

<010> Study Area Code	378015
<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:	378015
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:	
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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:

	Select (Yes, No, Not Applicable)
<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	
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<200>	Date Authorized to Receive Support	07/29/2013
<201>	Targeted Completion Date	07/31/2016
<202>	Total Mobility Fund Support Awarded	85675.05
<203>	Total Mobility Fund Support Disbursed	28558.02

<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 06/30/2016

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: 378015 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: _____
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: _____
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Attachments

<010> Study Area Code	378015
<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)
NE	Frontier	310639611001225	6	6	6	6.68	6.18	6.18	Yes
NE	Frontier	310639611001241	8	8	8	1.64	1.64	1.64	Yes
NE	Frontier	310639611001270	0	0	0	0.03	0.03	0.03	Yes
NE	Frontier	310639611001271	3	3	3	1.85	1.85	1.85	Yes
NE	Frontier	310639611001362	0	0	0	3.69	3.69	3.69	Yes
NE	Frontier	310639611001378	0	0	0	0.06	0.06	0.06	Yes
NE	Frontier	310639611001398	0	0	0	1.78	1.78	1.78	Yes
NE	Frontier	310639611001406	5	5	5	1.43	1.43	1.43	Yes
NE	Frontier	310639611001462	0	0	0	0.46	0.46	0.46	Yes
NE	Frontier	310639611001463	0	0	0	0.36	0.36	0.36	Yes
NE	Frontier	310639611001465	0	0	0	0.23	0.23	0.23	Yes
NE	Frontier	310639611001466	0	0	0	0.02	0.02	0.02	Yes
NE	Frontier	310639611001469	0	0	0	2.2	2.2	2.2	Yes
NE	Frontier	310639611001471	0	0	0	0.16	0.16	0.16	Yes
NE	Frontier	310639611001479	0	0	0	0.98	0.98	0.98	Yes
NE	Frontier	310639611001480	0	0	0	0.03	0.03	0.03	Yes
NE	Frontier	310639611001487	0	0	0	0.24	0.24	0.24	Yes
NE	Frontier	310639611001488	0	0	0	0.5	0.5	0.5	Yes
NE	Frontier	310639611001489	0	0	0	0.44	0.44	0.44	Yes
NE	Frontier	310639611001490	0	0	0	0.28	0.28	0.28	Yes

Percentage of Total Population Reached by Service

100

Percentage of Total Road Miles covered by Service

95

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

<141>

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	Frontier	310639611001525	0	0	0	0.04	0.04	0.04	Yes
NE	Frontier	310639611001526	0	0	0	0.21	0.21	0.21	Yes
NE	Frontier	310639611002397	0	0	0	0.11	0.11	0.11	Yes
NE	Frontier	310639611002406	0	0	0	0.56	0.56	0.56	Yes
NE	Frontier	310639611002412	0	0	0	2.46	2.46	2.46	Yes
NE	Frontier	310639611002414	0	0	0	0.05	0.05	0.05	Yes
NE	Frontier	310639611002421	0	0	0	0.69	0.69	0.69	Yes
NE	Frontier	310639611002457	0	0	0	0.25	0.25	0.25	Yes
NE	Frontier	310639611002489	0	0	0	0.82	0.43	0.43	Yes
NE	Frontier	310639611002491	0	0	0	0.31	0.08	0.08	Yes
NE	Frontier	310639611002493	0	0	0	0.05	0.04	0.04	Yes
NE	Frontier	310639611002494	0	0	0	0.25	0.21	0.21	Yes
NE	Frontier	310639611002496	0	0	0	0.21	0.21	0.21	Yes
NE	Frontier	310639611002538	0	0	0	0.11	0.02	0.02	Yes
NE	Frontier	310639611002639	0	0	0	0.03	0.0	0.0	Yes
NE	Frontier	310639611002641	0	0	0	0.16	0.11	0.11	Yes
NE	Frontier	310639611002642	0	0	0	0.28	0.21	0.21	Yes
NE	Frontier	310639611002644	0	0	0	0.27	0.25	0.25	Yes
NE	Frontier	310639611002655	0	0	0	1.2	1.04	1.04	Yes
NE	Frontier	310639611002692	0	0	0	0.67	0.67	0.67	Yes

Percentage of Total Population Reached by Service

100

Percentage of Total Road Miles covered by Service

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).

<010> Study Area Code	378017	
<015> Study Area Name	NE Colorado Cellular, Inc.	<i>Accepted</i>
<020> Program Year	2016	
<030> Contact Name: Person USAC should contact with questions about this data	Mike Felicissimo	JUL - 1 2016
<035> Contact Telephone Number: Number of the person identified in data line <030>	9705423605 ext.	Federal Communications Commission Office of the Secretary
<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.

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 <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 _____

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

Coverage and Performance attachments

SAC_378017_Garfield_NE_Voice_Shapefile.zip, SAC_378017_Garfield_NE_Broadband_Shapefile.zip

<141>

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

-- See attached worksheet

Percentage of Total Population Reached by Service

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Percentage of Total Road Miles covered by Service

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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.
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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.	
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Name of Reporting Carrier:	
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Printed name of Authorized Officer or Employee:	
Title or position of Authorized Officer or Employee:	
Telephone number of Authorized Officer or Employee:	
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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:
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Title or position of Authorized Agent or Employee of Agent:	
Telephone number of Authorized Agent or Employee of Agent:	
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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;
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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	31468.98
<203>	Total Mobility Fund Support Disbursed	10489.66

<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

<010> Study Area Code	378017
<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: 378017 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	378017
<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 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: _____
<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 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: _____
<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>	

Attachments

<010> Study Area Code 378017
 <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)
NE	Garfield	310719732001004	0	0	0	0.03	0.03	0.03	Yes
NE	Garfield	310719732001007	1	1	1	0.09	0.09	0.09	Yes
NE	Garfield	310719732001009	18	18	18	6.02	6.02	6.02	Yes
NE	Garfield	310719732001010	2	2	2	1.85	1.85	1.85	Yes
NE	Garfield	310719732001013	0	0	0	0.35	0.35	0.35	Yes
NE	Garfield	310719732001014	0	0	0	2.91	2.65	2.65	Yes
NE	Garfield	310719732001016	0	0	0	0.08	0.08	0.08	Yes
NE	Garfield	310719732001017	0	0	0	0.96	0.96	0.96	Yes
NE	Garfield	310719732001018	0	0	0	0.08	0.08	0.08	Yes
NE	Garfield	310719732001020	0	0	0	0.25	0.25	0.25	Yes
NE	Garfield	310719732001021	0	0	0	0.32	0.32	0.32	Yes
NE	Garfield	310719732001022	0	0	0	0.07	0.07	0.07	Yes
NE	Garfield	310719732001023	1	1	1	5.22	5.22	5.22	Yes
NE	Garfield	310719732001024	0	0	0	0.31	0.31	0.31	Yes
NE	Garfield	310719732001025	0	0	0	0.57	0.57	0.57	Yes
NE	Garfield	310719732001026	0	0	0	0.26	0.26	0.26	Yes
NE	Garfield	310719732001027	0	0	0	0.59	0.59	0.59	Yes
NE	Garfield	310719732001029	0	0	0	0.03	0.03	0.03	Yes
NE	Garfield	310719732001035	0	0	0	0.14	0.14	0.14	Yes
NE	Garfield	310719732001036	3	3	3	2.19	2.19	2.19	Yes

Percentage of Total Population Reached by Service

100

Percentage of Total Road Miles covered by Service

99

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).

<010> Study Area Code	378018	
<015> Study Area Name	NE Colorado Cellular, Inc.	JUL - 1 2016
<020> Program Year	2016	Federal Communications Commission Office of the Secretary
<030> Contact Name: Person USAC should contact with questions about this data	Mike 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	

<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 378018
 <015> Study Area Name NE Colorado Cellular, Inc.
 <020> Program Year 2016
 <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

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, Inv.
 <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 _____

