

<010> Study Area Code	468002
<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:	468002 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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<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

<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	07/23/2016
<201> Targeted Completion Date	07/30/2016
<202> Total Mobility Fund Support Awarded	2209241.58
<203> Total Mobility Fund Support Disbursed	736413.86

<210> Actual Completion Date

<211> Project Status Description (attached)

{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 ? 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: 468002 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: _____
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Attachments

<010>	Study Area Code	468002
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<140>	Coverage and Performance Report Year	07/2015 - 06/2016

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)
CO	Baca	080099646002002	0	0	0	4.41	4.41	4.41	Yes
CO	Baca	080099646002003	0	0	0	2.39	2.39	2.39	Yes
CO	Baca	080099646002004	2	2	2	1.47	1.47	1.47	Yes
CO	Baca	080099646002084	2	2	2	3.29	3.21	3.21	Yes
CO	Baca	080099646002090	4	4	4	3.09	2.87	2.87	Yes
CO	Baca	080099646002091	0	0	0	0.56	0.56	0.56	Yes
CO	Baca	080099646002092	6	6	6	8.77	8.77	8.77	Yes
CO	Baca	080099646002129	7	7	7	7.28	7.28	7.28	Yes
CO	Baca	080099646002130	4	4	4	6.62	6.62	6.62	Yes
CO	Baca	080099646002132	0	0	0	0.1	0.1	0.1	Yes
CO	Baca	080099646002133	0	0	0	0.11	0.11	0.11	Yes
CO	Baca	080099646002134	0	0	0	0.09	0.09	0.09	Yes
CO	Baca	080099646002135	0	0	0	1.46	1.46	1.46	Yes
CO	Baca	080099646002173	4	4	4	5.78	5.78	5.78	Yes
CO	Baca	080099646002174	6	6	6	3.95	3.95	3.95	Yes
CO	Baca	080099646002175	0	0	0	3.99	3.99	3.99	Yes
CO	Baca	080099646002176	0	0	0	3.87	3.87	3.87	Yes
CO	Baca	080099646002177	2	2	2	4.79	4.79	4.79	Yes
CO	Baca	080099646002178	3	3	3	3.81	3.81	3.81	Yes
CO	Baca	080099646002182	0	0	0	1.96	1.96	1.96	Yes

Percentage of Total Population Reached by Service

100

Percentage of Total Road Miles covered by Service

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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)
CO	Baca	080099646002184	0	0	0	1.34	1.34	1.34	Yes
CO	Baca	080099646002185	0	0	0	1.46	1.46	1.46	Yes
CO	Baca	080099646002186	2	2	2	3.93	3.93	3.93	Yes
CO	Baca	080099646002187	0	0	0	4.02	4.02	4.02	Yes
CO	Baca	080099646002188	4	4	4	4.37	4.37	4.37	Yes
CO	Baca	080099646002189	4	4	4	3.11	3.11	3.11	Yes
CO	Baca	080099646002190	0	0	0	2.11	2.11	2.11	Yes
CO	Baca	080099646002191	0	0	0	3.99	3.99	3.99	Yes
CO	Baca	080099646002200	2	2	2	6.24	6.24	6.24	Yes
CO	Baca	080099646002206	2	2	2	4.9	4.9	4.9	Yes
CO	Baca	080099646002209	6	6	6	4.85	4.85	4.85	Yes
CO	Baca	080099646002300	0	0	0	0.79	0.79	0.79	Yes
CO	Baca	080099646002301	0	0	0	0.25	0.25	0.25	Yes
CO	Baca	080099646002309	2	2	2	5.14	4.44	4.44	Yes
CO	Baca	080099646002310	11	11	11	24.64	14.61	14.61	Yes
CO	Baca	080099646002311	0	0	0	0.14	0.0	0.0	Yes
CO	Baca	080099646002312	0	0	0	0.4	0.39	0.39	Yes
CO	Baca	080099646002313	0	0	0	0.1	0.0	0.0	Yes
CO	Baca	080099646002314	0	0	0	0.38	0.1	0.1	Yes
CO	Baca	080099646002315	0	0	0	0.49	0.0	0.0	Yes

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CO	Baca	080099646002316	0	0	0	0.26	0.26	0.26	Yes
CO	Baca	080099646002318	0	0	0	0.37	0.02	0.02	Yes
CO	Baca	080099646002319	0	0	0	1.99	1.99	1.99	Yes
CO	Baca	080099646002320	0	0	0	7.11	7.11	7.11	Yes
CO	Baca	080099646002322	0	0	0	0.1	0.1	0.1	Yes
CO	Baca	080099646002324	0	0	0	3.74	3.74	3.74	Yes
CO	Baca	080099646002326	2	2	2	7.66	7.66	7.66	Yes
CO	Baca	080099646002327	0	0	0	5.01	5.01	5.01	Yes
CO	Baca	080099646002328	0	0	0	0.07	0.07	0.07	Yes
CO	Baca	080099646002329	0	0	0	0.46	0.46	0.46	Yes
CO	Baca	080099646002331	6	6	6	8.96	8.8	8.8	Yes
CO	Baca	080099646002332	0	0	0	0.25	0.25	0.25	Yes
CO	Baca	080099646002333	0	0	0	0.62	0.62	0.62	Yes
CO	Baca	080099646002339	12	12	12	19.46	18.97	18.97	Yes
CO	Baca	080099646002340	0	0	0	0.03	0.03	0.03	Yes
CO	Baca	080099646002342	0	0	0	3.09	2.93	2.93	Yes
CO	Baca	080099646002343	0	0	0	8.51	8.51	8.51	Yes
CO	Baca	080099646002399	6	6	6	4.81	4.81	4.81	Yes
CO	Baca	080099646002403	0	0	0	5.21	5.21	5.21	Yes
CO	Baca	080099646002405	0	0	0	4.45	4.45	4.45	Yes

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CO	Baca	080099646002417	6	6	6	7.24	7.24	7.24	Yes
CO	Baca	080099646002418	0	0	0	4.51	4.48	4.48	Yes
CO	Baca	080099646002419	0	0	0	2.72	2.72	2.72	Yes
CO	Baca	080099646002420	3	3	3	3.03	3.03	3.03	Yes
CO	Baca	080099646002422	0	0	0	0.05	0.05	0.05	Yes
CO	Baca	080099646002424	0	0	0	0.23	0.23	0.23	Yes
CO	Baca	080099646002425	10	10	10	5.4	5.4	5.4	Yes
CO	Baca	080099646002428	2	2	2	11.35	9.59	9.59	Yes
CO	Baca	080099646002429	0	0	0	0.04	0.04	0.04	Yes
CO	Baca	080099646002430	0	0	0	0.78	0.78	0.78	Yes
CO	Baca	080099646002431	0	0	0	0.2	0.2	0.2	Yes
CO	Baca	080099646002432	4	4	4	7.33	7.33	7.33	Yes
CO	Baca	080099646002433	0	0	0	6.47	5.84	5.84	Yes
CO	Baca	080099646002434	0	0	0	0.24	0.17	0.17	Yes
CO	Baca	080099646002435	0	0	0	0.09	0.0	0.0	Yes
CO	Baca	080099646002436	1	1	1	5.6	3.85	3.85	Yes
CO	Baca	080099646002437	3	3	3	7.0	7.0	7.0	Yes
CO	Baca	080099646002440	0	0	0	0.82	0.82	0.82	Yes
CO	Baca	080099646002447	0	0	0	0.07	0.03	0.03	Yes
CO	Baca	080099646002448	0	0	0	4.95	3.2	3.2	Yes

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CO	Baca	080099646002449	0	0	0	3.0	1.8	1.8	Yes
CO	Baca	080099646002450	0	0	0	3.87	3.72	3.72	Yes
CO	Baca	080099646002451	1	1	1	5.29	4.62	4.62	Yes
CO	Baca	080099646002457	0	0	0	3.02	2.31	2.31	Yes
CO	Baca	080099646002464	11	11	11	14.54	13.43	13.43	Yes
CO	Baca	080099646002465	0	0	0	4.82	4.82	4.82	Yes
CO	Baca	080099646002467	0	0	0	1.1	1.1	1.1	Yes
CO	Baca	080099646002468	0	0	0	0.07	0.07	0.07	Yes
CO	Baca	080099646002508	0	0	0	2.89	2.89	2.89	Yes
CO	Baca	080099646002509	3	3	3	6.45	6.45	6.45	Yes
CO	Baca	080099646002512	0	0	0	7.27	7.27	7.27	Yes
CO	Baca	080099646002513	10	10	10	6.46	6.42	6.42	Yes
CO	Baca	080099646002514	0	0	0	1.35	1.35	1.35	Yes
CO	Baca	080099646002515	0	0	0	1.44	1.44	1.44	Yes
CO	Baca	080099646002516	0	0	0	9.55	9.55	9.55	Yes
CO	Baca	080099646002517	0	0	0	0.13	0.13	0.13	Yes
CO	Baca	080099646002518	0	0	0	9.15	9.15	9.15	Yes
CO	Baca	080099646002546	1	1	1	2.89	2.89	2.89	Yes
CO	Baca	080099646002547	6	6	6	3.87	3.87	3.87	Yes
CO	Baca	080099646002548	0	0	0	0.18	0.18	0.18	Yes

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CO	Baca	080099646002549	4	4	4	4.95	4.95	4.95	Yes
CO	Baca	080099646002550	5	5	5	4.72	4.72	4.72	Yes
CO	Baca	080099646002551	6	6	6	7.14	7.14	7.14	Yes
CO	Baca	080099646002552	3	3	3	3.54	3.54	3.54	Yes
CO	Baca	080099646002554	0	0	0	3.28	3.28	3.28	Yes
CO	Baca	080099646002556	0	0	0	2.22	2.22	2.22	Yes
CO	Baca	080099646002557	0	0	0	9.42	9.42	9.42	Yes
CO	Baca	080099646002558	2	2	2	2.27	2.27	2.27	Yes
CO	Baca	080099646002560	0	0	0	2.48	2.48	2.48	Yes
CO	Baca	080099646002566	24	24	24	13.68	13.68	13.68	Yes
CO	Baca	080099646002590	0	0	0	0.05	0.05	0.05	Yes
CO	Baca	080099646002591	0	0	0	0.06	0.06	0.06	Yes
CO	Baca	080099646002592	0	0	0	0.06	0.06	0.06	Yes
CO	Baca	080099646002593	2	2	2	11.57	11.57	11.57	Yes
CO	Baca	080099646002596	0	0	0	1.46	1.46	1.46	Yes
CO	Baca	080099646002598	0	0	0	5.55	4.23	4.23	Yes
CO	Baca	080099646002601	7	7	7	4.82	2.73	2.73	Yes
CO	Baca	080099646002602	0	0	0	1.36	0.5	0.5	Yes
CO	Baca	080099646002605	0	0	0	1.82	1.82	1.82	Yes
CO	Baca	080099646002606	5	5	5	5.59	5.59	5.59	Yes

Percentage of Total Population Reached by Service

100

Percentage of Total Road Miles covered by Service

93

<010> Study Area Code 468002
 <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

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)
CO	Baca	080099646002607	0	0	0	0.64	0.64	0.64	Yes
CO	Baca	080099646002608	0	0	0	2.94	2.94	2.94	Yes
CO	Baca	080099646002609	0	0	0	7.58	7.58	7.58	Yes
CO	Baca	080099646002610	0	0	0	0.05	0.05	0.05	Yes
CO	Baca	080099646002611	0	0	0	0.16	0.16	0.16	Yes
CO	Baca	080099646002613	5	5	5	4.52	4.52	4.52	Yes
CO	Baca	080099646002614	19	19	19	53.13	51.9	51.9	Yes
CO	Baca	080099646002616	0	0	0	2.85	2.85	2.85	Yes
CO	Baca	080099646002617	0	0	0	1.94	1.94	1.94	Yes
CO	Baca	080099646002618	0	0	0	0.57	0.31	0.31	Yes
CO	Baca	080099646002619	2	2	2	1.99	1.99	1.99	Yes
CO	Baca	080099646002620	0	0	0	1.3	1.3	1.3	Yes
CO	Baca	080099646002621	2	2	2	2.71	2.71	2.71	Yes
CO	Baca	080099646002622	0	0	0	0.07	0.07	0.07	Yes
CO	Baca	080099646002623	0	0	0	0.36	0.36	0.36	Yes
CO	Baca	080099646002624	0	0	0	0.08	0.08	0.08	Yes
CO	Baca	080099646002625	0	0	0	1.79	1.79	1.79	Yes
CO	Baca	080099646002626	2	2	2	2.25	2.25	2.25	Yes
CO	Baca	080099646002648	2	2	2	10.64	5.73	5.73	Yes
CO	Baca	080099646002649	4	4	4	8.4	6.43	6.43	Yes

Percentage of Total Population Reached by Service

100

Percentage of Total Road Miles covered by Service

93

<010> Study Area Code 468002
 <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

<01>	<02>	<03>	<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)
CO	Baca	080099646002650	0	0	0	3.88	3.88	3.88	Yes
CO	Baca	080099646002651	2	2	2	2.75	2.75	2.75	Yes
CO	Baca	080099646002653	0	0	0	0.11	0.11	0.11	Yes
CO	Baca	080099646002654	1	1	1	8.16	8.16	8.16	Yes
CO	Baca	080099646002656	0	0	0	0.64	0.64	0.64	Yes
CO	Baca	080099646002657	0	0	0	2.86	1.76	1.76	Yes
CO	Baca	080099646002658	2	2	2	1.31	0.08	0.08	Yes
CO	Baca	080099646002659	2	2	2	3.11	2.75	2.75	Yes
CO	Baca	080099646002660	0	0	0	0.41	0.41	0.41	Yes
CO	Baca	080099646002661	0	0	0	0.64	0.37	0.37	Yes
CO	Baca	080099646002662	0	0	0	0.05	0.05	0.05	Yes
CO	Baca	080099646002663	0	0	0	0.96	0.96	0.96	Yes
CO	Baca	080099646002664	0	0	0	5.86	5.39	5.39	Yes
CO	Baca	080099646002668	0	0	0	0.29	0.19	0.19	Yes
CO	Baca	080099646002669	0	0	0	0.82	0.61	0.61	Yes
CO	Baca	080099646002675	0	0	0	1.93	1.34	1.34	Yes
CO	Baca	080099646002685	0	0	0	0.78	0.78	0.78	Yes

Percentage of Total Population Reached by Service

100

Percentage of Total Road Miles covered by Service

93

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's 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 Colorado 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).

<010> Study Area Code	468004	Accepted / Filed
<015> Study Area Name	NE Colorado Cellular, Inc.	
<020> Program Year	2016	JUL - 1 2016
<030> Contact Name: Person USAC should contact with questions about this data	Mike Felicissimo	Federal Communications Commission Office of the Secretary
<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	

<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.

<010>	Study Area Code	468004
<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	

<010>	Study Area Code	468004
<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

Construction not completed.zip

Coverage and Performance attachments

<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<c1>	<c2>	<c3>	<d>
State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performance data is uploaded (Yes/no)

-- See attached worksheet

Percentage of Total Population Reached by Service

0

Percentage of Total Road Miles covered by Service

0

<010>	Study Area Code	468004
<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 06/30/2016
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:	468004 Filing Due Date for this form: 07/01/2016
<small>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.</small>	

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:
<small>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.</small>	

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:
<small>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.</small>	

<010>	Study Area Code	468004
<015>	Study Area Name	NS 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

<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	468004
<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

<201> Targeted Completion Date

<202> Total Mobility Fund Support Awarded

<203> Total Mobility Fund Support Disbursed

<210> Actual Completion Date

<211> Project Status Description (attached)
(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	468004
<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 06/30/2016

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: 468004 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	468004
<015>	Study Area Name	NB 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 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