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

<010>	Study Area Code	388002
<015>	Study Area Name	Sagebrush Cellular, Inc.
<020>	Program Year	2015
<030>	Contact Name: Person USAC should contact with questions about this data	Remi Sun
<035>	Contact Telephone Number: Number of the person identified in data line <030>	4067832200 ext.
<039>	Contact Email: Email of the person identified in data line <030>	remi.sun@nemont.coop

(check box when complete)

<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>

<050> **Carrier Contact Information** *(complete attached worksheet)* <050> ✔

<060> **Coverage and Performance Report** *(complete attached worksheet)* <060> ✔

<070> **Urban Rate Comparability Certification** *(complete attached certification)* <070> ✔

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

(If yes, complete the attached worksheet) <080> ✔

<090> **Project Update Information** *(complete attached worksheet)* <090> ✔

<100> **Certifications**

<101> Reporting Carrier Certification *(complete attached certification)* <101> ✔

<102> Agent Certification *(complete attached certification)* <102> ✔

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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Reporting Carrier / Mobility Fund Phase 1 Winning Bidder

<110>	FCC Registration Number	0001608645
<111>	Filing Carrier Name	Sagebrush Cellular, Inc.
<112>	Winning Bidder Carrier Name	Sagebrush Cellular, Inc.
<113>	Street Address (or PO Box)	61 Hwy 13 South / PO Box 600
<114>	City	Scobey
<115>	State	MT
<116>	Zip-Code	59263-0600
<117>	Telephone Number	4067832200 ext.
<118>	Fax Number	4067835276
<119>	Email Address	remi.sun@nemont.coop

Contact Information

if same as above, indicate in this box ✔

<120>	Name (First, MI, Last, Suffix)	Remi Sun
<121>	Filing Carrier Name	Sagebrush Cellular, Inc.
<122>	Street Address (or PO Box)	61 Hwy 13 South / PO Box 600
<123>	City	Scobey
<124>	State	MT
<125>	Zip-Code	59263-0600
<126>	Telephone Number	4067832200 ext.
<127>	Fax Number	4067835276
<128>	Email Address	remi.sun@nemont.coop

Authorized Agent Information

if no agent, indicate in this box ☐

<130>	Name (First, MI, Last, Suffix)	Carl G Akin
<131>	Company	Monte R. Lee & Company
<132>	Street Address (or PO Box)	100 NW 63rd
<133>	City	Oklahoma City
<134>	State	OK
<135>	Zip-Code	73116
<136>	Telephone Number	4058422405 ext.
<137>	Fax Number	4058488018
<138>	Email Address	cakin@mrleng.com

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<140> Coverage and Performance Report Year 01/2014 - 12/2014

Coverage and Performace attachements: 388002_CPRdef_ND_DB_2015-06-09_11-17-08-am.zip

<141>

<a1> State	<a2> County	<a3> Census Block	<b1> Resident Population per Census Block	<b2> Resident Population Newly Reached by Service	<b3> Total Resident Population Reached by Service	<c1> Road Miles per Census Block	<c2> Road Miles per Census Block Newly Reached	<c3> Total Road Miles covered per Census Block	<d> 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: 100

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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:

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) Monte R. Lee & Company 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: Monte R. Lee & Company

Name of Reporting Carrier: Sagebrush Cellular, Inc.

Signature of Authorized Officer or Employee: CERTIFIED ONLINE Date: 06/26/2015

Printed name of Authorized Officer or Employee: Remi Sun

Title or position of Authorized Officer or Employee: CFO

Telephone number of Authorized Officer or Employee: 4067832358 ext.

Study Area Code of Reporting Carrier: 388002 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: Sagebrush Cellular, Inc.

Name of Authorized Agent or Employee of Agent: Monte R. Lee & Company

Signature of Authorized Agent or Employee of Agent: CERTIFIED ONLINE Date: 06/26/2015

Printed name of Authorized Agent or Employee of Agent: Carl G Akin

Title or position of Authorized Agent or Employee of Agent Staff Consultant

Telephone number of Authorized Agent or Employee of Agent: 4058422405 ext.

Study Area Code of Reporting Carrier: 388002 Filing Due Date for this form: 07/01/2015

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<142> State

MT

<143> County

Divide

<144> Tribal Land(s) on which ETC Serves

Turtle Mountain

<145> Tribal Government Engagement Obligation

388002_TLRa5_ND.pdf

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;	Not Applicable
<147>	Feasibility and sustainability planning;	Not Applicable
<148>	Marketing services in a culturally sensitive manner;	Yes
<149>	Compliance with Rights of way processes	Yes
<150>	Compliance with Land Use permitting requirements	Yes
<151>	Compliance with Facilities Siting rules	Yes
<152>	Compliance with Environmental Review processes	Yes
<153>	Compliance with Cultural Preservation review processes	Yes
<154>	Compliance with Tribal Business and Licensing requirements.	Not Applicable

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<200>	Date Authorized to Receive Support	06/20/2013
<201>	Targeted Completion Date	06/21/2015
<202>	Total Mobility Fund Support Awarded	440.00
<203>	Total Mobility Fund Support Disbursed	146.67
<210>	Actual Completion Date	10/09/2014
<211>	Project Status Description (attached)	388002_PSD_38.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> Certify Network will Support 3G/4G Mobile Service (Yes / No) ◉ ○

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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:

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 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) Monte R. Lee & Company **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: Monte R. Lee & Company

Name of Reporting Carrier: Sagebrush Cellular, Inc.

Signature of Authorized Officer: CERTIFIED ONLINE Date: 06/26/2015

Printed name of Authorized Officer: Remi Sun

Title or position of Authorized Officer: CFO

Telephone number of Authorized Officer: 4067832358 ext.

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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: Sagebrush Cellular, Inc.

Name of Authorized Agent or Employee of Agent: Monte R. Lee & Company

Signature of Authorized Agent or Employee of Agent: CERTIFIED ONLINE Date: 06/26/2015

Printed name of Authorized Agent or Employee of Agent: Carl G Akin

Title or position of Authorized Agent or Employee of Agent Staff Consultant

Telephone number of Authorized Agent or Employee of Agent: 4058422405 ext.

Study Area Code of Reporting Carrier: 388002 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

(060) Coverage and Performance Report

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

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<140>	Coverage and Performance Report Year	01/2014 - 12/2014

<141>

<a1> State	<a2> County	<a3> Census Block	<b1> Resident Population per Census Block	<b2> Resident Population Newly Reached by Service	<b3> Total Resident Population Reached by Service	<c1> Road Miles per Census Block	<c2> Road Miles per Census Block Newly Reached	<c3> Total Road Miles covered per Census Block	<d> Certify that Coverage and Performacne data is uploaded (yes/no)
ND	Divide	380239545001523	0	0	0	0.22	0.22	0.22	Yes

Percentage of Total Population Reached by Service: 0

Percentage of Total Road Miles covered by Service: 100