Connect America Phase II Challenge Process Form
OMB Control Number 3060-1188
FCC Form 505

Filing Entity:	XIT Telecommunication & Technology, Ltd.
FRN (if applicable):	0001650233
Name of Person Filling Out Form:	Brian Lindsey
Mailing Address of Person Filling Out Form:	6129 79th Street Lubbock, TX 79424
Email Address of Person Filling Out Form:	blindsey@ncom.com
Phone Number of Person Filling Out Form:	806-866-9900
Name of Person Certifying Data within Form:	Kathy Duggan
Mailing Address of Person Certifying Data within Form:	12324 Hwy 87 Dalhart, TX 79022
Email Address of Person Certifying Data within Form:	Kduggan@xitcomm.net
Phone Number of Person Certifying Data within Form:	806-384-3311

Census Block 15 Digit FIPS Code	State	Provider Name As Listed in National Broadband Map	Insert X if Speed Criteria Not Met	Insert X if Usage Allowance Criteria Not Met	Insert X if Latency Criteria Not Met	Insert X if Price Criteria Not Met	Insert X if Voice Criteria Not Met	Type of Supporting Evidence	Additional Comments	OMB Control Number 3060-1188

Census Block 15 Digit FIPS Code	State	Name of Entity Providing Service	FRN used to File Form 477 (if challenge being filed by the service provider)	Insert an X if you certify that this census block is served by unsubsidized broadband and voice services meeting the Commission's performance and pricing criteria	Type of Supporting Evidence	Additional Comments	OMB Control Number 3060-1188

Response to Challenge

Census Block 15 Digit FIPS Code	State	Name of Entity Making Initial Challenge	FRN of Entity Making Initial Challenge (if provided)	Insert X if Speed Criteria is at Issue	Insert X if Usage Allowance Criteria is at Issue	Insert X if Latency Criteria is at Issue	Insert X if Price Criteria is at Issue	Insert X if Voice Criteria is at Issue	Type of Supporting Evidence	Additional Comments	OMB Control Number 3060-1188
481119501001547	TX	XIT Telecommunication & Technology, I	0001650233	X	X	X	X	X	Statement of Assistant General Manager, Plant Maps, Spreadsheet of active customer locations		
481119503001023	TX	XIT Telecommunication & Technology, I	0001650233	X	X	X	X	X	Statement of Assistant General Manager, Plant Maps, Spreadsheet of active customer locations		
481119503001098	TX	XIT Telecommunication & Technology, I	0001650233	X	X	X	X	X	Statement of Assistant General Manager, Plant Maps, Spreadsheet of active customer locations		
481119503003002	TX	XIT Telecommunication & Technology, I	0001650233	X	X	X	X	X	Statement of Assistant General Manager, Plant Maps, Spreadsheet of active customer locations		
481119503003021	TX	XIT Telecommunication & Technology, I	0001650233	X	X	X	X	X	Statement of Assistant General Manager, Plant Maps, Spreadsheet of active customer locations		
481119503003081	TX	XIT Telecommunication & Technology, I	0001650233	X	X	X	X	X	Statement of Assistant General Manager, Plant Maps, Spreadsheet of active customer locations		
481119503003092	TX	XIT Telecommunication & Technology, I	0001650233	X	X	X	X	X	Statement of Assistant General Manager, Plant Maps, Spreadsheet of active customer locations		
481119503004002	TX	XIT Telecommunication & Technology, I	0001650233	X	X	X	X	X	Statement of Assistant General Manager, Plant Maps, Spreadsheet of active customer locations		
482059502001022	TX	XIT Telecommunication & Technology, I	0001650233	X	X	X	X	X	Statement of Assistant General Manager, Plant Maps, Spreadsheet of active customer locations		
482059502002029	TX	XIT Telecommunication & Technology, I	0001650233	X	X	X	X	X	Statement of Assistant General Manager, Plant Maps, Spreadsheet of active customer locations		

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Accuracy and Due Diligence Certification

All Filers Must Fill Out

By initialing below, I certify that all statements contained in the attached form are true and accurate to the best of my knowledge, and that I have undertaken due diligence to obtain knowledge regarding these claims.

Certifier's Initials:
Date: 11/6/14

Notice of Challenge Certification

(Served to Unserved and Unserved to Served Challengers Fill Out One of the Following Blocks - Respondents Do Not Fill Out)

Service of Notice Successful

By initialing below, I certify that notice of this challenge has been served on all interested parties.

Certifier's Initials:
Date:

Service of Notice Unsuccessful

By initialing below I certify that, following a good faith effort, I was unable to serve notice of this challenge on all interested parties due to lack of information regarding the address of such parties.

Name of Party/Parties that Could Not Be Served:
Certifier's Initials:
Date:

The certifications on this page are subject to the penalties for false statements under 18 U.S.C. 1001.