

Mobility Fund Phase 1 - §54.1009 Annual Reporting Data Collection Form	FCC Form Approved by OMB OMB 3060-1185 Avg. Burden Estimate per Respondent: 18 Hours
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<010> Study Area Code	498016
<015> Study Area Name	Plateau Telecommunications, Incorporated
<020> Program Year	2015
<030> Contact Name: Person USAC should contact with questions about this data	Launa Waller
<035> Contact Telephone Number: Number of the person identified in data line <030>	5753894211 ext.
<039> Contact Email: Email of the person identified in data line <030>	lwaller@plateautel.com

(check box when complete)

<040> Has the information required pursuant to §54.1009 been provided with a Form 481 filing (Y/N)		<input type="radio"/> <input checked="" type="radio"/>
<041> Attach a description of the documents filed with the Form 481 reporting		<041> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
<042> Cite the Study Area Code (SAC) for the Form 481 reporting		<042> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>

<050> <u>Carrier Contact Information</u> <i>(complete attached worksheet)</i>		<050> <input checked="" type="checkbox"/>
<060> <u>Coverage and Performance Report</u> <i>(complete attached worksheet)</i>		<060> <input checked="" type="checkbox"/>
<070> <u>Urban Rate Comparability Certification</u> <i>(complete attached certification)</i>		<070> <input checked="" type="checkbox"/>
<080> <u>Tribal Lands Reporting (y/n?)</u> <i>(Does this study area cover tribal lands? Yes or No)</i>		<input type="radio"/> <input checked="" type="radio"/>
	<i>(If yes, complete the attached worksheet)</i>	<080> <input type="checkbox"/>
<090> <u>Project Update Information</u> <i>(complete attached worksheet)</i>		<090> <input checked="" type="checkbox"/>
<100> <u>Certifications</u>		
<101> Reporting Carrier Certification <i>(complete attached certification)</i>		<101> <input checked="" type="checkbox"/>
<102> Agent Certification <i>(complete attached certification)</i>		<102> <input checked="" type="checkbox"/>

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.

(050) Carrier Contact Form

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<010> Study Area Code 498016
 <015> Study Area Name Plateau Telecommunications, Incorporated
 <020> Program Year 2015
 <030> Contact Name - Person USAC should contact regarding this data Launa Waller
 <035> Contact Telephone Number - Number of person identified in data line <030> 5753894211 ext.
 <039> Contact Email Address - Email Address of person identified in data line <030> lwaller@plateautel.com

Reporting Carrier / Mobility Fund Phase 1 Winning Bidder

<110> FCC Registration Number 0003800570
 <111> Filing Carrier Name Plateau Telecommunications, Incorporated
 <112> Winning Bidder Carrier Name Plateau Telecommunications, Incorporated
 <113> Street Address (or PO Box) 7111 N Prince St.
 <114> City Clovis
 <115> State NM
 <116> Zip-Code 88101
 <117> Telephone Number 5753894211 ext.
 <118> Fax Number 5753895245
 <119> Email Address lwaller@plateautel.com

Contact Information

if same as above, indicate in this box



<120> Name (First, MI, Last, Suffix) Launa Waller
 <121> Filing Carrier Name Plateau Telecommunications, Incorporated
 <122> Street Address (or PO Box) 7111 N Prince St
 <123> City Clovis
 <124> State NM
 <125> Zip-Code 88101
 <126> Telephone Number 5753894211 ext.
 <127> Fax Number 5753895245
 <128> Email Address lwaller@plateautel.com

Authorized Agent Information

if no agent, indicate in this box



<130> Name (First, MI, Last, Suffix) Robin Tuttle
 <131> Company Herman & Whiteaker, LLC
 <132> Street Address (or PO Box) 3204 Tower Oaks Blvd., Suite 180
 <133> City Rockville
 <134> State MD
 <135> Zip-Code 20852
 <136> Telephone Number 2028270667 ext.
 <137> Fax Number 2027066056
 <138> Email Address rtuttle@hermanwhiteaker.com

(060) Coverage and Performance Report	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 3 of 8
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<010>	Study Area Code	498016
<015>	Study Area Name	Plateau Telecommunications, Incorporated
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Launa Waller
<035>	Contact Telephone Number - Number of person identified in data line <030>	5753894211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	lwaller@plateautel.com
<140>	Coverage and Performance Report Year	01/2014 - 12/2014

Coverage and Performance attachments

498016_CPRd_NM_Plateau.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

0

Percentage of Total Road Miles covered by Service

61

(070) Urban Rate Comparability Certification Compliance

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<039> Contact Email Address - Email Address of person identified in data line <030>	lwaller@plateautel.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:	
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 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) <u>Robin Tuttle</u> 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:	Robin Tuttle
Name of Reporting Carrier:	Plateau Telecommunications, Incorporated
Signature of Authorized Officer or Employee:	CERTIFIED ONLINE
	Date: 06/25/2015
Printed name of Authorized Officer or Employee:	Tom Phelps
Title or position of Authorized Officer or Employee:	CEO
Telephone number of Authorized Officer or Employee:	5753894220 ext.
Study Area Code of Reporting Carrier:	498016
	Filing Due Date for this form: 07/01/2015
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:	Plateau Telecommunications, Incorporated
Name of Authorized Agent or Employee of Agent:	Robin Tuttle
Signature of Authorized Agent or Employee of Agent:	CERTIFIED ONLINE
	Date: 06/25/2015
Printed name of Authorized Agent or Employee of Agent:	Robin Tuttle
Title or position of Authorized Agent or Employee of Agent:	Authorized Agent
Telephone number of Authorized Agent or Employee of Agent:	2028270667 ext.
Study Area Code of Reporting Carrier:	498016
	Filing Due Date for this form: 07/01/2015
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.	

(080) Tribal Lands Reporting

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<039>	Contact Email Address - Email Address of person identified in data line <030>	lwaller@plateautel.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)

(090) Project Update Information	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 6 of 8
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<039>	Contact Email Address - Email Address of person identified in data line <030>	lwaller@plateautel.com

<200> Date Authorized to Receive Support	<input style="width: 95%; height: 15px;" type="text" value="06/20/2013"/>
<201> Targeted Completion Date	<input style="width: 95%; height: 15px;" type="text" value="05/20/2015"/>
<202> Total Mobility Fund Support Awarded	<input style="width: 95%; height: 15px;" type="text" value="2613378.96"/>
<203> Total Mobility Fund Support Disbursed	<input style="width: 95%; height: 15px;" type="text" value="871126.32"/>

<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 checked="" type="checkbox"/> | |
| <216> Project Budget Status | <input checked="" type="checkbox"/> | |
| <217> Project Plan Status | <input checked="" type="checkbox"/> | |
| <218> Certify Network will Support 3G/4G Mobile Service (Yes / No) | <input checked="" type="radio"/> <input type="radio"/> | |

(101) Certification - Reporting Carrier

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<039>	Contact Email Address - Email Address of person identified in data line <030>	lwaller@plateautel.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:

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.

(102) Certification - Agent / Carrier

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<039> Contact Email Address - Email Address of person identified in data line <030>	lwaller@plateautel.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) <u>Robin Tuttle</u> 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:	Robin Tuttle
Name of Reporting Carrier:	Plateau Telecommunications, Incorporated
Signature of Authorized Officer:	CERTIFIED ONLINE Date: 06/25/2015
Printed name of Authorized Officer:	Tom Phelps
Title or position of Authorized Officer:	CEO
Telephone number of Authorized Officer:	5753894220 ext.
Study Area Code of Reporting Carrier:	498016 Filing Due Date for this form: 07/01/2015
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:	Plateau Telecommunications, Incorporated
Name of Authorized Agent or Employee of Agent:	Robin Tuttle
Signature of Authorized Agent or Employee of Agent:	CERTIFIED ONLINE Date: 06/25/2015
Printed name of Authorized Agent or Employee of Agent:	Robin Tuttle
Title or position of Authorized Agent or Employee of Agent:	Authorized Agent
Telephone number of Authorized Agent or Employee of Agent:	2028270667 ext.
Study Area Code of Reporting Carrier:	498016 Filing Due Date for this form: 07/01/2015
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

[REDACTED]