 268001 Filing Due Date for this form: 07/02/2018

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.

(102) Certification - Agent / CarrierFCC Form 690
Approved by OMB
OMB Control No. 3060-1185
Page 8 of 8

<010>	Study Area Code	268001
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<039>	Contact Email Address - Email Address of person identified in data line <030>	cmccarty@ekn.com

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) _____ 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: _____	
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 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: _____	
Name of Authorized Agent Firm: _____	
Signature of Authorized Agent or Employee of Agent: _____	Date: _____
Name of Authorized Agent Employee: _____	
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

(060) Coverage and Performance Report FCC Form 690
Approved by OMB
OMB Control No. 3060-1185

<010>	Study Area Code	268001
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cindy McCarty
<035>	Contact Telephone Number - Number of person identified in data line <030>	6063391006 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cmccarty@ekn.com
<140>	Coverage and Performance Report Year	01/2017 - 12/2017

[illegible]

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FCC FORM 690

(060) COVERAGE AND PERFORMANCE REPORT

East Kentucky Network, LLC ("EKN") has already completed construction in this SAC, and the drive test data and associated coverage files are in its FCC Form 690 Payment Request 3, which was submitted prior to the reporting period for this SAC.

During the reporting period of January 1, 2017 through December 31, 2017, EKN had not constructed in any additional census blocks within the subject Census Tract for this SAC. Therefore, it did not complete any coverage/performance testing for this SAC during the reporting period of January 1, 2017 through December 31, 2017.

East Kentucky Network, LLC

Project Status Description

Pursuant to Section 54.1009(a)(6) of the Commission's rules,¹ East Kentucky Network, LLC. ("CEKN") submits that there are no material updates to the Project Description associated with this Study Area Code ("SAC") that was provided by EKN in its long-form application (the "FCC Form 680") filed in conjunction with its FCC Auction 901 winning bids.

To date, EKN has completed construction, and deployed its network in at least 75% of the eligible road miles associated with this SAC. There are no material updates with respect to network design, construction, deployment, maintenance, and budget associated with this SAC.

¹ Section 54.1009(a)(6) provides that a winning bidder shall include "Updates to the information provided in § 54.1005(b)(2)(v)."

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	268004
<015> Study Area Name	East Kentucky Network, LLC
<020> Program Year	2018
<030> Contact Name: Person USAC should contact with questions about this data	Cindy McCarty
<035> Contact Telephone Number: Number of the person identified in data line <030>	6063391006 ext.
<039> Contact Email: Email of the person identified in data line <030>	cmccarty@ekn.com

<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)

☐ ☒

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-PER, 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.

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Approved by OMB
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Page 2 of 8

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<039>	Contact Email Address - Email Address of person identified in data line <030>	cmccarty@ekn.com

Reporting Carrier / Mobility Fund Phase 1 Winning Bidder

<110>	FCC Registration Number	0001786607
<111>	Filing Carrier Name	East Kentucky Network, LLC
<112>	Winning Bidder Carrier Name	East Kentucky Network, LLC
<113>	Street Address (or PO Box)	101 Technology Trail
<114>	City	Ivel
<115>	State	KY
<116>	Zip-Code	41642
<117>	Telephone Number	6063391164 ext.
<118>	Fax Number	6067912225
<119>	Email Address	mhuffman@ekn.com

Contact Information

if same as above, indicate in this box

☐

<120>	Name (First, MI, Last, Suffix)	Michael Huffman
<121>	Filing Carrier Name	East Kentucky Network, LLC
<122>	Street Address (or PO Box)	101 Technology Trail
<123>	City	Ivel
<124>	State	KY
<125>	Zip-Code	41642
<126>	Telephone Number	6063391164 ext.
<127>	Fax Number	6067912225
<128>	Email Address	mhuffman@ekn.com

Authorized Agent Information

if no agent, indicate in this box

☒

<130>	Name (First, MI, Last, Suffix)	
<131>	Company	
<132>	Street Address (or PO Box)	
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<135>	Zip-Code	
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FCC Form 690
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Page 3 of 8

060_Coverage and Performance Rep.zip

060_Coverage and Performance Rep.zip

[illegible]

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93

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Name of Reporting Carrier:	East Kentucky Network, LLC
Signature of Authorized Officer:	CERTIFIED ONLINE Date 06/21/2018
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Telephone number of Authorized Officer:	6063391164 ext.
Study Area Code of Reporting Carrier:	268004 Filing Due Date for this form: 07/02/2018
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Name of Reporting Carrier:	Date:
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Printed name of Authorized Officer or Employee:	
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Name of Authorized Agent Firm:	Date:
Signature of Authorized Agent or Employee of Agent:	
Name of Authorized Agent Employee:	
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<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
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- <153> Compliance with Cultural Preservation review processes
- <154> Compliance with Tribal Business and Licensing requirements.

Select (Yes, No, Not Applicable)

(090) Project Update Information

FCC Form 690

Approved by OMB

OMB Control No. 3060-1185

Page 6 of 8

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<201> Targeted Completion Date

07/19/2015

<202> Total Mobility Fund Support Awarded

<203> Total Mobility Fund Support Disbursed

<210> Actual Completion Date

<211> Project Status Description (attached)

Project Status Description - Line 211.pdf

{Name of PDF attached}

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<212> Status of Network Deployment - Network Design

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<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

(101) Certification - Reporting Carrier

FCC Form 690
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Page 7 of 8

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<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cindy McCarty
<035>	Contact Telephone Number - Number of person identified in data line <030>	6063391006 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cmccarty@ekn.com

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: East Kentucky Network, LLC

Signature of Authorized Officer: CERTIFIED ONLINE

Date 06/21/2018

Printed name of Authorized Officer: Michael Huffman

Title or position of Authorized Officer: Financial Operations Director

Telephone number of Authorized Officer: 6063391164 ext.

Study Area Code of Reporting Carrier: 268004 Filing Due Date for this form: 07/02/2018

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.

(102) Certification - Agent / CarrierFCC Form 690
Approved by OMB
OMB Control No. 3060-1185
Page 8 of 8

<010> Study Area Code	268004
<015> Study Area Name	East Kentucky Network, LLC
<020> Program Year	2018
<030> Contact Name - Person USAC should contact regarding this data	Cindy McCarty
<035> Contact Telephone Number - Number of person identified in data line <030>	6063391006 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	cmccarty@ekn.com

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) _____ 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: _____	
Name of Reporting Carrier: _____	Date: _____
Signature of Authorized Officer: _____	
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 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: _____	
Name of Authorized Agent Firm: _____	Date: _____
Signature of Authorized Agent or Employee of Agent: _____	
Name of Authorized Agent Employee: _____	
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

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

<010>	Study Area Code	268004
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cindy McCarty
<035>	Contact Telephone Number - Number of person identified in data line <030>	6063391006 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cmccarty@ekn.com
<140>	Coverage and Performance Report Year	01/2017 - 12/2017

[illegible]

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FCC FORM 690

(060) COVERAGE AND PERFORMANCE REPORT

East Kentucky Network, LLC ("EKN") has already completed construction in this SAC, and the drive test data and associated coverage files are in its FCC Form 690 Payment Request 3, which was submitted prior to the reporting period for this SAC.

During the reporting period of January 1, 2017 through December 31, 2017, EKN had not constructed in any additional census blocks within the subject Census Tract for this SAC. Therefore, it did not complete any coverage/performance testing for this SAC during the reporting period of January 1, 2017 through December 31, 2017.

East Kentucky Network, LLC

Project Status Description

Pursuant to Section 54.1009(a)(6) of the Commission's rules,¹ East Kentucky Network, LLC. ("CEKN") submits that there are no material updates to the Project Description associated with this Study Area Code ("SAC") that was provided by EKN in its long-form application (the "FCC Form 680") filed in conjunction with its FCC Auction 901 winning bids.

To date, EKN has completed construction, and deployed its network in at least 75% of the eligible road miles associated with this SAC. There are no material updates with respect to network design, construction, deployment, maintenance, and budget associated with this SAC.

¹ Section 54.1009(a)(6) provides that a winning bidder shall include "Updates to the information provided in § 54.1005(b)(2)(v).

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	268004
<015> Study Area Name	East Kentucky Network, LLC
<020> Program Year	2018
<030> Contact Name: Person USAC should contact with questions about this data	Cindy McCarty
<035> Contact Telephone Number: Number of the person identified in data line <030>	6063391006 ext.
<039> Contact Email: Email of the person identified in data line <030>	cmccarty@ekn.com

<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)

☐ ☒

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-PER, 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

<010>	Study Area Code	268004
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cindy McCarty
<035>	Contact Telephone Number - Number of person identified in data line <030>	6063391006 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cmccarty@ekn.com

Reporting Carrier / Mobility Fund Phase 1 Winning Bidder

<110>	FCC Registration Number	0001786607
<111>	Filing Carrier Name	East Kentucky Network, LLC
<112>	Winning Bidder Carrier Name	East Kentucky Network, LLC
<113>	Street Address (or PO Box)	101 Technology Trail
<114>	City	Ivel
<115>	State	KY
<116>	Zip-Code	41642
<117>	Telephone Number	6063391164 ext.
<118>	Fax Number	6067912225
<119>	Email Address	mhuffman@ekn.com

Contact Information

if same as above, indicate in this box

☐

<120>	Name (First, MI, Last, Suffix)	Michael Huffman
<121>	Filing Carrier Name	East Kentucky Network, LLC
<122>	Street Address (or PO Box)	101 Technology Trail
<123>	City	Ivel
<124>	State	KY
<125>	Zip-Code	41642
<126>	Telephone Number	6063391164 ext.
<127>	Fax Number	6067912225
<128>	Email Address	mhuffman@ekn.com

Authorized Agent Information

if no agent, indicate in this box

☒

<130>	Name (First, MI, Last, Suffix)	
<131>	Company	
<132>	Street Address (or PO Box)	
<133>	City	
<134>	State	
<135>	Zip-Code	
<136>	Telephone Number	
<137>	Fax Number	
<138>	Email Address	

FCC Form 690
Approved by OMB
OMB Control No. 3060-1185
Page 3 of 8

060_Coverage and Performance Rep.zip

060_Coverage and Performance Rep.zip

[illegible]

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<010> Study Area Code	268004
<015> Study Area Name	East Kentucky Network, LLC
<020> Program Year	2018
<030> Contact Name - Person USAC should contact regarding this data	Cindy McCarty
<035> Contact Telephone Number - Number of person identified in data line <030>	6063391006 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	cmccarty@ekn.com

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:	East Kentucky Network, LLC
Signature of Authorized Officer:	CERTIFIED ONLINE Date 06/21/2018
Printed name of Authorized Officer:	Michael Huffman
Title or position of Authorized Officer:	Financial Operations Director
Telephone number of Authorized Officer:	6063391164 ext.
Study Area Code of Reporting Carrier:	268004 Filing Due Date for this form: 07/02/2018
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 Firm:	
Signature of Authorized Agent or Employee of Agent:	Date:
Name of Authorized Agent Employee:	
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	268004
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cindy McCarty
<035>	Contact Telephone Number - Number of person identified in data line <030>	6063391006 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cmccarty@ekn.com

<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)

(090) Project Update Information

FCC Form 690

Approved by OMB

OMB Control No. 3060-1185

Page 6 of 8

<010>	Study Area Code	268004
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cindy McCarty
<035>	Contact Telephone Number - Number of person identified in data line <030>	6063391006 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cmccarty@ekn.com

<200> Date Authorized to Receive Support

07/18/2013

<201> Targeted Completion Date

07/19/2015

<202> Total Mobility Fund Support Awarded

<203> Total Mobility Fund Support Disbursed

<210> Actual Completion Date

<211> Project Status Description (attached)

Project Status Description - Line 211.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

(101) Certification - Reporting Carrier

FCC Form 690
Approved by OMB
OMB Control No. 3060-1185
Page 7 of 8

<010>	Study Area Code	268004
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cindy McCarty
<035>	Contact Telephone Number - Number of person identified in data line <030>	6063391006 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cmccarty@ekn.com

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: East Kentucky Network, LLC

Signature of Authorized Officer: CERTIFIED ONLINE

Date 06/21/2018

Printed name of Authorized Officer: Michael Huffman

Title or position of Authorized Officer: Financial Operations Director

Telephone number of Authorized Officer: 6063391164 ext.

Study Area Code of Reporting Carrier: 268004

Filing Due Date for this form: 07/02/2018

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.

(102) Certification - Agent / CarrierFCC Form 690
Approved by OMB
OMB Control No. 3060-1185
Page 8 of 8

<010>	Study Area Code	268004
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cindy McCarty
<035>	Contact Telephone Number - Number of person identified in data line <030>	6063391006 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cmccarty@ekn.com

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) _____ 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: _____	
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 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: _____	
Name of Authorized Agent Firm: _____	
Signature of Authorized Agent or Employee of Agent: _____	Date: _____
Name of Authorized Agent Employee: _____	
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

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

[illegible]

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FCC FORM 690

(060) COVERAGE AND PERFORMANCE REPORT

East Kentucky Network, LLC ("EKN") has already completed construction in this SAC, and the drive test data and associated coverage files are in its FCC Form 690 Payment Request 3, which was submitted prior to the reporting period for this SAC.

During the reporting period of January 1, 2017 through December 31, 2017, EKN had not constructed in any additional census blocks within the subject Census Tract for this SAC. Therefore, it did not complete any coverage/performance testing for this SAC during the reporting period of January 1, 2017 through December 31, 2017.

East Kentucky Network, LLC

Project Status Description

Pursuant to Section 54.1009(a)(6) of the Commission's rules,¹ East Kentucky Network, LLC. ("CEKN") submits that there are no material updates to the Project Description associated with this Study Area Code ("SAC") that was provided by EKN in its long-form application (the "FCC Form 680") filed in conjunction with its FCC Auction 901 winning bids.

To date, EKN has completed construction, and deployed its network in at least 75% of the eligible road miles associated with this SAC. There are no material updates with respect to network design, construction, deployment, maintenance, and budget associated with this SAC.

¹ Section 54.1009(a)(6) provides that a winning bidder shall include "Updates to the information provided in § 54.1005(b)(2)(v)."

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	268005
<015> Study Area Name	East Kentucky Network, LLC
<020> Program Year	2018
<030> Contact Name: Person USAC should contact with questions about this data	Cindy McCarty
<035> Contact Telephone Number: Number of the person identified in data line <030>	6063391006 ext.
<039> Contact Email: Email of the person identified in data line <030>	cmccarty@ekn.com

<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)

☐ ☒

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-PER, 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 Form

FCC Form 690
Approved by OMB
OMB Control No. 3060-1185
Page 2 of 8

<010>	Study Area Code	268005
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cindy McCarty
<035>	Contact Telephone Number - Number of person identified in data line <030>	6063391006 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cmccarty@ekn.com

Reporting Carrier / Mobility Fund Phase 1 Winning Bidder

<110>	FCC Registration Number	0001786607
<111>	Filing Carrier Name	East Kentucky Network, LLC
<112>	Winning Bidder Carrier Name	East Kentucky Network, LLC
<113>	Street Address (or PO Box)	101 Technology Trail
<114>	City	Ivel
<115>	State	KY
<116>	Zip-Code	41642
<117>	Telephone Number	6063391164 ext.
<118>	Fax Number	6067912225
<119>	Email Address	mhuffman@ekn.com

Contact Information

if same as above, indicate in this box

☐

<120>	Name (First, MI, Last, Suffix)	Michael Huffman
<121>	Filing Carrier Name	East Kentucky Network, LLC
<122>	Street Address (or PO Box)	101 Technology Trail
<123>	City	Ivel
<124>	State	KY
<125>	Zip-Code	41642
<126>	Telephone Number	6063391164 ext.
<127>	Fax Number	6067912225
<128>	Email Address	mhuffman@ekn.com

Authorized Agent Information

if no agent, indicate in this box

☒

<130>	Name (First, MI, Last, Suffix)	
<131>	Company	
<132>	Street Address (or PO Box)	
<133>	City	
<134>	State	
<135>	Zip-Code	
<136>	Telephone Number	
<137>	Fax Number	
<138>	Email Address	

FCC Form 690
Approved by OMB
OMB Control No. 3060-1185
Page 3 of 8

<010>	Study Area Code	268005
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cindy McCarty
<035>	Contact Telephone Number - Number of person identified in data line <030>	6063391006 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cmccarty@ekn.com
<140>	Coverage and Performance Report Year	01/2017 - 12/2017

Coverage and Performance attachments

[illegible]

Percentage of Total
Population Reached by
Service

0

Percentage of Total
Road Miles covered
by Service

89

<010> Study Area Code	268005
<015> Study Area Name	East Kentucky Network, LLC
<020> Program Year	2018
<030> Contact Name - Person USAC should contact regarding this data	Cindy McCarty
<035> Contact Telephone Number - Number of person identified in data line <030>	6063391006 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	cmccarty@ekn.com

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:	East Kentucky Network, LLC
Signature of Authorized Officer:	CERTIFIED ONLINE Date 06/21/2018
Printed name of Authorized Officer:	Michael Huffman
Title or position of Authorized Officer:	Financial Operations Director
Telephone number of Authorized Officer:	6063391164 ext.
Study Area Code of Reporting Carrier:	268005 Filing Due Date for this form: 07/02/2018
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 Firm:	
Signature of Authorized Agent or Employee of Agent:	Date:
Name of Authorized Agent Employee:	
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	268005
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cindy McCarty
<035>	Contact Telephone Number - Number of person identified in data line <030>	6063391006 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cmccarty@ekn.com

<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)

(090) Project Update Information

FCC Form 690

Approved by OMB

OMB Control No. 3060-1185

Page 6 of 8

<010>	Study Area Code	268005
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cindy McCarty
<035>	Contact Telephone Number - Number of person identified in data line <030>	6063391006 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cmccarty@ekn.com

<200>	Date Authorized to Receive Support	07/18/2013
<201>	Targeted Completion Date	07/19/2016
<202>	Total Mobility Fund Support Awarded	
<203>	Total Mobility Fund Support Disbursed	

<210>	Actual Completion Date	
-------	------------------------	--

<211>	Project Status Description (attached)	Project Status Description - Line 211.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 ?	<input type="radio"/> 3G <input checked="" type="radio"/> 4G
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(101) Certification - Reporting Carrier

FCC Form 690
Approved by OMB
OMB Control No. 3060-1185
Page 7 of 8

<010> Study Area Code	268005
<015> Study Area Name	East Kentucky Network, LLC
<020> Program Year	2018
<030> Contact Name - Person USAC should contact regarding this data	Cindy McCarty
<035> Contact Telephone Number - Number of person identified in data line <030>	6063391006 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	cmccarty@ekn.com

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: East Kentucky Network, LLC

Signature of Authorized Officer: CERTIFIED ONLINE

Date 06/21/2018

Printed name of Authorized Officer: Michael Huffman

Title or position of Authorized Officer: Financial Operations Director

Telephone number of Authorized Officer: 6063391164 ext.

Study Area Code of Reporting Carrier: 268005 Filing Due Date for this form: 07/02/2018

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.

(102) Certification - Agent / CarrierFCC Form 690
Approved by OMB
OMB Control No. 3060-1185
Page 8 of 8

<010>	Study Area Code	268005
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cindy McCarty
<035>	Contact Telephone Number - Number of person identified in data line <030>	6063391006 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cmccarty@ekn.com

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) _____ 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:

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 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:

Name of Authorized Agent Firm:

Signature of Authorized Agent or Employee of Agent:

Date:

Name of Authorized Agent Employee:

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

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

<010>	Study Area Code	268005
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cindy McCarty
<035>	Contact Telephone Number - Number of person identified in data line <030>	6063391006 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cmccarty@ekn.com
<140>	Coverage and Performance Report Year	01/2017 - 12/2017

[illegible]

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FCC FORM 690

(060) COVERAGE AND PERFORMANCE REPORT

East Kentucky Network, LLC ("EKN") has already completed construction in this SAC, and the drive test data and associated coverage files are in its FCC Form 690 Payment Request 3, which was submitted prior to the reporting period for this SAC.

During the reporting period of January 1, 2017 through December 31, 2017, EKN had not constructed in any additional census blocks within the subject Census Tract for this SAC. Therefore, it did not complete any coverage/performance testing for this SAC during the reporting period of January 1, 2017 through December 31, 2017.

East Kentucky Network, LLC

Project Status Description

Pursuant to Section 54.1009(a)(6) of the Commission's rules,¹ East Kentucky Network, LLC. ("CEKN") submits that there are no material updates to the Project Description associated with this Study Area Code ("SAC") that was provided by EKN in its long-form application (the "FCC Form 680") filed in conjunction with its FCC Auction 901 winning bids.

To date, EKN has completed construction, and deployed its network in at least 75% of the eligible road miles associated with this SAC. There are no material updates with respect to network design, construction, deployment, maintenance, and budget associated with this SAC.

¹ Section 54.1009(a)(6) provides that a winning bidder shall include "Updates to the information provided in § 54.1005(b)(2)(v)."

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	268006
<015> Study Area Name	East Kentucky Network, LLC
<020> Program Year	2018
<030> Contact Name: Person USAC should contact with questions about this data	Cindy McCarty
<035> Contact Telephone Number: Number of the person identified in data line <030>	6063391006 ext.
<039> Contact Email: Email of the person identified in data line <030>	cmccarty@ekn.com

<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)

☐ ☒

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

<010>	Study Area Code	268006
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cindy McCarty
<035>	Contact Telephone Number - Number of person identified in data line <030>	6063391006 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cmccarty@ekn.com

Reporting Carrier / Mobility Fund Phase 1 Winning Bidder

<110>	FCC Registration Number	0001786607
<111>	Filing Carrier Name	East Kentucky Network, LLC
<112>	Winning Bidder Carrier Name	East Kentucky Network, LLC
<113>	Street Address (or PO Box)	101 Technology Trail
<114>	City	Ivel
<115>	State	KY
<116>	Zip-Code	41642
<117>	Telephone Number	6063391164 ext.
<118>	Fax Number	6067912225
<119>	Email Address	mhuffman@ekn.com

Contact Information

if same as above, indicate in this box

☐

<120>	Name (First, MI, Last, Suffix)	Michael Huffman
<121>	Filing Carrier Name	East Kentucky Network, LLC
<122>	Street Address (or PO Box)	101 Technology Trail
<123>	City	Ivel
<124>	State	KY
<125>	Zip-Code	41642
<126>	Telephone Number	6063391164 ext.
<127>	Fax Number	6067912225
<128>	Email Address	mhuffman@ekn.com

Authorized Agent Information

if no agent, indicate in this box

☒

<130>	Name (First, MI, Last, Suffix)	
<131>	Company	
<132>	Street Address (or PO Box)	
<133>	City	
<134>	State	
<135>	Zip-Code	
<136>	Telephone Number	
<137>	Fax Number	
<138>	Email Address	

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060_Coverage and Performance Rep.zip

<141>

[illegible]

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(070) Urban Rate Comparability Certification ComplianceFCC Form 690
Approved by OMB
OMB Control No. 3060-1185
Page 4 of 8

<010> Study Area Code	268006
<015> Study Area Name	East Kentucky Network, LLC
<020> Program Year	2018
<030> Contact Name - Person USAC should contact regarding this data	Cindy McCarty
<035> Contact Telephone Number - Number of person identified in data line <030>	6063391006 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	cmccarty@ekn.com

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:	East Kentucky Network, LLC
Signature of Authorized Officer:	CERTIFIED ONLINE Date 06/21/2018
Printed name of Authorized Officer:	Michael Huffman
Title or position of Authorized Officer:	Financial Operations Director
Telephone number of Authorized Officer:	6063391164 ext.
Study Area Code of Reporting Carrier:	268006 Filing Due Date for this form: 07/02/2018
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:	Date:
Signature of Authorized Officer or Employee:	
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 Firm:	
Signature of Authorized Agent or Employee of Agent:	Date:
Name of Authorized Agent Employee:	
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.	

(080) Tribal Lands ReportingFCC Form 690
Approved by OMB
OMB Control No. 3060-1185
Page 5 of 8

<010>	Study Area Code	268006
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cindy McCarty
<035>	Contact Telephone Number - Number of person identified in data line <030>	6063391006 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cmccarty@ekn.com

<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)

(090) Project Update Information

FCC Form 690

Approved by OMB

OMB Control No. 3060-1185

Page 6 of 8

<010>	Study Area Code	268006
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cindy McCarty
<035>	Contact Telephone Number - Number of person identified in data line <030>	6063391006 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cmccarty@ekn.com

<200> Date Authorized to Receive Support

07/18/2013

<201> Targeted Completion Date

07/19/2016

<202> Total Mobility Fund Support Awarded

<203> Total Mobility Fund Support Disbursed

<210> Actual Completion Date

<211> Project Status Description (attached)

Project Status Description - Line 211.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

(101) Certification - Reporting Carrier

FCC Form 690
Approved by OMB
OMB Control No. 3060-1185
Page 7 of 8

<010>	Study Area Code	268006
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cindy McCarty
<035>	Contact Telephone Number - Number of person identified in data line <030>	6063391006 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cmccarty@ekn.com

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: East Kentucky Network, LLC

Signature of Authorized Officer: CERTIFIED ONLINE Date 06/21/2018

Printed name of Authorized Officer: Michael Huffman

Title or position of Authorized Officer: Financial Operations Director

Telephone number of Authorized Officer: 6063391164 ext.

Study Area Code of Reporting Carrier: 268006 Filing Due Date for this form: 07/02/2018

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.

(102) Certification - Agent / CarrierFCC Form 690
Approved by OMB
OMB Control No. 3060-1185
Page 8 of 8

<010>	Study Area Code	268006
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cindy McCarty
<035>	Contact Telephone Number - Number of person identified in data line <030>	6063391006 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cmccarty@ekn.com

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) _____ 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:

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 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:

Name of Authorized Agent Firm:

Signature of Authorized Agent or Employee of Agent:

Date:

Name of Authorized Agent Employee:

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

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

<010>	Study Area Code	268006
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cindy McCarty
<035>	Contact Telephone Number - Number of person identified in data line <030>	6063391006 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cmccarty@ekn.com
<140>	Coverage and Performance Report Year	01/2017 - 12/2017

[illegible]

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FCC FORM 690

(060) COVERAGE AND PERFORMANCE REPORT

East Kentucky Network, LLC ("EKN") has already completed construction in this SAC, and the drive test data and associated coverage files are in its FCC Form 690 Payment Request 3, which was submitted prior to the reporting period for this SAC.

During the reporting period of January 1, 2017 through December 31, 2017, EKN had not constructed in any additional census blocks within the subject Census Tract for this SAC. Therefore, it did not complete any coverage/performance testing for this SAC during the reporting period of January 1, 2017 through December 31, 2017.