

<010>	Study Area Code	378020
<015>	Study Area Name	NE Colorado Cellular, Inc.
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Michael Felicissimo
<035>	Contact Telephone Number - Number of person identified in data line <030>	9705423605 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mike.felicissimo@viaero.com

Reporting Carrier / Mobility Fund Phase 1 Winning Bidder

<110>	FCC Registration Number	8314569
<111>	Filing Carrier Name	NE Colorado Cellular, Inc.
<112>	Winning Bidder Carrier Name	NE Colorado Cellular, Inc.
<113>	Street Address (or PO Box)	1224 W Platte Avenue
<114>	City	Fort Morgan
<115>	State	CO
<116>	Zip-Code	80701
<117>	Telephone Number	9705423605 ext.
<118>	Fax Number	9708673589
<119>	Email Address	mike.felicissimo@viaero.com

Contact Information

if same as above, indicate in this box



<120>	Name (First, MI, Last, Suffix)	Mike Felicissimo
<121>	Filing Carrier Name	NE Colorado Cellular, Inc.
<122>	Street Address (or PO Box)	1224 W Platte Avenue
<123>	City	Fort Morgan
<124>	State	CO
<125>	Zip-Code	80701
<126>	Telephone Number	9705423605 ext.
<127>	Fax Number	9708673589
<128>	Email Address	mike.felicissimo@viaero.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	

SAC_378020_Holt_NE_Voice_Shapefile.zip,
SAC_378020_Holt_NE_Broadband_Shapefile.zip

<141>

[illegible]

100

95

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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:	NE Colorado Cellular, Inc.
Signature of Authorized Officer:	CERTIFIED ONLINE Date 06/30/2017
Printed name of Authorized Officer:	Michael Felicissimo
Title or position of Authorized Officer:	Executive Vice President
Telephone number of Authorized Officer:	9705423605 ext.
Study Area Code of Reporting Carrier:	378020 Filing Due Date for this form: 07/03/2017
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

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

Certification of Officer or Employee to authorize an Agent to file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier	
I certify that (Name of Agent) is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer or Employee:	Date:
Printed name of Authorized Officer or Employee:	
Title or position of Authorized Officer or Employee:	
Telephone number of Authorized Officer or Employee:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
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TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	
Name of Authorized Agent 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:
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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
- <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
 <201> Targeted Completion Date
 <202> Total Mobility Fund Support Awarded
 <203> Total Mobility Fund Support Disbursed

07/29/2013

07/30/2016

218159.90

204503.09

<210> Actual Completion Date

11/24/2015

<211> Project Status Description (attached)

Nebraska Sites complete.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: NE Colorado Cellular, Inc.

Signature of Authorized Officer: CERTIFIED ONLINE

Date 06/30/2017

Printed name of Authorized Officer: Michael Felicissimo

Title or position of Authorized Officer: Executive Vice President

Telephone number of Authorized Officer: 9705423605 ext.

Study Area Code of Reporting Carrier: 378020 Filing Due Date for this form: 07/03/2017

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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) _____ 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: _____
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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: _____	
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: _____
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Attachments

(060) Coverage and Performance Report

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

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 <140> Coverage and Performance Report Year 07/2016 - 06/2017

<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)
NE	Holt	310899740001002	0	0	0	2.16	1.35	1.35	Yes
NE	Holt	310899740001004	0	0	0	0.04	0.04	0.04	Yes
NE	Holt	310899740001005	0	0	0	0.22	0.18	0.18	Yes
NE	Holt	310899740001006	0	0	0	0.53	0.52	0.52	Yes
NE	Holt	310899740001007	0	0	0	0.63	0.59	0.59	Yes
NE	Holt	310899740001011	0	0	0	0.35	0.35	0.35	Yes
NE	Holt	310899740001012	0	0	0	0.19	0.19	0.19	Yes
NE	Holt	310899740001015	0	0	0	0.23	0.23	0.23	Yes
NE	Holt	310899740001016	0	0	0	0.35	0.35	0.35	Yes
NE	Holt	310899740001017	0	0	0	0.33	0.33	0.33	Yes
NE	Holt	310899740001018	1	1	1	0.1	0.09	0.09	Yes
NE	Holt	310899740001019	0	0	0	0.18	0.18	0.18	Yes
NE	Holt	310899740001020	0	0	0	0.03	0.03	0.03	Yes
NE	Holt	310899740001021	0	0	0	0.03	0.03	0.03	Yes
NE	Holt	310899740001028	0	0	0	0.35	0.35	0.35	Yes
NE	Holt	310899740001030	0	0	0	1.84	1.84	1.84	Yes
NE	Holt	310899740001031	3	3	3	1.42	1.35	1.35	Yes
NE	Holt	310899740001033	0	0	0	0.15	0.15	0.15	Yes
NE	Holt	310899740001035	0	0	0	0.05	0.05	0.05	Yes
NE	Holt	310899740001036	0	0	0	0.31	0.31	0.31	Yes

Percentage of
Total Population
Reached by
Service

100

Percentage of Total
Road Miles covered
by Service

95

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State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performance data is uploaded (yes/no)
NE	Holt	310899740001037	0	0	0	2.22	2.22	2.22	Yes
NE	Holt	310899740001038	0	0	0	1.03	1.03	1.03	Yes
NE	Holt	310899740001039	0	0	0	0.44	0.44	0.44	Yes
NE	Holt	310899740001040	0	0	0	0.32	0.32	0.32	Yes
NE	Holt	310899740001041	0	0	0	0.69	0.69	0.69	Yes
NE	Holt	310899740001042	0	0	0	0.73	0.39	0.39	Yes
NE	Holt	310899740001043	0	0	0	0.49	0.45	0.45	Yes
NE	Holt	310899740001044	5	5	5	1.89	1.89	1.89	Yes
NE	Holt	310899740001045	0	0	0	0.54	0.54	0.54	Yes
NE	Holt	310899740001046	0	0	0	0.55	0.55	0.55	Yes
NE	Holt	310899740001047	0	0	0	0.31	0.31	0.31	Yes
NE	Holt	310899740001048	0	0	0	0.11	0.11	0.11	Yes
NE	Holt	310899740001049	0	0	0	0.13	0.13	0.13	Yes
NE	Holt	310899740001050	0	0	0	0.07	0.06	0.06	Yes
NE	Holt	310899740001051	0	0	0	0.1	0.1	0.1	Yes
NE	Holt	310899740001052	0	0	0	2.1	2.1	2.1	Yes
NE	Holt	310899740001053	0	0	0	0.35	0.35	0.35	Yes
NE	Holt	310899740001054	2	2	2	0.41	0.4	0.4	Yes
NE	Holt	310899740001055	0	0	0	1.56	1.25	1.25	Yes
NE	Holt	310899740001056	2	2	2	2.04	2.04	2.04	Yes

Percentage of
Total Population
Reached by
Service

100

Percentage of Total
Road Miles covered
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95

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NE	Holt	310899740001057	0	0	0	0.12	0.12	0.12	Yes
NE	Holt	310899740001058	0	0	0	0.16	0.16	0.16	Yes
NE	Holt	310899740001059	0	0	0	0.43	0.43	0.43	Yes
NE	Holt	310899740001060	0	0	0	0.9	0.9	0.9	Yes
NE	Holt	310899740001061	3	3	3	0.97	0.8	0.8	Yes
NE	Holt	310899740001062	0	0	0	1.05	1.05	1.05	Yes
NE	Holt	310899740001063	0	0	0	0.49	0.49	0.49	Yes
NE	Holt	310899740001064	0	0	0	1.38	1.38	1.38	Yes
NE	Holt	310899740001065	0	0	0	1.59	1.59	1.59	Yes
NE	Holt	310899740001066	0	0	0	0.52	0.52	0.52	Yes
NE	Holt	310899740001067	0	0	0	0.13	0.07	0.07	Yes
NE	Holt	310899740001068	0	0	0	1.19	0.99	0.99	Yes
NE	Holt	310899740001069	0	0	0	0.26	0.12	0.12	Yes
NE	Holt	310899740001070	0	0	0	0.71	0.49	0.49	Yes
NE	Holt	310899740001072	0	0	0	0.51	0.51	0.51	Yes
NE	Holt	310899740001073	0	0	0	0.53	0.53	0.53	Yes
NE	Holt	310899740001074	0	0	0	2.02	2.02	2.02	Yes
NE	Holt	310899740001075	0	0	0	0.7	0.7	0.7	Yes
NE	Holt	310899740001078	0	0	0	0.48	0.48	0.48	Yes
NE	Holt	310899740001079	0	0	0	0.24	0.24	0.24	Yes

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NE	Holt	310899740001082	5	5	5	4.94	4.5	4.5	Yes
NE	Holt	310899740001087	0	0	0	0.06	0.06	0.06	Yes
NE	Holt	310899740001088	0	0	0	0.86	0.65	0.65	Yes
NE	Holt	310899740001089	0	0	0	0.77	0.5	0.5	Yes
NE	Holt	310899740001090	0	0	0	0.08	0.08	0.08	Yes
NE	Holt	310899740001091	0	0	0	0.02	0.02	0.02	Yes
NE	Holt	310899740001092	0	0	0	0.02	0.02	0.02	Yes
NE	Holt	310899740001094	0	0	0	0.08	0.08	0.08	Yes
NE	Holt	310899740001095	0	0	0	0.1	0.1	0.1	Yes
NE	Holt	310899740001096	0	0	0	0.15	0.15	0.15	Yes
NE	Holt	310899740001097	0	0	0	0.57	0.57	0.57	Yes
NE	Holt	310899740001100	1	1	1	0.32	0.32	0.32	Yes
NE	Holt	310899740001101	0	0	0	0.24	0.24	0.24	Yes
NE	Holt	310899740001105	0	0	0	0.62	0.5	0.5	Yes
NE	Holt	310899740001106	2	2	2	1.16	1.16	1.16	Yes
NE	Holt	310899740001107	0	0	0	0.06	0.06	0.06	Yes
NE	Holt	310899740001108	3	3	3	0.35	0.35	0.35	Yes
NE	Holt	310899740001109	0	0	0	0.48	0.44	0.44	Yes
NE	Holt	310899740001110	0	0	0	0.3	0.29	0.29	Yes
NE	Holt	310899740001111	0	0	0	0.64	0.62	0.62	Yes

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NE	Holt	310899740001112	0	0	0	0.07	0.07	0.07	Yes
NE	Holt	310899740001113	0	0	0	0.4	0.4	0.4	Yes
NE	Holt	310899740001134	0	0	0	0.57	0.49	0.49	Yes
NE	Holt	310899740001135	0	0	0	1.37	1.29	1.29	Yes
NE	Holt	310899740001144	2	2	2	2.58	2.58	2.58	Yes
NE	Holt	310899740001145	0	0	0	0.12	0.12	0.12	Yes
NE	Holt	310899740001149	0	0	0	0.01	0.01	0.01	Yes
NE	Holt	310899740001150	0	0	0	0.01	0.01	0.01	Yes
NE	Holt	310899740001151	0	0	0	0.13	0.13	0.13	Yes
NE	Holt	310899740001152	0	0	0	0.25	0.25	0.25	Yes
NE	Holt	310899740001159	0	0	0	0.28	0.28	0.28	Yes
NE	Holt	310899740001161	0	0	0	0.45	0.45	0.45	Yes
NE	Holt	310899740001176	0	0	0	0.02	0.02	0.02	Yes
NE	Holt	310899740001181	0	0	0	0.83	0.83	0.83	Yes
NE	Holt	310899740001182	0	0	0	1.33	1.33	1.33	Yes
NE	Holt	310899740001186	0	0	0	1.21	1.21	1.21	Yes
NE	Holt	310899740001188	0	0	0	0.47	0.47	0.47	Yes
NE	Holt	310899740001189	0	0	0	0.24	0.24	0.24	Yes
NE	Holt	310899740001206	0	0	0	0.19	0.04	0.04	Yes
NE	Holt	310899740001207	0	0	0	0.16	0.04	0.04	Yes

Percentage of
Total Population
Reached by
Service

100

Percentage of Total
Road Miles covered
by Service

95

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

<010> Study Area Code 378020
<015> Study Area Name NE Colorado Cellular, Inc.
<020> Program Year 2017
<030> Contact Name - Person USAC should contact regarding this data Michael Felicissimo
<035> Contact Telephone Number - Number of person identified in data line <030> 9705423605 ext.
<039> Contact Email Address - Email Address of person identified in data line <030> mike.felicissimo@viaero.com
<140> Coverage and Performance Report Year 07/2016 - 06/2017

<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)
NE	Holt	310899740001208	0	0	0	0.07	0.0	0.0	Yes
NE	Holt	310899740001209	0	0	0	0.09	0.0	0.0	Yes
NE	Holt	310899740001210	0	0	0	0.31	0.04	0.04	Yes
NE	Holt	310899740001211	2	2	2	5.01	5.01	5.01	Yes
NE	Holt	310899740001213	0	0	0	0.74	0.74	0.74	Yes
NE	Holt	310899740001215	0	0	0	0.14	0.12	0.12	Yes
NE	Holt	310899740001216	0	0	0	0.58	0.58	0.58	Yes
NE	Holt	310899740001217	0	0	0	0.08	0.08	0.08	Yes
NE	Holt	310899740001218	0	0	0	0.13	0.13	0.13	Yes
NE	Holt	310899740001219	0	0	0	2.76	2.76	2.76	Yes
NE	Holt	310899740001221	0	0	0	0.06	0.06	0.06	Yes
NE	Holt	310899740001230	0	0	0	0.32	0.32	0.32	Yes
NE	Holt	310899740001231	0	0	0	0.08	0.08	0.08	Yes
NE	Holt	310899740001235	0	0	0	0.42	0.42	0.42	Yes
NE	Holt	310899740001242	0	0	0	2.06	2.06	2.06	Yes
NE	Holt	310899740001246	2	2	2	0.16	0.16	0.16	Yes
NE	Holt	310899740001247	0	0	0	0.17	0.17	0.17	Yes
NE	Holt	310899740001249	2	2	2	0.72	0.72	0.72	Yes
NE	Holt	310899740001251	0	0	0	0.09	0.09	0.09	Yes
NE	Holt	310899740001254	0	0	0	3.24	3.24	3.24	Yes

Percentage of
Total Population
Reached by
Service

100

Percentage of Total
Road Miles covered
by Service

95

(060) Coverage and Performance Report

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

378020

<010> Study Area Code

<015> Study Area Name NE Colorado Cellular, Inc.

<020> Program Year 2017

<030> Contact Name - Person USAC should contact regarding this data Michael Felicissimo

<035> Contact Telephone Number - Number of person identified in data line <030> 9705423605 ext.

<039> Contact Email Address - Email Address of person identified in data line <030> mike.felicissimo@viaero.com

<140> Coverage and Performance Report Year 07/2016 - 06/2017

<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)
NE	Holt	310899740001255	0	0	0	0.07	0.07	0.07	Yes
NE	Holt	310899740001256	0	0	0	1.02	1.02	1.02	Yes
NE	Holt	310899740001257	4	4	4	0.13	0.13	0.13	Yes
NE	Holt	310899740001258	0	0	0	0.13	0.13	0.13	Yes
NE	Holt	310899740001277	2	2	2	1.05	1.05	1.05	Yes
NE	Holt	310899740001278	0	0	0	0.19	0.19	0.19	Yes
NE	Holt	310899740001281	0	0	0	0.37	0.37	0.37	Yes
NE	Holt	310899740001283	2	2	2	0.21	0.21	0.21	Yes
NE	Holt	310899740001285	0	0	0	0.23	0.23	0.23	Yes
NE	Holt	310899740001286	0	0	0	0.44	0.44	0.44	Yes
NE	Holt	310899740001311	0	0	0	0.18	0.08	0.08	Yes
NE	Holt	310899740001313	2	2	2	1.22	1.22	1.22	Yes
NE	Holt	310899740001314	5	5	5	3.03	3.03	3.03	Yes
NE	Holt	310899740001386	0	0	0	0.37	0.37	0.37	Yes
NE	Holt	310899740001387	0	0	0	0.53	0.53	0.53	Yes
NE	Holt	310899740001397	0	0	0	0.4	0.4	0.4	Yes
NE	Holt	310899740001405	0	0	0	0.25	0.19	0.19	Yes
NE	Holt	310899740001417	0	0	0	0.19	0.18	0.18	Yes
NE	Holt	310899740001457	0	0	0	0.5	0.5	0.5	Yes
NE	Holt	310899740001458	0	0	0	0.86	0.86	0.86	Yes

Percentage of
Total Population
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100

Percentage of Total
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95

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<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<c1>	<c2>	<c3>	<d>
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NE	Holt	310899740001461	0	0	0	0.13	0.08	0.08	Yes
NE	Holt	310899740001463	0	0	0	0.07	0.07	0.07	Yes
NE	Holt	310899740001473	0	0	0	0.91	0.91	0.91	Yes
NE	Holt	310899740001474	8	8	8	1.63	1.63	1.63	Yes
NE	Holt	310899740001475	0	0	0	1.93	1.93	1.93	Yes
NE	Holt	310899740001476	2	2	2	0.68	0.68	0.68	Yes
NE	Holt	310899740001479	0	0	0	1.44	1.44	1.44	Yes
NE	Holt	310899740001480	0	0	0	0.97	0.97	0.97	Yes
NE	Holt	310899740001488	0	0	0	0.13	0.13	0.13	Yes
NE	Holt	310899740001489	0	0	0	0.04	0.04	0.04	Yes
NE	Holt	310899740001492	0	0	0	0.11	0.08	0.08	Yes
NE	Holt	310899740001503	2	2	2	2.09	1.97	1.97	Yes
NE	Holt	310899740001511	0	0	0	0.45	0.45	0.45	Yes
NE	Holt	310899740001514	0	0	0	3.53	3.48	3.48	Yes
NE	Holt	310899740001516	0	0	0	0.29	0.11	0.11	Yes
NE	Holt	310899740001540	0	0	0	0.06	0.06	0.06	Yes
NE	Holt	310899740001541	0	0	0	2.47	2.38	2.38	Yes
NE	Holt	310899740001554	2	2	2	0.09	0.0	0.0	Yes
NE	Holt	310899740001555	0	0	0	0.19	0.04	0.04	Yes
NE	Holt	310899740001556	0	0	0	0.58	0.44	0.44	Yes

Percentage of
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95

(060) Coverage and Performance Report

FCC Form 690

Approved by OMB

OMB Control No. 3060-1185

<010> Study Area Code 378020
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<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)
NE	Holt	310899740001557	0	0	0	0.02	0.02	0.02	Yes
NE	Holt	310899740001558	0	0	0	0.21	0.21	0.21	Yes
NE	Holt	310899740001706	0	0	0	0.03	0.0	0.0	Yes
NE	Holt	310899740001714	2	2	2	0.1	0.0	0.0	Yes
NE	Holt	310899740001718	0	0	0	0.38	0.26	0.26	Yes
NE	Holt	310899740001719	3	3	3	3.26	2.79	2.79	Yes
NE	Holt	310899740001720	0	0	0	0.04	0.02	0.02	Yes
NE	Holt	310899740001721	0	0	0	2.0	2.0	2.0	Yes
NE	Holt	310899740001807	0	0	0	0.18	0.18	0.18	Yes
NE	Holt	310899740001808	0	0	0	0.18	0.18	0.18	Yes
NE	Holt	310899740001817	0	0	0	1.85	1.85	1.85	Yes
NE	Holt	310899740001880	0	0	0	0.51	0.49	0.49	Yes
NE	Holt	310899740001887	0	0	0	0.21	0.21	0.21	Yes
NE	Holt	310899740001891	0	0	0	0.2	0.2	0.2	Yes
NE	Holt	310899740001892	0	0	0	0.02	0.02	0.02	Yes
NE	Holt	310899740001896	0	0	0	1.4	1.4	1.4	Yes
NE	Holt	310899740002034	0	0	0	0.04	0.0	0.0	Yes
NE	Holt	310899740002387	0	0	0	0.04	0.0	0.0	Yes
NE	Holt	310899740002402	1	1	1	0.34	0.34	0.34	Yes
NE	Holt	310899740002403	0	0	0	0.79	0.79	0.79	Yes

Percentage of
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(060) Coverage and Performance Report

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

<010> Study Area Code 378020
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<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)
NE	Holt	310899740002405	0	0	0	0.06	0.06	0.06	Yes
NE	Holt	310899740002407	0	0	0	0.98	0.98	0.98	Yes
NE	Holt	310899740002409	4	4	4	0.33	0.33	0.33	Yes
NE	Holt	310899740002410	0	0	0	0.09	0.09	0.09	Yes
NE	Holt	310899740002412	0	0	0	1.11	1.11	1.11	Yes
NE	Holt	310899740002413	0	0	0	0.31	0.31	0.31	Yes
NE	Holt	310899740002414	0	0	0	0.09	0.09	0.09	Yes
NE	Holt	310899740002415	0	0	0	0.27	0.27	0.27	Yes
NE	Holt	310899740002416	0	0	0	0.47	0.47	0.47	Yes
NE	Holt	310899740002417	0	0	0	0.29	0.29	0.29	Yes
NE	Holt	310899740002418	0	0	0	0.14	0.14	0.14	Yes
NE	Holt	310899740002419	0	0	0	0.08	0.08	0.08	Yes
NE	Holt	310899740002420	0	0	0	0.09	0.09	0.09	Yes
NE	Holt	310899740002421	0	0	0	0.06	0.06	0.06	Yes

Percentage of
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Service

100

Percentage of Total
Road Miles covered
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95

NE Colorado Cellular, Inc.

Project Status Description

Pursuant to Section 54.1009(a)(6) of the Commission's rules,¹ NE Colorado Cellular, Inc. ("Filer") submits that there is no material updates to its project description, included the projected budget, associated with this Study Area Code that was provided by Filer in its FCC Form 690 filed in conjunction with its Auction 901 winning bids.

In the FCC Form 680, Filer explained that in order to provide the most advanced wireless broadband service available to date, Filer is using the proceeds from auction 901 to expand its footprint with new cell sites, and supplementing its existing network footprint with 4G service. Specifically, utilizing the PCS spectrum, Filer intends to provide high speed, broadband data services over 4G. Further, installation of new cell sites and the overlay of 4G will enable Filer to meet its public interest obligations to provide rural Nebraska citizens with comparable to those available in urban areas.

As of this date Filer is in the process of testing the 4G services. Filer has completed design, construction and turn up of 4G services.

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

ACCEPTED/FILED

<010> Study Area Code 378021
<015> Study Area Name NE Colorado Cellular, Inc.
<020> Program Year 2017
<030> Contact Name: Person USAC should contact with questions about this data Michael Felicissimo
<035> Contact Telephone Number: Number of the person identified in data line <030> 9705423605 ext.
<039> Contact Email: Email of the person identified in data line <030> mike.felicissimo@viaero.com

Federal Communications Commission
Office of the Secretary

<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.

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<030>	Contact Name - Person USAC should contact regarding this data	Michael Felicissimo
<035>	Contact Telephone Number - Number of person identified in data line <030>	9705423605 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mike.felicissimo@viaero.com

Reporting Carrier / Mobility Fund Phase 1 Winning Bidder

<110>	FCC Registration Number	8314569
<111>	Filing Carrier Name	NE Colorado Cellular, Inc.
<112>	Winning Bidder Carrier Name	NE Colorado Cellular, Inc.
<113>	Street Address (or PO Box)	1224 W Platte Avenue
<114>	City	Fort Morgan
<115>	State	CO
<116>	Zip-Code	80701
<117>	Telephone Number	9705423605 ext.
<118>	Fax Number	9708673589
<119>	Email Address	mike.felicissimo@viaero.com

Contact Information

if same as above, indicate in this box



<120>	Name (First, MI, Last, Suffix)	Mike Felicissimo
<121>	Filing Carrier Name	NE Colorado Cellular, Inc.
<122>	Street Address (or PO Box)	1224 W Platte Avenue
<123>	City	Fort Morgan
<124>	State	CO
<125>	Zip-Code	80701
<126>	Telephone Number	9705423605 ext.
<127>	Fax Number	9708673589
<128>	Email Address	mike.felicissimo@viaero.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

Coverage and Performance attachments

[illegible]

100

96

<010> Study Area Code	378021
<015> Study Area Name	NE Colorado Cellular, Inc.
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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:	NE Colorado Cellular, Inc.
Signature of Authorized Officer:	CERTIFIED ONLINE Date 06/30/2017
Printed name of Authorized Officer:	Michael Felicissimo
Title or position of Authorized Officer:	Executive Vice President
Telephone number of Authorized Officer:	9705423605 ext.
Study Area Code of Reporting Carrier:	378021 Filing Due Date for this form: 07/03/2017
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:
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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
 <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)

<010>	Study Area Code	378021
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<039>	Contact Email Address - Email Address of person identified in data line <030>	mike.felicissimo@viaero.com

<200>	Date Authorized to Receive Support	07/29/2013
<201>	Targeted Completion Date	07/30/2016
<202>	Total Mobility Fund Support Awarded	58911.2
<203>	Total Mobility Fund Support Disbursed	56466.39

<210>	Actual Completion Date	05/19/2016
<211>	Project Status Description (attached)	Nebraska Sites complete.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

<010>	Study Area Code	378021
<015>	Study Area Name	NE Colorado Cellular, Inc.
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Michael Felicissimo
<035>	Contact Telephone Number - Number of person identified in data line <030>	9705423605 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mike.felicissimo@viaero.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: NE Colorado Cellular, Inc.

Signature of Authorized Officer: CERTIFIED ONLINE

Date 06/30/2017

Printed name of Authorized Officer: Michael Felicissimo

Title or position of Authorized Officer: Executive Vice President

Telephone number of Authorized Officer: 9705423605 ext.

Study Area Code of Reporting Carrier: 378021 Filing Due Date for this form: 07/03/2017

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	378021
<015> Study Area Name	NE Colorado Cellular, Inc.
<020> Program Year	2017
<030> Contact Name - Person USAC should contact regarding this data	Michael Felicissimo
<035> Contact Telephone Number - Number of person identified in data line <030>	9705423605 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	mike.felicissimo@viaero.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

378021

<010> Study Area Code

<015> Study Area Name NE Colorado Cellular, Inc.

<020> Program Year 2017

<030> Contact Name - Person USAC should contact regarding this data Michael Felicissimo

<035> Contact Telephone Number - Number of person identified in data line <030> 9705423605 ext.

<039> Contact Email Address - Email Address of person identified in data line <030> mike.felicissimo@viaero.com

<140> Coverage and Performance Report Year 07/2016 - 06/2017

<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)
NE	Holt	310899741001313	0	0	0	0.16	0.16	0.16	Yes
NE	Holt	310899741002247	0	0	0	1.7	1.7	1.7	Yes
NE	Holt	310899741002250	0	0	0	1.04	1.04	1.04	Yes
NE	Holt	310899741002251	5	5	5	4.66	3.97	3.97	Yes
NE	Holt	310899741002253	0	0	0	0.96	0.96	0.96	Yes
NE	Holt	310899741002254	1	1	1	1.65	1.65	1.65	Yes
NE	Holt	310899741002255	2	2	2	0.87	0.87	0.87	Yes
NE	Holt	310899741002256	6	6	6	2.27	2.27	2.27	Yes
NE	Holt	310899741002258	2	2	2	0.1	0.1	0.1	Yes
NE	Holt	310899741002260	0	0	0	0.47	0.47	0.47	Yes
NE	Holt	310899741002262	0	0	0	0.5	0.5	0.5	Yes
NE	Holt	310899741002264	0	0	0	2.91	2.73	2.73	Yes
NE	Holt	310899741002265	0	0	0	0.31	0.31	0.31	Yes
NE	Holt	310899741002266	1	1	1	0.06	0.06	0.06	Yes
NE	Holt	310899741002267	3	3	3	0.31	0.31	0.31	Yes
NE	Holt	310899741002269	0	0	0	0.29	0.29	0.29	Yes
NE	Holt	310899741002270	4	4	4	2.14	2.14	2.14	Yes
NE	Holt	310899741002361	7	7	7	3.7	3.7	3.7	Yes
NE	Holt	310899741002366	0	0	0	1.68	1.68	1.68	Yes
NE	Holt	310899741002370	0	0	0	3.18	3.18	3.18	Yes

Percentage of
Total Population
Reached by
Service

100

Percentage of Total
Road Miles covered
by Service

96

<141>

Percentage of
Total Population
Reached by
Service

Percentage of Total
Road Miles covered
by Service

06/30/2017

NE Colorado Cellular, Inc.

Project Status Description

Pursuant to Section 54.1009(a)(6) of the Commission's rules,¹ NE Colorado Cellular, Inc. ("Filer") submits that there is no material updates to its project description, included the projected budget, associated with this Study Area Code that was provided by Filer in its FCC Form 690 filed in conjunction with its Auction 901 winning bids.

In the FCC Form 680, Filer explained that in order to provide the most advanced wireless broadband service available to date, Filer is using the proceeds from auction 901 to expand its footprint with new cell sites, and supplementing its existing network footprint with 4G service. Specifically, utilizing the PCS spectrum, Filer intends to provide high speed, broadband data services over 4G. Further, installation of new cell sites and the overlay of 4G will enable Filer to meet its public interest obligations to provide rural Nebraska citizens with comparable to those available in urban areas.

As of this date Filer is in the process of testing the 4G services. Filer has completed design, construction and turn up of 4G services.

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	378023
<015> Study Area Name	NE Colorado Cellular, Inc.
<020> Program Year	2017
<030> Contact Name: Person USAC should contact with questions about this data	Michael Felicissimo
<035> Contact Telephone Number: Number of the person identified in data line <030>	9705432605 ext.
<039> Contact Email: Email of the person identified in data line <030>	mike.felicissimo@viaero.com

ACCEPTED/FILED

JUL - 3 2017

**Federal Communications Commission
Office of the Secretary**

<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.

<010> Study Area Code	378023
<015> Study Area Name	NE Colorado Cellular, Inc.
<020> Program Year	2017
<030> Contact Name - Person USAC should contact regarding this data	Michael Felicissimo
<035> Contact Telephone Number - Number of person identified in data line <030>	9705432605 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	mike.felicissimo@viaero.com

Reporting Carrier / Mobility Fund Phase 1 Winning Bidder

<110> FCC Registration Number	8314569
<111> Filing Carrier Name	NE Colorado Cellular, Inc.
<112> Winning Bidder Carrier Name	NE Colorado Cellular, Inc.
<113> Street Address (or PO Box)	1224 W Platte Avenue
<114> City	Fort Morgan
<115> State	CO
<116> Zip-Code	80701
<117> Telephone Number	9705423605 ext.
<118> Fax Number	9708673589
<119> Email Address	mike.felicissimo@viaero.com

Contact Information

if same as above, indicate in this box



<120> Name (First, MI, Last, Suffix)	Mike Felicissimo
<121> Filing Carrier Name	NE Colorado Cellular, Inc.
<122> Street Address (or PO Box)	1224 W Platte Avenue
<123> City	Fort Morgan
<124> State	CO
<125> Zip-Code	80701
<126> Telephone Number	9705423605 ext.
<127> Fax Number	9708673589
<128> Email Address	mike.felicissimo@viaero.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

Coverage and Performance attachments

[illegible]

100

97

<010> Study Area Code	378023
<015> Study Area Name	NE Colorado Cellular, Inc.
<020> Program Year	2017
<030> Contact Name - Person USAC should contact regarding this data	Michael Felicissimo
<035> Contact Telephone Number - Number of person identified in data line <030>	9705432605 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	mike.felicissimo@viaero.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:	NE Colorado Cellular, Inc.
Signature of Authorized Officer:	CERTIFIED ONLINE Date 06/30/2017
Printed name of Authorized Officer:	Michael Felicissimo
Title or position of Authorized Officer:	Executive Vice President
Telephone number of Authorized Officer:	9705423605 ext.
Study Area Code of Reporting Carrier:	378023 Filing Due Date for this form: 07/03/2017
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	378023
<015>	Study Area Name	NE Colorado Cellular, Inc.
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Michael Felicissimo
<035>	Contact Telephone Number - Number of person identified in data line <030>	9705432605 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mike.felicissimo@viaero.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)

<010>	Study Area Code	378023
<015>	Study Area Name	NE Colorado Cellular, Inc.
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Michael Felicissimo
<035>	Contact Telephone Number - Number of person identified in data line <030>	9705432605 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mike.felicissimo@viaero.com

<200>	Date Authorized to Receive Support	07/29/2013
<201>	Targeted Completion Date	07/30/2016
<202>	Total Mobility Fund Support Awarded	699167.76
<203>	Total Mobility Fund Support Disbursed	671480.72

<210>	Actual Completion Date	04/05/2016
-------	------------------------	------------

<211>	Project Status Description (attached)	Nebraska Sites complete.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	<input checked="" type="checkbox"/>
<213>	Status of Network Deployment - Construction	<input checked="" type="checkbox"/>
<214>	Status of Network Deployment - Deployment	<input checked="" type="checkbox"/>
<215>	Status of Network Deployment - Maintenance	<input type="checkbox"/>
<216>	Project Budget Status	<input type="checkbox"/>
<217>	Project Plan Status	<input checked="" type="checkbox"/>

<218>	Network will Support 3G/4G Mobile Service ?	<input type="radio"/> 3G	<input checked="" type="radio"/> 4G
-------	---	--------------------------	-------------------------------------

<010>	Study Area Code	378023
<015>	Study Area Name	NE Colorado Cellular, Inc.
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Michael Felicissimo
<035>	Contact Telephone Number - Number of person identified in data line <030>	9705432605 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mike.felicissimo@viaero.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: NE Colorado Cellular, Inc.

Signature of Authorized Officer: CERTIFIED ONLINE

Date 06/30/2017

Printed name of Authorized Officer: Michael Felicissimo

Title or position of Authorized Officer: Executive Vice President

Telephone number of Authorized Officer: 9705423605 ext.

Study Area Code of Reporting Carrier: 378023 Filing Due Date for this form: 07/03/2017

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	378023
<015>	Study Area Name	NE Colorado Cellular, Inc.
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Michael Felicissimo
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<039>	Contact Email Address - Email Address of person identified in data line <030>	mike.felicissimo@viaero.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

<010> Study Area Code 378023
 <015> Study Area Name NE Colorado Cellular, Inc.
 <020> Program Year 2017
 <030> Contact Name - Person USAC should contact regarding this data Michael Felicissimo
 <035> Contact Telephone Number - Number of person identified in data line <030> 9705432605 ext.
 <039> Contact Email Address - Email Address of person identified in data line <030> mike.felicissimo@viaero.com
 <140> Coverage and Performance Report Year 07/2016 - 06/2017

<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)
NE	Keya Paha	311039754001006	15	15	15	6.84	6.84	6.84	Yes
NE	Keya Paha	311039754001007	0	0	0	0.15	0.15	0.15	Yes
NE	Keya Paha	311039754001008	5	5	5	6.3	6.3	6.3	Yes
NE	Keya Paha	311039754001010	0	0	0	0.78	0.78	0.78	Yes
NE	Keya Paha	311039754001011	6	6	6	0.34	0.33	0.33	Yes
NE	Keya Paha	311039754001012	0	0	0	0.22	0.15	0.15	Yes
NE	Keya Paha	311039754001014	0	0	0	0.57	0.57	0.57	Yes
NE	Keya Paha	311039754001015	0	0	0	2.33	2.28	2.28	Yes
NE	Keya Paha	311039754001016	0	0	0	2.31	2.31	2.31	Yes
NE	Keya Paha	311039754001017	2	2	2	2.88	2.88	2.88	Yes
NE	Keya Paha	311039754001020	3	3	3	7.26	7.26	7.26	Yes
NE	Keya Paha	311039754001021	2	2	2	1.62	1.62	1.62	Yes
NE	Keya Paha	311039754001022	0	0	0	0.07	0.07	0.07	Yes
NE	Keya Paha	311039754001023	0	0	0	0.68	0.68	0.68	Yes
NE	Keya Paha	311039754001024	0	0	0	0.17	0.17	0.17	Yes
NE	Keya Paha	311039754001025	0	0	0	0.03	0.03	0.03	Yes
NE	Keya Paha	311039754001026	0	0	0	2.66	2.66	2.66	Yes
NE	Keya Paha	311039754001027	0	0	0	0.29	0.29	0.29	Yes
NE	Keya Paha	311039754001028	0	0	0	0.93	0.93	0.93	Yes
NE	Keya Paha	311039754001029	0	0	0	0.22	0.22	0.22	Yes

Percentage of
Total Population
Reached by
Service

100

Percentage of Total
Road Miles covered
by Service

97

(060) Coverage and Performance Report

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

<010> Study Area Code 378023
 <015> Study Area Name NE Colorado Cellular, Inc.
 <020> Program Year 2017
 <030> Contact Name - Person USAC should contact regarding this data Michael Felicissimo
 <035> Contact Telephone Number - Number of person identified in data line <030> 9705432605 ext.
 <039> Contact Email Address - Email Address of person identified in data line <030> mike.felicissimo@viaero.com
 <140> Coverage and Performance Report Year 07/2016 - 06/2017

<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)
NE	Keya Paha	311039754001032	0	0	0	0.63	0.63	0.63	Yes
NE	Keya Paha	311039754001033	0	0	0	1.04	1.04	1.04	Yes
NE	Keya Paha	311039754001034	0	0	0	0.73	0.7	0.7	Yes
NE	Keya Paha	311039754001038	5	5	5	9.15	8.58	8.58	Yes
NE	Keya Paha	311039754001039	0	0	0	0.13	0.13	0.13	Yes
NE	Keya Paha	311039754001040	0	0	0	0.06	0.06	0.06	Yes
NE	Keya Paha	311039754001045	0	0	0	0.9	0.9	0.9	Yes
NE	Keya Paha	311039754001046	3	3	3	5.03	5.03	5.03	Yes
NE	Keya Paha	311039754001048	2	2	2	0.08	0.08	0.08	Yes
NE	Keya Paha	311039754001049	0	0	0	0.49	0.49	0.49	Yes
NE	Keya Paha	311039754001050	3	3	3	4.31	3.8	3.8	Yes
NE	Keya Paha	311039754001051	1	1	1	3.26	3.26	3.26	Yes
NE	Keya Paha	311039754001052	8	8	8	4.33	4.25	4.25	Yes
NE	Keya Paha	311039754001054	1	1	1	0.06	0.03	0.03	Yes
NE	Keya Paha	311039754001056	8	8	8	11.76	11.76	11.76	Yes
NE	Keya Paha	311039754001057	4	4	4	0.72	0.72	0.72	Yes
NE	Keya Paha	311039754001058	2	2	2	0.12	0.12	0.12	Yes
NE	Keya Paha	311039754001060	7	7	7	4.07	4.07	4.07	Yes
NE	Keya Paha	311039754001061	0	0	0	0.1	0.1	0.1	Yes
NE	Keya Paha	311039754001062	0	0	0	0.9	0.9	0.9	Yes

Percentage of
Total Population
Reached by
Service

100

Percentage of Total
Road Miles covered
by Service

97

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

<010> Study Area Code 378023

<015> Study Area Name NE Colorado Cellular, Inc.

<020> Program Year 2017

<030> Contact Name - Person USAC should contact regarding this data Michael Felicissimo

<035> Contact Telephone Number - Number of person identified in data line <030> 9705432605 ext.

<039> Contact Email Address - Email Address of person identified in data line <030> mike.felicissimo@viaero.com

<140> Coverage and Performance Report Year 07/2016 - 06/2017

<1>	<2>	<3>	<4>	<5>	<6>	<7>	<8>	<9>	<10>
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)
NE	Keya Paha	311039754001063	2	2	2	0.15	0.15	0.15	Yes
NE	Keya Paha	311039754001064	6	6	6	2.43	2.43	2.43	Yes
NE	Keya Paha	311039754001065	0	0	0	0.18	0.18	0.18	Yes
NE	Keya Paha	311039754001066	0	0	0	0.21	0.21	0.21	Yes
NE	Keya Paha	311039754001067	0	0	0	1.67	1.67	1.67	Yes
NE	Keya Paha	311039754001068	0	0	0	0.1	0.1	0.1	Yes
NE	Keya Paha	311039754001069	5	5	5	2.14	2.14	2.14	Yes
NE	Keya Paha	311039754001070	6	6	6	8.55	8.53	8.53	Yes
NE	Keya Paha	311039754001071	0	0	0	0.14	0.1	0.1	Yes
NE	Keya Paha	311039754001072	4	4	4	1.1	1.1	1.1	Yes
NE	Keya Paha	311039754001074	0	0	0	0.97	0.97	0.97	Yes
NE	Keya Paha	311039754001075	0	0	0	2.14	1.81	1.81	Yes
NE	Keya Paha	311039754001076	0	0	0	2.47	2.47	2.47	Yes
NE	Keya Paha	311039754001078	20	20	20	7.4	7.4	7.4	Yes
NE	Keya Paha	311039754001080	8	8	8	1.61	1.21	1.21	Yes
NE	Keya Paha	311039754001081	0	0	0	0.76	0.76	0.76	Yes
NE	Keya Paha	311039754001082	12	12	12	5.96	5.96	5.96	Yes
NE	Keya Paha	311039754001083	0	0	0	0.42	0.42	0.42	Yes
NE	Keya Paha	311039754001085	0	0	0	0.48	0.48	0.48	Yes
NE	Keya Paha	311039754001086	0	0	0	0.16	0.16	0.16	Yes

Percentage of
Total Population
Reached by
Service

100

Percentage of Total
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 <039> Contact Email Address - Email Address of person identified in data line <030> mike.felicissimo@viaero.com
 <140> Coverage and Performance Report Year 07/2016 - 06/2017

<141>

<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<c1>	<c2>	<c3>	<d>
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NE	Keya Paha	311039754001088	2	2	2	0.52	0.52	0.52	Yes
NE	Keya Paha	311039754001089	0	0	0	0.62	0.62	0.62	Yes
NE	Keya Paha	311039754001090	0	0	0	0.11	0.11	0.11	Yes
NE	Keya Paha	311039754001091	2	2	2	5.75	5.75	5.75	Yes
NE	Keya Paha	311039754001092	0	0	0	0.05	0.05	0.05	Yes
NE	Keya Paha	311039754001093	0	0	0	0.21	0.21	0.21	Yes
NE	Keya Paha	311039754001096	0	0	0	0.24	0.24	0.24	Yes
NE	Keya Paha	311039754001101	1	1	1	3.32	3.32	3.32	Yes
NE	Keya Paha	311039754001111	0	0	0	0.11	0.11	0.11	Yes
NE	Keya Paha	311039754001113	0	0	0	0.61	0.61	0.61	Yes
NE	Keya Paha	311039754001114	0	0	0	1.23	1.23	1.23	Yes
NE	Keya Paha	311039754001115	0	0	0	2.09	2.09	2.09	Yes
NE	Keya Paha	311039754001116	0	0	0	3.15	3.15	3.15	Yes
NE	Keya Paha	311039754001117	0	0	0	0.3	0.3	0.3	Yes
NE	Keya Paha	311039754001123	0	0	0	0.32	0.32	0.32	Yes
NE	Keya Paha	311039754001124	0	0	0	1.81	1.81	1.81	Yes
NE	Keya Paha	311039754001125	0	0	0	3.02	3.02	3.02	Yes
NE	Keya Paha	311039754001126	0	0	0	3.22	3.22	3.22	Yes
NE	Keya Paha	311039754001128	0	0	0	0.15	0.15	0.15	Yes
NE	Keya Paha	311039754001129	0	0	0	0.04	0.04	0.04	Yes

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NE	Keya Paha	311039754001133	0	0	0	0.04	0.04	0.04	Yes
NE	Keya Paha	311039754001135	4	4	4	0.15	0.15	0.15	Yes
NE	Keya Paha	311039754001136	0	0	0	0.13	0.13	0.13	Yes
NE	Keya Paha	311039754001137	2	2	2	0.27	0.27	0.27	Yes
NE	Keya Paha	311039754001138	2	2	2	0.16	0.16	0.16	Yes
NE	Keya Paha	311039754001140	0	0	0	2.2	2.2	2.2	Yes
NE	Keya Paha	311039754001141	2	2	2	7.29	7.29	7.29	Yes
NE	Keya Paha	311039754001142	0	0	0	0.25	0.25	0.25	Yes
NE	Keya Paha	311039754001143	0	0	0	1.52	1.23	1.23	Yes
NE	Keya Paha	311039754001144	0	0	0	1.69	1.55	1.55	Yes
NE	Keya Paha	311039754001151	0	0	0	0.8	0.8	0.8	Yes
NE	Keya Paha	311039754001152	5	5	5	1.34	1.34	1.34	Yes
NE	Keya Paha	311039754001153	2	2	2	3.02	3.02	3.02	Yes
NE	Keya Paha	311039754001167	0	0	0	0.1	0.1	0.1	Yes
NE	Keya Paha	311039754001169	5	5	5	6.18	6.18	6.18	Yes
NE	Keya Paha	311039754001171	0	0	0	1.42	1.42	1.42	Yes
NE	Keya Paha	311039754001172	0	0	0	1.55	1.55	1.55	Yes
NE	Keya Paha	311039754001175	0	0	0	1.93	1.93	1.93	Yes
NE	Keya Paha	311039754001176	0	0	0	1.8	1.8	1.8	Yes
NE	Keya Paha	311039754001177	0	0	0	2.27	2.27	2.27	Yes

Percentage of
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NE	Keya Paha	311039754001178	2	2	2	1.58	1.58	1.58	Yes
NE	Keya Paha	311039754001179	0	0	0	1.59	1.59	1.59	Yes
NE	Keya Paha	311039754001180	0	0	0	0.82	0.82	0.82	Yes
NE	Keya Paha	311039754001183	2	2	2	1.69	1.69	1.69	Yes
NE	Keya Paha	311039754001184	0	0	0	0.23	0.23	0.23	Yes
NE	Keya Paha	311039754001185	2	2	2	2.02	2.02	2.02	Yes
NE	Keya Paha	311039754001186	0	0	0	0.1	0.1	0.1	Yes
NE	Keya Paha	311039754001189	0	0	0	0.98	0.98	0.98	Yes
NE	Keya Paha	311039754001190	3	3	3	2.24	2.24	2.24	Yes
NE	Keya Paha	311039754001192	0	0	0	0.1	0.1	0.1	Yes
NE	Keya Paha	311039754001195	0	0	0	0.07	0.07	0.07	Yes
NE	Keya Paha	311039754001197	0	0	0	1.75	1.75	1.75	Yes
NE	Keya Paha	311039754001209	11	11	11	0.2	0.2	0.2	Yes
NE	Keya Paha	311039754001216	0	0	0	1.77	1.77	1.77	Yes
NE	Keya Paha	311039754001217	0	0	0	0.07	0.07	0.07	Yes
NE	Keya Paha	311039754001219	0	0	0	0.07	0.07	0.07	Yes
NE	Keya Paha	311039754001220	0	0	0	0.06	0.06	0.06	Yes
NE	Keya Paha	311039754001222	0	0	0	0.12	0.12	0.12	Yes
NE	Keya Paha	311039754001224	0	0	0	1.96	1.96	1.96	Yes
NE	Keya Paha	311039754001225	0	0	0	1.67	1.67	1.67	Yes

Percentage of
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(060) Coverage and Performance Report

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OMB Control No. 3060-1185

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 <140> Coverage and Performance Report Year 07/2016 - 06/2017

<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)
NE	Keya Paha	311039754001226	2	2	2	2.97	2.97	2.97	Yes
NE	Keya Paha	311039754001227	0	0	0	0.06	0.06	0.06	Yes
NE	Keya Paha	311039754001228	1	1	1	3.01	3.01	3.01	Yes
NE	Keya Paha	311039754001230	4	4	4	2.07	2.07	2.07	Yes
NE	Keya Paha	311039754001232	7	7	7	4.05	4.05	4.05	Yes
NE	Keya Paha	311039754001233	0	0	0	0.09	0.09	0.09	Yes
NE	Keya Paha	311039754001240	5	5	5	4.29	4.28	4.28	Yes
NE	Keya Paha	311039754001241	0	0	0	4.67	4.67	4.67	Yes
NE	Keya Paha	311039754001242	0	0	0	1.8	1.8	1.8	Yes
NE	Keya Paha	311039754001244	4	4	4	0.26	0.26	0.26	Yes
NE	Keya Paha	311039754001245	0	0	0	0.09	0.09	0.09	Yes
NE	Keya Paha	311039754001246	0	0	0	0.09	0.09	0.09	Yes
NE	Keya Paha	311039754001247	0	0	0	0.15	0.15	0.15	Yes
NE	Keya Paha	311039754001249	7	7	7	5.14	5.14	5.14	Yes
NE	Keya Paha	311039754001250	0	0	0	1.88	1.88	1.88	Yes
NE	Keya Paha	311039754001251	0	0	0	0.09	0.09	0.09	Yes
NE	Keya Paha	311039754001252	0	0	0	0.15	0.15	0.15	Yes
NE	Keya Paha	311039754001253	0	0	0	0.08	0.08	0.08	Yes
NE	Keya Paha	311039754001256	0	0	0	6.43	6.43	6.43	Yes
NE	Keya Paha	311039754001257	0	0	0	1.88	1.88	1.88	Yes

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NE	Keya Paha	311039754001258	0	0	0	1.15	1.15	1.15	Yes
NE	Keya Paha	311039754001259	3	3	3	10.6	10.26	10.26	Yes
NE	Keya Paha	311039754001260	0	0	0	2.13	2.13	2.13	Yes
NE	Keya Paha	311039754001262	0	0	0	0.41	0.03	0.03	Yes
NE	Keya Paha	311039754001263	0	0	0	4.48	4.48	4.48	Yes
NE	Keya Paha	311039754001264	0	0	0	0.51	0.51	0.51	Yes
NE	Keya Paha	311039754001265	0	0	0	2.42	2.42	2.42	Yes
NE	Keya Paha	311039754001266	0	0	0	0.66	0.66	0.66	Yes
NE	Keya Paha	311039754001267	0	0	0	1.88	1.88	1.88	Yes
NE	Keya Paha	311039754001268	0	0	0	1.98	1.98	1.98	Yes
NE	Keya Paha	311039754001269	0	0	0	0.74	0.74	0.74	Yes
NE	Keya Paha	311039754001270	0	0	0	7.29	7.29	7.29	Yes
NE	Keya Paha	311039754001271	0	0	0	0.87	0.87	0.87	Yes
NE	Keya Paha	311039754001272	0	0	0	0.68	0.68	0.68	Yes
NE	Keya Paha	311039754001273	0	0	0	0.66	0.66	0.66	Yes
NE	Keya Paha	311039754001274	0	0	0	1.71	1.71	1.71	Yes
NE	Keya Paha	311039754001275	0	0	0	0.61	0.61	0.61	Yes
NE	Keya Paha	311039754001276	3	3	3	1.34	1.34	1.34	Yes
NE	Keya Paha	311039754001277	0	0	0	0.27	0.27	0.27	Yes
NE	Keya Paha	311039754001278	0	0	0	1.87	1.87	1.87	Yes

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NE	Keya Paha	311039754001280	0	0	0	1.1	1.1	1.1	Yes
NE	Keya Paha	311039754001281	0	0	0	2.45	2.07	2.07	Yes
NE	Keya Paha	311039754001282	0	0	0	0.72	0.64	0.64	Yes
NE	Keya Paha	311039754001284	0	0	0	0.19	0.19	0.19	Yes
NE	Keya Paha	311039754001286	0	0	0	1.85	1.85	1.85	Yes
NE	Keya Paha	311039754001289	0	0	0	2.29	2.29	2.29	Yes
NE	Keya Paha	311039754001290	1	1	1	1.43	1.43	1.43	Yes
NE	Keya Paha	311039754001291	0	0	0	7.93	7.93	7.93	Yes
NE	Keya Paha	311039754001292	0	0	0	0.48	0.48	0.48	Yes
NE	Keya Paha	311039754001294	0	0	0	0.45	0.45	0.45	Yes
NE	Keya Paha	311039754001295	2	2	2	1.98	1.98	1.98	Yes
NE	Keya Paha	311039754001297	0	0	0	2.28	2.28	2.28	Yes
NE	Keya Paha	311039754001300	0	0	0	1.46	1.46	1.46	Yes
NE	Keya Paha	311039754001301	2	2	2	5.65	5.65	5.65	Yes
NE	Keya Paha	311039754001304	0	0	0	4.76	4.76	4.76	Yes
NE	Keya Paha	311039754001305	0	0	0	0.7	0.7	0.7	Yes
NE	Keya Paha	311039754001306	0	0	0	3.39	3.39	3.39	Yes
NE	Keya Paha	311039754001307	0	0	0	0.88	0.88	0.88	Yes
NE	Keya Paha	311039754001308	3	3	3	2.48	2.48	2.48	Yes
NE	Keya Paha	311039754001309	0	0	0	0.82	0.82	0.82	Yes

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 <020> Program Year 2017
 <030> Contact Name - Person USAC should contact regarding this data Michael Felicissimo
 <035> Contact Telephone Number - Number of person identified in data line <030> 9705432605 ext.
 <039> Contact Email Address - Email Address of person identified in data line <030> mike.felicissimo@viaero.com
 <140> Coverage and Performance Report Year 07/2016 - 06/2017

<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)
NE	Keya Paha	311039754001310	0	0	0	0.28	0.28	0.28	Yes
NE	Keya Paha	311039754001311	0	0	0	0.09	0.09	0.09	Yes
NE	Keya Paha	311039754001312	0	0	0	1.9	1.9	1.9	Yes
NE	Keya Paha	311039754001313	3	3	3	2.99	2.99	2.99	Yes
NE	Keya Paha	311039754001314	4	4	4	3.01	3.01	3.01	Yes
NE	Keya Paha	311039754001315	1	1	1	1.0	1.0	1.0	Yes
NE	Keya Paha	311039754001316	0	0	0	1.0	1.0	1.0	Yes
NE	Keya Paha	311039754001317	5	5	5	1.52	1.52	1.52	Yes
NE	Keya Paha	311039754001318	0	0	0	0.07	0.07	0.07	Yes
NE	Keya Paha	311039754001319	0	0	0	1.95	1.95	1.95	Yes
NE	Keya Paha	311039754001320	3	3	3	2.0	2.0	2.0	Yes
NE	Keya Paha	311039754001321	0	0	0	0.21	0.21	0.21	Yes
NE	Keya Paha	311039754001322	0	0	0	1.55	1.55	1.55	Yes
NE	Keya Paha	311039754001323	0	0	0	1.93	1.93	1.93	Yes
NE	Keya Paha	311039754001324	2	2	2	2.47	2.47	2.47	Yes
NE	Keya Paha	311039754001325	0	0	0	0.04	0.04	0.04	Yes
NE	Keya Paha	311039754001326	0	0	0	5.03	4.93	4.93	Yes
NE	Keya Paha	311039754001327	4	4	4	1.39	1.39	1.39	Yes
NE	Keya Paha	311039754001328	0	0	0	1.95	1.95	1.95	Yes
NE	Keya Paha	311039754001330	0	0	0	1.9	1.9	1.9	Yes

Percentage of
Total Population
Reached by
Service

100

Percentage of Total
Road Miles covered
by Service

97