

<010> Study Area Code	378030
<015> Study Area Name	NE Colorado Cellular, Inc.
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Mike 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 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 06/29/2016
Printed name of Authorized Officer:	Michael Felicissimo
Title or position of Authorized Officer:	Executive VP
Telephone number of Authorized Officer:	9705423605 ext.
Study Area Code of Reporting Carrier:	378030 Filing Due Date for this form: 07/01/2016
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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&lt;142&gt; State

&lt;143&gt; County

&lt;144&gt; Tribal Land(s) on which ETC Serves

&lt;145&gt; 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	07/29/2013
<201>	Targeted Completion Date	07/30/2016
<202>	Total Mobility Fund Support Awarded	348353.64
<203>	Total Mobility Fund Support Disbursed	116117.88

<210>	Actual Completion Date	10/23/2013
<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 06/29/2016

Printed name of Authorized Officer: Michael Felicissimo

Title or position of Authorized Officer: Executive VP

Telephone number of Authorized Officer: 9705423605 ext.

Study Area Code of Reporting Carrier: 378030

Filing Due Date for this form: 07/01/2016

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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: \_\_\_\_\_

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

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

<010> Study Area Code 378030

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<140> Coverage and Performance Report Year 07/2015 - 06/2016

<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	Rock	311499746001013	0	0	0	0.07	0.07	0.07	Yes
NE	Rock	311499746001014	0	0	0	0.55	0.55	0.55	Yes
NE	Rock	311499746001015	7	7	7	2.5	2.5	2.5	Yes
NE	Rock	311499746001016	0	0	0	3.5	3.5	3.5	Yes
NE	Rock	311499746001018	2	2	2	0.85	0.85	0.85	Yes
NE	Rock	311499746001020	2	2	2	0.82	0.82	0.82	Yes
NE	Rock	311499746001021	2	2	2	5.5	5.5	5.5	Yes
NE	Rock	311499746001022	0	0	0	0.5	0.5	0.5	Yes
NE	Rock	311499746001024	0	0	0	0.53	0.53	0.53	Yes
NE	Rock	311499746001025	0	0	0	1.47	1.47	1.47	Yes
NE	Rock	311499746001040	0	0	0	0.16	0.16	0.16	Yes
NE	Rock	311499746001041	0	0	0	0.6	0.6	0.6	Yes
NE	Rock	311499746001118	0	0	0	0.13	0.0	0.0	Yes
NE	Rock	311499746001131	0	0	0	0.14	0.0	0.0	Yes
NE	Rock	311499746001253	0	0	0	0.04	0.04	0.04	Yes
NE	Rock	311499746001256	0	0	0	0.43	0.43	0.43	Yes
NE	Rock	311499746001275	3	3	3	18.29	18.29	18.29	Yes
NE	Rock	311499746001280	0	0	0	2.46	2.46	2.46	Yes
NE	Rock	311499746001281	2	2	2	8.8	8.8	8.8	Yes
NE	Rock	311499746001282	0	0	0	0.99	0.99	0.99	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

<010> Study Area Code 378030  
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<140> Coverage and Performance Report Year 07/2015 - 06/2016

&lt;141&gt;

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	Rock	311499746001283	2	2	2	5.46	5.46	5.46	Yes
NE	Rock	311499746001284	0	0	0	0.2	0.2	0.2	Yes
NE	Rock	311499746001286	4	4	4	5.52	5.52	5.52	Yes
NE	Rock	311499746001287	0	0	0	0.62	0.62	0.62	Yes
NE	Rock	311499746001288	0	0	0	0.28	0.28	0.28	Yes
NE	Rock	311499746001289	36	36	36	24.93	16.03	16.03	Yes
NE	Rock	311499746001290	0	0	0	0.13	0.13	0.13	Yes
NE	Rock	311499746001291	0	0	0	0.13	0.13	0.13	Yes
NE	Rock	311499746001292	0	0	0	0.09	0.03	0.03	Yes
NE	Rock	311499746001293	0	0	0	0.02	0.02	0.02	Yes
NE	Rock	311499746001294	3	3	3	2.42	1.87	1.87	Yes
NE	Rock	311499746001295	0	0	0	0.66	0.66	0.66	Yes
NE	Rock	311499746001296	0	0	0	2.92	2.53	2.53	Yes
NE	Rock	311499746001297	0	0	0	0.53	0.22	0.22	Yes
NE	Rock	311499746001298	0	0	0	0.24	0.24	0.24	Yes
NE	Rock	311499746001299	0	0	0	0.03	0.03	0.03	Yes
NE	Rock	311499746001303	0	0	0	0.1	0.0	0.0	Yes
NE	Rock	311499746001319	0	0	0	0.25	0.0	0.0	Yes
NE	Rock	311499746001320	11	11	11	7.42	6.75	6.75	Yes
NE	Rock	311499746001327	0	0	0	0.62	0.51	0.51	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

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 <140> Coverage and Performance Report Year 07/2015 - 06/2016

&lt;141&gt;

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	Rock	311499746001328	6	6	6	12.12	12.12	12.12	Yes
NE	Rock	311499746001329	0	0	0	0.32	0.32	0.32	Yes
NE	Rock	311499746001330	0	0	0	0.89	0.89	0.89	Yes
NE	Rock	311499746001331	0	0	0	0.96	0.96	0.96	Yes
NE	Rock	311499746001333	0	0	0	0.96	0.96	0.96	Yes
NE	Rock	311499746001334	2	2	2	1.23	1.23	1.23	Yes
NE	Rock	311499746001335	0	0	0	0.89	0.89	0.89	Yes
NE	Rock	311499746001336	6	6	6	3.41	3.41	3.41	Yes
NE	Rock	311499746001337	2	2	2	2.12	2.12	2.12	Yes
NE	Rock	311499746001338	0	0	0	1.38	1.38	1.38	Yes
NE	Rock	311499746001339	12	12	12	17.0	17.0	17.0	Yes
NE	Rock	311499746001340	0	0	0	0.9	0.9	0.9	Yes
NE	Rock	311499746001341	0	0	0	0.08	0.08	0.08	Yes
NE	Rock	311499746001342	0	0	0	0.04	0.04	0.04	Yes
NE	Rock	311499746001343	1	1	1	9.6	9.6	9.6	Yes
NE	Rock	311499746001344	0	0	0	0.05	0.04	0.04	Yes
NE	Rock	311499746001345	1	1	1	2.97	2.97	2.97	Yes
NE	Rock	311499746001346	0	0	0	0.05	0.05	0.05	Yes
NE	Rock	311499746001347	1	1	1	6.73	6.73	6.73	Yes
NE	Rock	311499746001348	0	0	0	0.08	0.08	0.08	Yes

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Total Population  
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100

Percentage of Total  
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<1>	<2>	<3>	<b1>	<b2>	<b3>	<c1>	<c2>	<c3>	<d>
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NE	Rock	311499746001349	0	0	0	0.08	0.08	0.08	Yes
NE	Rock	311499746001350	0	0	0	3.85	3.85	3.85	Yes
NE	Rock	311499746001351	0	0	0	2.6	2.6	2.6	Yes
NE	Rock	311499746001352	0	0	0	0.13	0.13	0.13	Yes
NE	Rock	311499746001353	0	0	0	6.6	6.6	6.6	Yes
NE	Rock	311499746001354	8	8	8	11.5	11.43	11.43	Yes
NE	Rock	311499746001355	0	0	0	2.5	2.5	2.5	Yes
NE	Rock	311499746001356	0	0	0	0.28	0.28	0.28	Yes
NE	Rock	311499746001357	2	2	2	2.09	2.09	2.09	Yes
NE	Rock	311499746001358	0	0	0	0.3	0.3	0.3	Yes
NE	Rock	311499746001359	5	5	5	1.76	1.76	1.76	Yes
NE	Rock	311499746001360	10	10	10	11.34	11.05	11.05	Yes
NE	Rock	311499746001361	0	0	0	0.2	0.13	0.13	Yes
NE	Rock	311499746001362	0	0	0	0.19	0.19	0.19	Yes
NE	Rock	311499746001363	0	0	0	0.14	0.14	0.14	Yes
NE	Rock	311499746001364	0	0	0	0.21	0.21	0.21	Yes
NE	Rock	311499746001365	0	0	0	0.2	0.15	0.15	Yes
NE	Rock	311499746001366	4	4	4	9.06	9.06	9.06	Yes
NE	Rock	311499746001367	0	0	0	0.41	0.41	0.41	Yes
NE	Rock	311499746001368	0	0	0	0.5	0.5	0.5	Yes

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<b>(050) Coverage and Performance Report</b>	FCC Form 690 Approved by OMB OMB Control No. 3060-1185
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NE	Rock	311499746001369	0	0	0	0.97	0.97	0.97	Yes
NE	Rock	311499746001370	0	0	0	0.73	0.73	0.73	Yes
NE	Rock	311499746001371	0	0	0	4.35	4.35	4.35	Yes
NE	Rock	311499746001372	0	0	0	0.04	0.04	0.04	Yes
NE	Rock	311499746001373	0	0	0	0.13	0.13	0.13	Yes
NE	Rock	311499746001374	0	0	0	0.05	0.05	0.05	Yes
NE	Rock	311499746001375	3	3	3	4.79	4.79	4.79	Yes
NE	Rock	311499746001376	0	0	0	0.84	0.84	0.84	Yes
NE	Rock	311499746001377	0	0	0	1.27	1.27	1.27	Yes
NE	Rock	311499746001378	5	5	5	3.39	3.39	3.39	Yes
NE	Rock	311499746001379	1	1	1	1.04	1.04	1.04	Yes
NE	Rock	311499746001380	0	0	0	4.95	4.45	4.45	Yes
NE	Rock	311499746001381	0	0	0	0.65	0.65	0.65	Yes
NE	Rock	311499746001382	7	7	7	0.61	0.61	0.61	Yes
NE	Rock	311499746001383	2	2	2	1.32	1.32	1.32	Yes
NE	Rock	311499746001384	0	0	0	0.94	0.94	0.94	Yes
NE	Rock	311499746001385	0	0	0	2.09	1.59	1.59	Yes
NE	Rock	311499746001386	0	0	0	0.82	0.63	0.63	Yes
NE	Rock	311499746001387	0	0	0	0.3	0.3	0.3	Yes
NE	Rock	311499746001388	0	0	0	0.27	0.22	0.22	Yes

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[illegible]

Percentage of  
Total Population  
Reached by  
Service

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Percentage of Total  
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by Service

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**NE Colorado Cellular, Inc.**

**Project Status Description**

Pursuant to Section 54.1009(a)(6) of the Commission's rules,<sup>1</sup> 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.

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

<b>Mobility Fund</b> <b>Phase 1 - §54.1009 Annual Reporting</b> <b>Data Collection Form</b>	FCC Form Approved by OMB OMB 3060-1185 Avg. Burden Estimate per Respondent: 18 Hours
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<b>&lt;010&gt; Study Area Code</b>	378033	<b>Accepted / Filed</b>
<b>&lt;015&gt; Study Area Name</b>	NE Colorado Cellular, Inc.	
<b>&lt;020&gt; Program Year</b>	2016	<b>JUL - 1 2016</b>
<b>&lt;030&gt; Contact Name: Person USAC should contact with questions about this data</b>	Mike Felicissimo	<b>Federal Communications Commission Office of the Secretary</b>
<b>&lt;035&gt; Contact Telephone Number: Number of the person identified in data line &lt;030&gt;</b>	9705423605 ext.	
<b>&lt;039&gt; Contact Email: Email of the person identified in data line &lt;030&gt;</b>	mike.felicissimo@viaero.com	

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

**<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.

<010>	Study Area Code	378033
<015>	Study Area Name	NE Colorado Cellular, Inc.
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Mike 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

<010>	Study Area Code	378033
<015>	Study Area Name	NE Colorado Cellular, Inc.
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Mike 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	07/2015 - 06/2016

### Coverage and Performance attachments

[illegible]

100	
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88



<010> Study Area Code	378033
<015> Study Area Name	NE Colorado Cellular, Inc.
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Mike 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 CERTIFICATION DATA ON ITS OWN BEHALF:**

<b>Certification of Officer or Employee as to Compliance with 47 CFR §54.1009(a)(4)</b>	
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 06/29/2016
Printed name of Authorized Officer:	Michael Felicissimo
Title or position of Authorized Officer:	Executive VP
Telephone number of Authorized Officer:	9705423605 ext.
Study Area Code of Reporting Carrier:	378033 Filing Due Date for this form: 07/01/2016
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:**

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

<b>Certification of Agent Authorized to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier</b>	
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	378033
<015>	Study Area Name	NE Colorado Cellular, Inc.
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Mike 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

&lt;142&gt; State

&lt;143&gt; County

&lt;144&gt; Tribal Land(s) on which ETC Serves

&lt;145&gt; 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	378033
<015>	Study Area Name	NE Colorado Cellular, Inc.
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Mike 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

<200>	Date Authorized to Receive Support	07/29/2013
<201>	Targeted Completion Date	07/30/2016
<202>	Total Mobility Fund Support Awarded	1120481.52
<203>	Total Mobility Fund Support Disbursed	373493.84

<210>	Actual Completion Date	04/22/2015
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<211>	Project Status Description (attached)	Nebraska Sites complete.pdf
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(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
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<010>	Study Area Code	378033
<015>	Study Area Name	NE Colorado Cellular, Inc.
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Mike 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 06/29/2016

Printed name of Authorized Officer: Michael Felicissimo

Title or position of Authorized Officer: Executive VP

Telephone number of Authorized Officer: 9705423605 ext.

Study Area Code of Reporting Carrier: 378033

Filing Due Date for this form: 07/01/2016

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	378033
<015>	Study Area Name	NE Colorado Cellular, Inc.
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<030>	Contact Name - Person USAC should contact regarding this data	Mike 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

<010> Study Area Code 378033  
 <015> Study Area Name NE Colorado Cellular, Inc.  
 <020> Program Year 2016  
 <030> Contact Name - Person USAC should contact regarding this data Mike 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 07/2015 - 06/2016

&lt;141&gt;

<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	Sioux	311659501001000	0	0	0	1.94	1.94	1.94	Yes
NE	Sioux	311659501001002	0	0	0	4.72	4.72	4.72	Yes
NE	Sioux	311659501001006	5	5	5	2.74	2.74	2.74	Yes
NE	Sioux	311659501001007	0	0	0	0.28	0.28	0.28	Yes
NE	Sioux	311659501001008	3	3	3	9.96	9.96	9.96	Yes
NE	Sioux	311659501001010	0	0	0	1.13	1.13	1.13	Yes
NE	Sioux	311659501001011	0	0	0	1.71	1.71	1.71	Yes
NE	Sioux	311659501001012	0	0	0	1.08	1.08	1.08	Yes
NE	Sioux	311659501001013	3	3	3	2.69	2.69	2.69	Yes
NE	Sioux	311659501001014	2	2	2	14.72	14.72	14.72	Yes
NE	Sioux	311659501001015	0	0	0	0.5	0.5	0.5	Yes
NE	Sioux	311659501001016	0	0	0	1.97	1.97	1.97	Yes
NE	Sioux	311659501001017	0	0	0	0.49	0.49	0.49	Yes
NE	Sioux	311659501001018	0	0	0	0.12	0.12	0.12	Yes
NE	Sioux	311659501001019	0	0	0	0.42	0.42	0.42	Yes
NE	Sioux	311659501001020	0	0	0	1.25	1.25	1.25	Yes
NE	Sioux	311659501001021	0	0	0	1.4	1.4	1.4	Yes
NE	Sioux	311659501001022	0	0	0	1.09	1.09	1.09	Yes
NE	Sioux	311659501001023	3	3	3	7.48	7.48	7.48	Yes
NE	Sioux	311659501001024	0	0	0	3.89	3.89	3.89	Yes

Percentage of  
Total Population  
Reached by  
Service

100

Percentage of Total  
Road Miles covered  
by Service

88

## (060) Coverage and Performance Report

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

<010> Study Area Code 378033

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

<020> Program Year 2016

<030> Contact Name - Person USAC should contact regarding this data Mike 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 07/2015 - 06/2016

&lt;141&gt;

<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	Sioux	311659501001025	2	2	2	5.01	5.01	5.01	Yes
NE	Sioux	311659501001027	0	0	0	0.25	0.2	0.2	Yes
NE	Sioux	311659501001028	0	0	0	0.09	0.0	0.0	Yes
NE	Sioux	311659501001029	0	0	0	0.87	0.58	0.58	Yes
NE	Sioux	311659501001030	0	0	0	1.47	0.93	0.93	Yes
NE	Sioux	311659501001031	0	0	0	0.13	0.08	0.08	Yes
NE	Sioux	311659501001032	0	0	0	0.13	0.01	0.01	Yes
NE	Sioux	311659501001033	0	0	0	0.23	0.0	0.0	Yes
NE	Sioux	311659501001034	0	0	0	6.17	5.82	5.82	Yes
NE	Sioux	311659501001035	0	0	0	0.22	0.22	0.22	Yes
NE	Sioux	311659501001036	0	0	0	1.13	0.75	0.75	Yes
NE	Sioux	311659501001037	0	0	0	2.64	2.64	2.64	Yes
NE	Sioux	311659501001038	0	0	0	3.06	1.64	1.64	Yes
NE	Sioux	311659501001039	0	0	0	0.05	0.0	0.0	Yes
NE	Sioux	311659501001040	0	0	0	1.38	0.34	0.34	Yes
NE	Sioux	311659501001042	0	0	0	3.3	1.06	1.06	Yes
NE	Sioux	311659501001043	0	0	0	0.13	0.0	0.0	Yes
NE	Sioux	311659501001044	0	0	0	0.14	0.14	0.14	Yes
NE	Sioux	311659501001045	0	0	0	0.68	0.68	0.68	Yes
NE	Sioux	311659501001046	6	6	6	15.73	15.73	15.73	Yes

Percentage of  
Total Population  
Reached by  
Service

100

Percentage of Total  
Road Miles covered  
by Service

88



## (060) Coverage and Performance Report

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

<010> Study Area Code 378033  
 <015> Study Area Name NE Colorado Cellular, Inc.  
 <020> Program Year 2016  
 <030> Contact Name - Person USAC should contact regarding this data Mike 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 07/2015 - 06/2016

&lt;141&gt;

<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	Sioux	311659501001049	0	0	0	1.5	1.26	1.26	Yes
NE	Sioux	311659501001050	0	0	0	1.22	1.22	1.22	Yes
NE	Sioux	311659501001051	0	0	0	4.25	4.25	4.25	Yes
NE	Sioux	311659501001053	0	0	0	0.17	0.17	0.17	Yes
NE	Sioux	311659501001054	0	0	0	1.7	1.04	1.04	Yes
NE	Sioux	311659501001055	0	0	0	2.77	2.12	2.12	Yes
NE	Sioux	311659501001056	0	0	0	2.01	0.72	0.72	Yes
NE	Sioux	311659501001057	0	0	0	0.72	0.06	0.06	Yes
NE	Sioux	311659501001058	0	0	0	8.41	7.71	7.71	Yes
NE	Sioux	311659501001059	0	0	0	0.2	0.12	0.12	Yes
NE	Sioux	311659501001060	5	5	5	6.82	6.82	6.82	Yes
NE	Sioux	311659501001061	0	0	0	7.98	7.98	7.98	Yes
NE	Sioux	311659501001062	0	0	0	0.31	0.31	0.31	Yes
NE	Sioux	311659501001063	0	0	0	0.78	0.78	0.78	Yes
NE	Sioux	311659501001064	0	0	0	0.4	0.4	0.4	Yes
NE	Sioux	311659501001065	2	2	2	1.8	1.8	1.8	Yes
NE	Sioux	311659501001066	0	0	0	2.66	2.66	2.66	Yes
NE	Sioux	311659501001067	11	11	11	11.13	11.13	11.13	Yes
NE	Sioux	311659501001068	0	0	0	1.3	1.3	1.3	Yes
NE	Sioux	311659501001075	0	0	0	1.97	1.97	1.97	Yes

Percentage of  
Total Population  
Reached by  
Service

100

Percentage of Total  
Road Miles covered  
by Service

88