

<010>	Study Area Code	378019
<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

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

SAC_378019_Hayes_NE_Voice_Shapefile.zip,
SAC_378019_Hayes_NE_Broadband_Shapefile.zip

Coverage and Performance attachments

[illegible]

Percentage of Total Population Reached by Service

100

Percentage of Total
Road Miles covered
by Service

95

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TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

Certification of Officer or Employee as to Compliance with 47 CFR §54.1009(a)(4)	
I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	NE Colorado Cellular, Inc.
Signature of Authorized Officer:	CERTIFIED ONLINE
	Date 06/29/2016
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:	378019
	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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<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

07/29/2013

<201> Targeted Completion Date

07/30/2016

<202> Total Mobility Fund Support Awarded

434407.05

<203> Total Mobility Fund Support Disbursed

144802.35

<210> Actual Completion Date

06/29/2016

<211> Project Status Description (attached)

Nebraska Sites complete.pdf

{Name of PDF attached}

Please check these boxes below to confirm that the attached PDF, on line 211, contains a project status pursuant to §54.1005(b)(2)(v). The information shall be submitted as appropriate.

<212> Status of Network Deployment - Network Design
 <213> Status of Network Deployment - Construction
 <214> Status of Network Deployment - Deployment
 <215> Status of Network Deployment - Maintenance
 <216> Project Budget Status
 <217> Project Plan Status

✓
✓
✓
✓

<218> Network will Support 3G/4G Mobile Service ?

☐ 3G ☒ 4G

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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: 378019

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:

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 378019
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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	Hayes	310859615001025	1	1	1	1.42	1.42	1.42	Yes
NE	Hayes	310859615001028	0	0	0	1.03	1.03	1.03	Yes
NE	Hayes	310859615001029	0	0	0	3.96	3.96	3.96	Yes
NE	Hayes	310859615001033	1	1	1	0.07	0.07	0.07	Yes
NE	Hayes	310859615001044	1	1	1	2.99	2.99	2.99	Yes
NE	Hayes	310859615001046	0	0	0	2.79	2.79	2.79	Yes
NE	Hayes	310859615001050	0	0	0	0.38	0.38	0.38	Yes
NE	Hayes	310859615001064	0	0	0	0.7	0.7	0.7	Yes
NE	Hayes	310859615001066	6	6	6	3.38	3.38	3.38	Yes
NE	Hayes	310859615001067	0	0	0	0.11	0.11	0.11	Yes
NE	Hayes	310859615001068	0	0	0	0.27	0.27	0.27	Yes
NE	Hayes	310859615001070	0	0	0	0.88	0.76	0.76	Yes
NE	Hayes	310859615001073	0	0	0	1.5	1.5	1.5	Yes
NE	Hayes	310859615001078	11	11	11	1.88	1.88	1.88	Yes
NE	Hayes	310859615001081	2	2	2	4.28	4.28	4.28	Yes
NE	Hayes	310859615001082	3	3	3	8.93	8.93	8.93	Yes
NE	Hayes	310859615001086	3	3	3	1.49	1.39	1.39	Yes
NE	Hayes	310859615001087	2	2	2	6.15	5.63	5.63	Yes
NE	Hayes	310859615001090	0	0	0	0.69	0.32	0.32	Yes
NE	Hayes	310859615001100	0	0	0	3.96	3.85	3.85	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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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	Hayes	310859615001123	0	0	0	0.03	0.01	0.01	Yes
NE	Hayes	310859615001125	0	0	0	2.09	2.09	2.09	Yes
NE	Hayes	310859615001126	3	3	3	4.2	4.2	4.2	Yes
NE	Hayes	310859615001127	23	23	23	12.06	12.06	12.06	Yes
NE	Hayes	310859615001128	0	0	0	0.05	0.05	0.05	Yes
NE	Hayes	310859615001131	0	0	0	0.38	0.38	0.38	Yes
NE	Hayes	310859615001133	0	0	0	1.06	1.06	1.06	Yes
NE	Hayes	310859615001134	1	1	1	1.99	1.99	1.99	Yes
NE	Hayes	310859615001135	0	0	0	0.44	0.44	0.44	Yes
NE	Hayes	310859615001136	0	0	0	0.11	0.11	0.11	Yes
NE	Hayes	310859615001137	14	14	14	5.01	5.01	5.01	Yes
NE	Hayes	310859615001141	0	0	0	0.13	0.13	0.13	Yes
NE	Hayes	310859615001145	0	0	0	1.42	1.42	1.42	Yes
NE	Hayes	310859615001146	0	0	0	0.17	0.17	0.17	Yes
NE	Hayes	310859615001148	1	1	1	1.69	1.69	1.69	Yes
NE	Hayes	310859615001157	0	0	0	1.65	1.65	1.65	Yes
NE	Hayes	310859615001165	0	0	0	3.55	3.55	3.55	Yes
NE	Hayes	310859615001178	2	2	2	2.25	2.25	2.25	Yes
NE	Hayes	310859615001180	0	0	0	3.41	3.22	3.22	Yes
NE	Hayes	310859615001183	5	5	5	3.19	2.88	2.88	Yes

Percentage of
Total Population
Reached by
Service

100

Percentage of Total
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95

(060) Coverage and Performance Report

FCC Form 690
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<141>

<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<c1>	<c2>	<c3>	<d>
State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performance data is uploaded (yes/no)
NE	Hayes	310859615001216	0	0	0	1.46	1.42	1.42	Yes
NE	Hayes	310859615001218	0	0	0	0.35	0.32	0.32	Yes
NE	Hayes	310859615001250	3	3	3	5.22	4.98	4.98	Yes
NE	Hayes	310859615001251	0	0	0	6.19	6.19	6.19	Yes
NE	Hayes	310859615001264	2	2	2	1.6	1.6	1.6	Yes
NE	Hayes	310859615001274	7	7	7	6.58	6.27	6.27	Yes
NE	Hayes	310859615001275	0	0	0	0.3	0.3	0.3	Yes
NE	Hayes	310859615001277	0	0	0	0.14	0.14	0.14	Yes
NE	Hayes	310859615001278	2	2	2	7.25	7.01	7.01	Yes
NE	Hayes	310859615001280	1	1	1	1.35	0.91	0.91	Yes
NE	Hayes	310859615001281	0	0	0	0.11	0.0	0.0	Yes
NE	Hayes	310859615001282	10	10	10	5.37	5.37	5.37	Yes
NE	Hayes	310859615001283	0	0	0	0.07	0.0	0.0	Yes
NE	Hayes	310859615001285	0	0	0	0.22	0.05	0.05	Yes
NE	Hayes	310859615001286	3	3	3	1.39	0.52	0.52	Yes
NE	Hayes	310859615001293	3	3	3	3.17	3.17	3.17	Yes
NE	Hayes	310859615001316	0	0	0	0.63	0.46	0.46	Yes
NE	Hayes	310859615001318	0	0	0	0.4	0.06	0.06	Yes
NE	Hayes	310859615001330	0	0	0	0.23	0.0	0.0	Yes
NE	Hayes	310859615001331	0	0	0	0.14	0.0	0.0	Yes

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State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performance data is uploaded (yes/no)
NE	Hayes	310859615001332	0	0	0	0.37	0.02	0.02	Yes
NE	Hayes	310859615001333	0	0	0	0.07	0.0	0.0	Yes
NE	Hayes	310859615001346	0	0	0	2.49	1.59	1.59	Yes
NE	Hayes	310859615001350	0	0	0	0.82	0.82	0.82	Yes
NE	Hayes	310859615001358	0	0	0	0.56	0.56	0.56	Yes
NE	Hayes	310859615001362	6	6	6	3.96	3.94	3.94	Yes
NE	Hayes	310859615001378	2	2	2	2.2	2.2	2.2	Yes
NE	Hayes	310859615001429	0	0	0	0.27	0.27	0.27	Yes
NE	Hayes	310859615001434	1	1	1	0.41	0.41	0.41	Yes
NE	Hayes	310859615001436	0	0	0	0.4	0.4	0.4	Yes
NE	Hayes	310859615001449	0	0	0	0.1	0.1	0.1	Yes
NE	Hayes	310859615001450	0	0	0	0.13	0.13	0.13	Yes
NE	Hayes	310859615001461	0	0	0	0.26	0.26	0.26	Yes
NE	Hayes	310859615001474	3	3	3	3.1	3.04	3.04	Yes
NE	Hayes	310859615001496	0	0	0	0.28	0.28	0.28	Yes
NE	Hayes	310859615001506	0	0	0	0.26	0.26	0.26	Yes
NE	Hayes	310859615001507	0	0	0	0.16	0.16	0.16	Yes
NE	Hayes	310859615001508	0	0	0	0.2	0.2	0.2	Yes
NE	Hayes	310859615001509	0	0	0	0.04	0.04	0.04	Yes
NE	Hayes	310859615001510	0	0	0	0.09	0.09	0.09	Yes

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NE	Hayes	310859615001511	0	0	0	0.23	0.23	0.23	Yes
NE	Hayes	310859615001512	1	1	1	0.69	0.69	0.69	Yes
NE	Hayes	310859615001513	0	0	0	0.25	0.25	0.25	Yes
NE	Hayes	310859615001514	0	0	0	0.06	0.06	0.06	Yes
NE	Hayes	310859615001523	2	2	2	0.09	0.05	0.05	Yes
NE	Hayes	310859615001524	0	0	0	0.2	0.2	0.2	Yes
NE	Hayes	310859615001525	0	0	0	0.07	0.07	0.07	Yes
NE	Hayes	310859615001532	0	0	0	0.53	0.53	0.53	Yes
NE	Hayes	310859615001533	3	3	3	0.07	0.07	0.07	Yes
NE	Hayes	310859615001534	3	3	3	0.09	0.09	0.09	Yes
NE	Hayes	310859615001535	9	9	9	0.09	0.07	0.07	Yes
NE	Hayes	310859615001541	0	0	0	0.12	0.12	0.12	Yes
NE	Hayes	310859615001558	0	0	0	1.97	1.97	1.97	Yes
NE	Hayes	310859615001559	0	0	0	0.07	0.07	0.07	Yes
NE	Hayes	310859615001560	0	0	0	2.0	2.0	2.0	Yes
NE	Hayes	310859615001561	0	0	0	0.99	0.7	0.7	Yes
NE	Hayes	310859615001565	0	0	0	0.13	0.13	0.13	Yes
NE	Hayes	310859615001567	7	7	7	1.92	1.13	1.13	Yes
NE	Hayes	310859615001568	0	0	0	0.51	0.51	0.51	Yes
NE	Hayes	310859615001569	0	0	0	1.03	0.4	0.4	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	378020
<015> Study Area Name	NE Colorado Cellular, Inc.
<020> Program Year	2016
<030> Contact Name: Person USAC should contact with questions about this data	Mike
<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> <div style="border: 1px solid black; height: 40px;"></div>
<042> Cite the Study Area Code (SAC) for the Form 481 reporting	<042> <div style="border: 1px solid black; height: 15px;"></div>

<080> Tribal Lands Reporting (y/n?) *(Does this study area cover tribal lands? Yes or No)* ☐ ☒

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements)

Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PER, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please **DO NOT SEND COMPLETED FORMS TO THIS ADDRESS**. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

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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	

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

<010>	Study Area Code	378020
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<039>	Contact Email Address - Email Address of person identified in data line <030>	mike.felicissimo@viaero.com
<140>	Coverage and Performance Report Year	07/2015 - 06/2016

Coverage and Performance attachments

SAC_378020_Holt_NE_Voice_Shapefile.zip,
SAC_378020_Holt_NE_Broadband_Shapefile.zip

<141>

[illegible]

**Percentage of Total
Population Reached by
Service**

100

Percentage of Total
Road Miles covered
by Service

95

<010>	Study Area Code	378020
<015>	Study Area Name	NE Colorado Cellular, Inc.
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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 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:	378020 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:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	
Name of Authorized Agent Firm:	
Signature of Authorized Agent or Employee of Agent:	Date:
Name of Authorized Agent Employee:	
Title or position of Authorized Agent or Employee of Agent:	
Telephone number of Authorized Agent or Employee of Agent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

<010>	Study Area Code	378020
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<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Mike
<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	378020
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<039>	Contact Email Address - Email Address of person identified in data line <030>	mike.felicissimo@viaero.com

<200>	Date Authorized to Receive Support	07/29/2013
<201>	Targeted Completion Date	07/30/2016
<202>	Total Mobility Fund Support Awarded	218159.90
<203>	Total Mobility Fund Support Disbursed	72719.97

<210>	Actual Completion Date	11/24/2015
<211>	Project Status Description (attached)	Nebraska Sites complete.pdf

{Name of PDF attached}

Please check these boxes below to confirm that the attached PDF, on line 211, contains a project status pursuant to §54.1005(b)(2)(v). The information shall be submitted as appropriate.

<212>	Status of Network Deployment - Network Design	<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	378020
<015>	Study Area Name	NE Colorado Cellular, Inc.
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Mike
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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 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: 378020

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.

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

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

Certification of Officer to Authorize an Agent to File for Mobility Fund Recipients on Behalf of Reporting Carrier

I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.

Name of Authorized Agent:

Name of Reporting Carrier:

Signature of Authorized Officer:

Date:

Printed name of Authorized Officer:

Title or position of Authorized Officer:

Telephone number of Authorized Officer:

Study Area Code of Reporting Carrier:

Filing Due Date for this form:

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File for Mobility Fund Recipients on Behalf of Reporting Carrier

I, as agent for the reporting carrier, certify that I am authorized to submit the reports for Mobility Fund recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.

Name of Reporting Carrier:

Name of Authorized Agent Firm:

Signature of Authorized Agent or Employee of Agent:

Date:

Name of Authorized Agent Employee:

Title or position of Authorized Agent or Employee of Agent

Telephone number of Authorized Agent or Employee of Agent:

Study Area Code of Reporting Carrier:

Filing Due Date for this form:

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Attachments

(060) Coverage and Performance Report

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

<010> Study Area Code 378020
 <015> Study Area Name NE Colorado Cellular, Inc.
 <020> Program Year 2016
 <030> Contact Name - Person USAC should contact regarding this data Mike
 <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

<141>

<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<c1>	<c2>	<c3>	<d>
State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performance data is uploaded (yes/no)
NE	Holt	310899740001002	0	0	0	2.16	1.35	1.35	Yes
NE	Holt	310899740001004	0	0	0	0.04	0.04	0.04	Yes
NE	Holt	310899740001005	0	0	0	0.22	0.18	0.18	Yes
NE	Holt	310899740001006	0	0	0	0.53	0.52	0.52	Yes
NE	Holt	310899740001007	0	0	0	0.63	0.59	0.59	Yes
NE	Holt	310899740001011	0	0	0	0.35	0.35	0.35	Yes
NE	Holt	310899740001012	0	0	0	0.19	0.19	0.19	Yes
NE	Holt	310899740001015	0	0	0	0.23	0.23	0.23	Yes
NE	Holt	310899740001016	0	0	0	0.35	0.35	0.35	Yes
NE	Holt	310899740001017	0	0	0	0.33	0.33	0.33	Yes
NE	Holt	310899740001018	1	1	1	0.1	0.09	0.09	Yes
NE	Holt	310899740001019	0	0	0	0.18	0.18	0.18	Yes
NE	Holt	310899740001020	0	0	0	0.03	0.03	0.03	Yes
NE	Holt	310899740001021	0	0	0	0.03	0.03	0.03	Yes
NE	Holt	310899740001028	0	0	0	0.35	0.35	0.35	Yes
NE	Holt	310899740001030	0	0	0	1.84	1.84	1.84	Yes
NE	Holt	310899740001031	3	3	3	1.42	1.35	1.35	Yes
NE	Holt	310899740001033	0	0	0	0.15	0.15	0.15	Yes
NE	Holt	310899740001035	0	0	0	0.05	0.05	0.05	Yes
NE	Holt	310899740001036	0	0	0	0.31	0.31	0.31	Yes

Percentage of
 Total Population
 Reached by
 Service

100

Percentage of Total
 Road Miles covered
 by Service

95

(060) Coverage and Performance Report

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

<010> Study Area Code 378020
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 <020> Program Year 2016
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 <039> Contact Email Address - Email Address of person identified in data line <030> mike.felicissimo@viaero.com
 <140> Coverage and Performance Report Year 07/2015 - 06/2016

<141>

<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<c1>	<c2>	<c3>	<d>
State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performance data is uploaded (yes/no)
NE	Holt	310899740001037	0	0	0	2.22	2.22	2.22	Yes
NE	Holt	310899740001038	0	0	0	1.03	1.03	1.03	Yes
NE	Holt	310899740001039	0	0	0	0.44	0.44	0.44	Yes
NE	Holt	310899740001040	0	0	0	0.32	0.32	0.32	Yes
NE	Holt	310899740001041	0	0	0	0.69	0.69	0.69	Yes
NE	Holt	310899740001042	0	0	0	0.73	0.39	0.39	Yes
NE	Holt	310899740001043	0	0	0	0.49	0.45	0.45	Yes
NE	Holt	310899740001044	5	5	5	1.89	1.89	1.89	Yes
NE	Holt	310899740001045	0	0	0	0.54	0.54	0.54	Yes
NE	Holt	310899740001046	0	0	0	0.55	0.55	0.55	Yes
NE	Holt	310899740001047	0	0	0	0.31	0.31	0.31	Yes
NE	Holt	310899740001048	0	0	0	0.11	0.11	0.11	Yes
NE	Holt	310899740001049	0	0	0	0.13	0.13	0.13	Yes
NE	Holt	310899740001050	0	0	0	0.07	0.06	0.06	Yes
NE	Holt	310899740001051	0	0	0	0.1	0.1	0.1	Yes
NE	Holt	310899740001052	0	0	0	2.1	2.1	2.1	Yes
NE	Holt	310899740001053	0	0	0	0.35	0.35	0.35	Yes
NE	Holt	310899740001054	2	2	2	0.41	0.4	0.4	Yes
NE	Holt	310899740001055	0	0	0	1.56	1.25	1.25	Yes
NE	Holt	310899740001056	2	2	2	2.04	2.04	2.04	Yes

Percentage of
Total Population
Reached by
Service

100

Percentage of Total
Road Miles covered
by Service

95