

<010> Study Area Code	258012
<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> <b>Has the information required pursuant to §54.1009 been provided with a Form 481 filing (Y/N)</b>		<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> <b><u>Carrier Contact Information</u></b> <span style="float: right;"><i>(complete attached worksheet)</i></span>	<050>	<input checked="" type="checkbox"/>
<060> <b><u>Coverage and Performance Report</u></b> <span style="float: right;"><i>(complete attached worksheet)</i></span>	<060>	<input checked="" type="checkbox"/>
<070> <b><u>Urban Rate Comparability Certification</u></b> <span style="float: right;"><i>(complete attached certification)</i></span>	<070>	<input checked="" type="checkbox"/>
<080> <b><u>Tribal Lands Reporting (y/n?)</u></b> <span style="float: right;"><i>(Does this study area cover tribal lands? Yes or No)</i></span>	<080>	<input type="radio"/> <input checked="" type="radio"/>
		<i>(if yes, complete the attached worksheet)</i>
<090> <b><u>Project Update Information</u></b> <span style="float: right;"><i>(complete attached worksheet)</i></span>	<090>	<input checked="" type="checkbox"/>
<100> <b><u>Certifications</u></b>		
<101> Reporting Carrier Certification <span style="float: right;"><i>(complete attached certification)</i></span>	<101>	<input checked="" type="checkbox"/>
<102> Agent Certification <span style="float: right;"><i>(complete attached certification)</i></span>	<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 NW 63rd, Ste 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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<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

Coverage and Performance attachments

258012_CPRd_01.zip
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<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)

Percentage of Total Population Reached by Service

0
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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:**

<b>Certification of Officer or Employee as to Compliance with 47 CFR §54.1009(a)(4)</b>	
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:**

<b>Certification of Officer or Employee to authorize an Agent to file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier</b>		
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:	258012	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:**

<b>Certification of Agent Authorized to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier</b>		
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: 06/30/2015
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:	258012	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.		

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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	796595.20
<203>	Total Mobility Fund Support Disbursed	265531.73

<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:

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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**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:	258012 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: 06/30/2015
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:	258012 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

<010>	Study Area Code	258012
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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	Perry	011056870001015	2	0	0	2.12	0.0	0.0	Yes
AL	Perry	011056870001018	36	0	0	7.71	0.0	0.0	Yes
AL	Perry	011056870001025	0	0	0	0.02	0.0	0.0	Yes
AL	Perry	011056870003005	9	0	0	2.72	0.0	0.0	Yes
AL	Perry	011056870003006	6	0	0	2.02	0.0	0.0	Yes
AL	Perry	011056870003012	9	0	0	0.92	0.0	0.0	Yes
AL	Perry	011056870003016	0	0	0	0.78	0.0	0.0	Yes
AL	Perry	011056870003017	3	0	0	4.02	0.0	0.0	Yes
AL	Perry	011056870003019	0	0	0	0.15	0.0	0.0	Yes
AL	Perry	011056870003020	0	0	0	0.09	0.0	0.0	Yes
AL	Perry	011056870003021	9	0	0	2.53	0.0	0.0	Yes
AL	Perry	011056870003024	0	0	0	0.76	0.0	0.0	Yes
AL	Perry	011056870003025	0	0	0	2.43	0.0	0.0	Yes
AL	Perry	011056870003029	2	0	0	0.75	0.0	0.0	Yes
AL	Perry	011056870003030	10	0	0	2.12	0.0	0.0	Yes
AL	Perry	011056870003031	0	0	0	1.53	0.0	0.0	Yes
AL	Perry	011056870003034	9	0	0	0.53	0.0	0.0	Yes
AL	Perry	011056870003048	0	0	0	0.27	0.0	0.0	Yes
AL	Perry	011056870003049	0	0	0	0.28	0.0	0.0	Yes
AL	Perry	011056870003050	4	0	0	1.28	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

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<020> Program Year 2015

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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	Perry	011056870003051	5	0	0	0.71	0.0	0.0	Yes
AL	Perry	011056870003053	10	0	0	1.31	0.0	0.0	Yes
AL	Perry	011056870003054	7	0	0	2.36	0.0	0.0	Yes
AL	Perry	011056870003061	0	0	0	1.22	0.0	0.0	Yes
AL	Perry	011056870003062	1	0	0	0.92	0.0	0.0	Yes
AL	Perry	011056870003066	0	0	0	2.31	0.0	0.0	Yes
AL	Perry	011056870003068	3	0	0	6.39	0.0	0.0	Yes
AL	Perry	011056870003071	3	0	0	1.22	0.0	0.0	Yes
AL	Perry	011056870003072	0	0	0	0.91	0.0	0.0	Yes
AL	Perry	011056870003073	13	0	0	1.75	0.0	0.0	Yes
AL	Perry	011056870003077	0	0	0	0.08	0.0	0.0	Yes
AL	Perry	011056870003078	0	0	0	0.1	0.0	0.0	Yes
AL	Perry	011056870003079	5	0	0	0.22	0.0	0.0	Yes
AL	Perry	011056870003090	2	0	0	0.05	0.0	0.0	Yes
AL	Perry	011056870003117	2	0	0	1.76	0.0	0.0	Yes
AL	Perry	011056870003118	4	0	0	2.16	0.0	0.0	Yes
AL	Perry	011056870003124	0	0	0	0.13	0.0	0.0	Yes
AL	Perry	011056870003132	0	0	0	0.7	0.0	0.0	Yes
AL	Perry	011056870003135	0	0	0	0.06	0.0	0.0	Yes
AL	Perry	011056870003140	0	0	0	0.77	0.0	0.0	Yes

Percentage of Total Population Reached by Service

0

Percentage of Total Road Miles covered by Service

0

