

<010> Study Area Code	258001
<015> Study Area Name	Pine Belt Cellular, Inc.
<020> Program Year	2015
<030> Contact Name: Person USAC should contact with questions about this data	Troy Harvill
<035> Contact Telephone Number: Number of the person identified in data line <030>	3343852106 ext.
<039> Contact Email: Email of the person identified in data line <030>	troy@pinebelt.net

(check box when complete)

<040> Has the information required pursuant to §54.1009 been provided with a Form 481 filing (Y/N)		<040> <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>	<080>	<input type="radio"/> <input checked="" type="radio"/>
		<div style="border: 1px solid black; width: 30px; height: 20px; margin-left: 10px;"></div>
<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.

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Reporting Carrier / Mobility Fund Phase 1 Winning Bidder

<110>	FCC Registration Number	0001754209
<111>	Filing Carrier Name	Pine Belt Cellular, Inc.
<112>	Winning Bidder Carrier Name	Pine Belt Cellular, Inc.
<113>	Street Address (or PO Box)	3948 County Road 32
<114>	City	Arlington
<115>	State	AL
<116>	Zip-Code	36722
<117>	Telephone Number	3343852106 ext.
<118>	Fax Number	3343852103
<119>	Email Address	troy@pinebelt.net

Contact Information

if same as above, indicate in this box



<120>	Name (First, MI, Last, Suffix)	Troy Harvill
<121>	Filing Carrier Name	Pine Belt Cellular, Inc.
<122>	Street Address (or PO Box)	3948 County Road 32
<123>	City	Arlington
<124>	State	AL
<125>	Zip-Code	36722
<126>	Telephone Number	3343852106 ext.
<127>	Fax Number	3343852103
<128>	Email Address	troy@pinebelt.net

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
<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 Performance attachments

258001_CPRd_01.zip

<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

0

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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) <u>Carl Akin, Monte R Lee and Co</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:	Carl Akin, Monte R Lee and Co	
Name of Reporting Carrier:	Pine Belt Cellular, Inc.	
Signature of Authorized Officer or Employee:	CERTIFIED ONLINE	Date: 06/30/2015
Printed name of Authorized Officer or Employee:	JOHN NETTLES	
Title or position of Authorized Officer or Employee:	PRESIDENT	
Telephone number of Authorized Officer or Employee:	3343855001 ext.	
Study Area Code of Reporting Carrier:	258001	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:	Pine Belt 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: 06/29/2015
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:	258001	Filing Due Date for this form: 07/01/2015
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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	06/20/2013
<201>	Targeted Completion Date	06/21/2015
<202>	Total Mobility Fund Support Awarded	786869.46
<203>	Total Mobility Fund Support Disbursed	262289.82

<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)

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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) <u>Carl Akin, Monte R Lee and Co</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:	Carl Akin, Monte R Lee and Co
Name of Reporting Carrier:	Pine Belt Cellular, Inc.
Signature of Authorized Officer:	CERTIFIED ONLINE Date: 06/30/2015
Printed name of Authorized Officer:	JOHN NETTLES
Title or position of Authorized Officer:	PRESIDENT
Telephone number of Authorized Officer:	3343855001 ext.
Study Area Code of Reporting Carrier:	258001 Filing Due Date for this form: 07/01/2015
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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:	Pine Belt 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: 06/29/2015
Printed name of Authorized Agent or Employee of Agent:	Carl Akin, Monte R Lee and Co
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:	258001 Filing Due Date for this form: 07/01/2015
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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

<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)
AL	Choctaw	010239567001002	49	0	0	2.83	0.0	0.0	Yes
AL	Choctaw	010239567001003	0	0	0	0.5	0.0	0.0	Yes
AL	Choctaw	010239567001004	0	0	0	0.73	0.0	0.0	Yes
AL	Choctaw	010239567001005	0	0	0	0.04	0.0	0.0	Yes
AL	Choctaw	010239567001006	3	0	0	0.68	0.0	0.0	Yes
AL	Choctaw	010239567001007	4	0	0	1.63	0.0	0.0	Yes
AL	Choctaw	010239567001008	0	0	0	0.27	0.0	0.0	Yes
AL	Choctaw	010239567001009	0	0	0	0.35	0.0	0.0	Yes
AL	Choctaw	010239567001010	1	0	0	0.92	0.0	0.0	Yes
AL	Choctaw	010239567001011	10	0	0	1.31	0.0	0.0	Yes
AL	Choctaw	010239567001012	0	0	0	3.12	0.0	0.0	Yes
AL	Choctaw	010239567001013	8	0	0	0.33	0.0	0.0	Yes
AL	Choctaw	010239567001014	29	0	0	4.01	0.0	0.0	Yes
AL	Choctaw	010239567001015	0	0	0	0.56	0.0	0.0	Yes
AL	Choctaw	010239567001016	0	0	0	0.22	0.0	0.0	Yes
AL	Choctaw	010239567001019	0	0	0	0.07	0.0	0.0	Yes
AL	Choctaw	010239567001021	3	0	0	0.45	0.0	0.0	Yes
AL	Choctaw	010239567001022	10	0	0	2.97	0.0	0.0	Yes
AL	Choctaw	010239567001023	17	0	0	0.42	0.0	0.0	Yes
AL	Choctaw	010239567001024	0	0	0	0.2	0.0	0.0	Yes

Percentage of Total Population Reached by Service

0

Percentage of Total Road Miles covered by Service

0

(060) Coverage and Performance Report

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

<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)
AL	Choctaw	010239567001025	2	0	0	0.49	0.0	0.0	Yes
AL	Choctaw	010239567001026	3	0	0	0.32	0.0	0.0	Yes
AL	Choctaw	010239567001027	13	0	0	1.71	0.0	0.0	Yes
AL	Choctaw	010239567001028	10	0	0	1.09	0.0	0.0	Yes
AL	Choctaw	010239567001029	12	0	0	0.54	0.0	0.0	Yes
AL	Choctaw	010239567001030	43	0	0	0.96	0.0	0.0	Yes
AL	Choctaw	010239567001033	2	0	0	1.09	0.0	0.0	Yes
AL	Choctaw	010239567001036	1	0	0	0.42	0.0	0.0	Yes
AL	Choctaw	010239567001038	0	0	0	0.22	0.0	0.0	Yes
AL	Choctaw	010239567001039	2	0	0	0.71	0.0	0.0	Yes
AL	Choctaw	010239567001040	2	0	0	1.07	0.0	0.0	Yes
AL	Choctaw	010239567001045	0	0	0	0.03	0.0	0.0	Yes
AL	Choctaw	010239567001046	0	0	0	0.16	0.0	0.0	Yes
AL	Choctaw	010239567001047	0	0	0	0.33	0.0	0.0	Yes
AL	Choctaw	010239567001048	0	0	0	0.12	0.0	0.0	Yes
AL	Choctaw	010239567001049	0	0	0	0.03	0.0	0.0	Yes
AL	Choctaw	010239567001050	0	0	0	0.19	0.0	0.0	Yes
AL	Choctaw	010239567001052	0	0	0	0.36	0.0	0.0	Yes
AL	Choctaw	010239567001053	2	0	0	2.11	0.0	0.0	Yes
AL	Choctaw	010239567001054	1	0	0	2.51	0.0	0.0	Yes

Percentage of Total Population Reached by Service

0

Percentage of Total Road Miles covered by Service

0

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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)
AL	Choctaw	010239567001060	0	0	0	0.34	0.0	0.0	Yes
AL	Choctaw	010239567001062	28	0	0	4.1	0.0	0.0	Yes
AL	Choctaw	010239567001064	5	0	0	0.55	0.0	0.0	Yes
AL	Choctaw	010239567001066	0	0	0	0.14	0.0	0.0	Yes
AL	Choctaw	010239567001070	31	0	0	0.74	0.0	0.0	Yes
AL	Choctaw	010239567001076	0	0	0	0.46	0.0	0.0	Yes
AL	Choctaw	010239567001080	0	0	0	0.06	0.0	0.0	Yes
AL	Choctaw	010239567001084	5	0	0	0.12	0.0	0.0	Yes
AL	Choctaw	010239567001085	34	0	0	0.47	0.0	0.0	Yes
AL	Choctaw	010239567001093	8	0	0	0.39	0.0	0.0	Yes
AL	Choctaw	010239567001095	94	0	0	1.62	0.0	0.0	Yes
AL	Choctaw	010239567001097	16	0	0	0.28	0.0	0.0	Yes
AL	Choctaw	010239567001102	0	0	0	0.02	0.0	0.0	Yes
AL	Choctaw	010239567001103	0	0	0	0.35	0.0	0.0	Yes
AL	Choctaw	010239567001105	2	0	0	0.16	0.0	0.0	Yes
AL	Choctaw	010239567002005	18	0	0	0.76	0.0	0.0	Yes
AL	Choctaw	010239567002006	13	0	0	2.29	0.0	0.0	Yes
AL	Choctaw	010239567002007	5	0	0	0.07	0.0	0.0	Yes
AL	Choctaw	010239567002008	0	0	0	0.35	0.0	0.0	Yes
AL	Choctaw	010239567002009	11	0	0	0.39	0.0	0.0	Yes

Percentage of Total Population Reached by Service

0

Percentage of Total Road Miles covered by Service

0

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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)
AL	Choctaw	010239567002010	0	0	0	0.21	0.0	0.0	Yes
AL	Choctaw	010239567002011	74	0	0	7.39	0.0	0.0	Yes
AL	Choctaw	010239567002012	1	0	0	0.28	0.0	0.0	Yes
AL	Choctaw	010239567002013	13	0	0	1.04	0.0	0.0	Yes
AL	Choctaw	010239567002015	0	0	0	0.07	0.0	0.0	Yes
AL	Choctaw	010239567002016	0	0	0	0.12	0.0	0.0	Yes
AL	Choctaw	010239567002018	12	0	0	0.96	0.0	0.0	Yes
AL	Choctaw	010239567002019	0	0	0	0.1	0.0	0.0	Yes
AL	Choctaw	010239567002020	9	0	0	2.37	0.0	0.0	Yes
AL	Choctaw	010239567002021	0	0	0	0.09	0.0	0.0	Yes
AL	Choctaw	010239567002022	0	0	0	0.07	0.0	0.0	Yes
AL	Choctaw	010239567002023	8	0	0	2.06	0.0	0.0	Yes
AL	Choctaw	010239567002026	0	0	0	0.33	0.0	0.0	Yes
AL	Choctaw	010239567002027	38	0	0	1.99	0.0	0.0	Yes
AL	Choctaw	010239567002031	0	0	0	0.05	0.0	0.0	Yes
AL	Choctaw	010239567002032	0	0	0	0.07	0.0	0.0	Yes
AL	Choctaw	010239567002034	10	0	0	0.37	0.0	0.0	Yes
AL	Choctaw	010239567002035	0	0	0	0.3	0.0	0.0	Yes
AL	Choctaw	010239567002036	14	0	0	1.29	0.0	0.0	Yes
AL	Choctaw	010239567002037	5	0	0	0.73	0.0	0.0	Yes

Percentage of Total Population Reached by Service

0

Percentage of Total Road Miles covered by Service

0

(060) Coverage and Performance Report

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

<010>	Study Area Code	258001
<015>	Study Area Name	Pine Belt Cellular, Inc.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Troy Harvill
<035>	Contact Telephone Number - Number of person identified in data line <030>	3343852106 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	troy@pinebelt.net
<140>	Coverage and Performance Report Year	01/2014 - 12/2014

<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)
AL	Choctaw	010239567002038	0	0	0	0.34	0.0	0.0	Yes
AL	Choctaw	010239567002039	0	0	0	0.47	0.0	0.0	Yes
AL	Choctaw	010239567002040	15	0	0	1.07	0.0	0.0	Yes
AL	Choctaw	010239567002041	1	0	0	1.05	0.0	0.0	Yes
AL	Choctaw	010239567002042	7	0	0	0.39	0.0	0.0	Yes
AL	Choctaw	010239567002043	3	0	0	0.61	0.0	0.0	Yes
AL	Choctaw	010239567002044	20	0	0	0.4	0.0	0.0	Yes
AL	Choctaw	010239567002045	4	0	0	0.68	0.0	0.0	Yes
AL	Choctaw	010239567002046	0	0	0	0.35	0.0	0.0	Yes
AL	Choctaw	010239567002047	9	0	0	0.95	0.0	0.0	Yes
AL	Choctaw	010239567002048	0	0	0	0.29	0.0	0.0	Yes
AL	Choctaw	010239567002051	107	0	0	5.45	0.0	0.0	Yes
AL	Choctaw	010239567002052	11	0	0	1.0	0.0	0.0	Yes
AL	Choctaw	010239567003000	10	0	0	0.65	0.0	0.0	Yes
AL	Choctaw	010239567003001	1	0	0	0.11	0.0	0.0	Yes
AL	Choctaw	010239567003002	0	0	0	0.24	0.0	0.0	Yes
AL	Choctaw	010239567003003	35	0	0	5.7	0.0	0.0	Yes
AL	Choctaw	010239567003004	0	0	0	0.25	0.0	0.0	Yes
AL	Choctaw	010239567003005	3	0	0	0.29	0.0	0.0	Yes
AL	Choctaw	010239567003006	23	0	0	0.97	0.0	0.0	Yes

Percentage of Total Population Reached by Service

0

Percentage of Total Road Miles covered by Service

0

(060) Coverage and Performance Report

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Approved by OMB
OMB Control No. 3060-1185

<010>	Study Area Code	258001
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<020>	Program Year	2015
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<035>	Contact Telephone Number - Number of person identified in data line <030>	3343852106 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	troy@pinebelt.net
<140>	Coverage and Performance Report Year	01/2014 - 12/2014

<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<c1>	<c2>	<c3>	<d>
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AL	Choctaw	010239567003007	0	0	0	0.05	0.0	0.0	Yes
AL	Choctaw	010239567003008	0	0	0	0.06	0.0	0.0	Yes
AL	Choctaw	010239567003009	0	0	0	1.47	0.0	0.0	Yes
AL	Choctaw	010239567003010	0	0	0	0.57	0.0	0.0	Yes
AL	Choctaw	010239567003011	16	0	0	1.21	0.0	0.0	Yes
AL	Choctaw	010239567003012	0	0	0	0.11	0.0	0.0	Yes
AL	Choctaw	010239567003013	0	0	0	0.66	0.0	0.0	Yes
AL	Choctaw	010239567003014	0	0	0	0.69	0.0	0.0	Yes
AL	Choctaw	010239567003015	0	0	0	0.68	0.0	0.0	Yes
AL	Choctaw	010239567003016	1	0	0	0.17	0.0	0.0	Yes
AL	Choctaw	010239567003017	20	0	0	1.25	0.0	0.0	Yes
AL	Choctaw	010239567003018	22	0	0	1.0	0.0	0.0	Yes
AL	Choctaw	010239567003019	0	0	0	0.41	0.0	0.0	Yes
AL	Choctaw	010239567003020	0	0	0	0.06	0.0	0.0	Yes
AL	Choctaw	010239567003021	0	0	0	0.74	0.0	0.0	Yes
AL	Choctaw	010239567003022	3	0	0	0.55	0.0	0.0	Yes
AL	Choctaw	010239567003023	11	0	0	1.08	0.0	0.0	Yes
AL	Choctaw	010239567003024	0	0	0	0.03	0.0	0.0	Yes
AL	Choctaw	010239567003025	25	0	0	1.87	0.0	0.0	Yes
AL	Choctaw	010239567003026	7	0	0	0.79	0.0	0.0	Yes

Percentage of Total Population Reached by Service

0

Percentage of Total Road Miles covered by Service

0

(060) Coverage and Performance Report

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Approved by OMB
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<010>	Study Area Code	258001
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<035>	Contact Telephone Number - Number of person identified in data line <030>	3343852106 ext.
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AL	Choctaw	010239567003027	26	0	0	0.98	0.0	0.0	Yes
AL	Choctaw	010239567003028	17	0	0	0.52	0.0	0.0	Yes
AL	Choctaw	010239567003029	0	0	0	0.52	0.0	0.0	Yes
AL	Choctaw	010239567003030	0	0	0	0.03	0.0	0.0	Yes
AL	Choctaw	010239567003031	16	0	0	0.4	0.0	0.0	Yes
AL	Choctaw	010239567003032	20	0	0	0.9	0.0	0.0	Yes
AL	Choctaw	010239567003033	21	0	0	0.36	0.0	0.0	Yes
AL	Choctaw	010239567003034	24	0	0	0.58	0.0	0.0	Yes
AL	Choctaw	010239567003035	7	0	0	0.55	0.0	0.0	Yes
AL	Choctaw	010239567003036	9	0	0	1.73	0.0	0.0	Yes
AL	Choctaw	010239567003037	2	0	0	0.41	0.0	0.0	Yes
AL	Choctaw	010239567003038	93	0	0	6.86	0.0	0.0	Yes
AL	Choctaw	010239567003039	1	0	0	0.45	0.0	0.0	Yes
AL	Choctaw	010239567003040	3	0	0	0.84	0.0	0.0	Yes
AL	Choctaw	010239567003041	0	0	0	0.06	0.0	0.0	Yes
AL	Choctaw	010239567003041	0	0	0	0.06	0.0	0.0	Yes
AL	Choctaw	010239567003042	0	0	0	0.06	0.0	0.0	Yes
AL	Choctaw	010239567003043	13	0	0	0.41	0.0	0.0	Yes
AL	Choctaw	010239567003044	3	0	0	0.05	0.0	0.0	Yes
AL	Choctaw	010239567003045	7	0	0	3.88	0.0	0.0	Yes

Percentage of Total Population Reached by Service

0

Percentage of Total Road Miles covered by Service

0

