

<010> Study Area Code	258013
<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"/>
<i>(If yes, complete the attached worksheet)</i>		<div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></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 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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<140>	Coverage and Performance Report Year	01/2014 - 12/2014

Coverage and Performance attachments

258013_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)

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:	258013	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:	06/30/2015
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:	258013	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	466181.38
<203>	Total Mobility Fund Support Disbursed	155393.79

<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:	258013 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:	258013 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	Wilcox	011310347001004	0	0	0	1.11	0.0	0.0	Yes
AL	Wilcox	011310347001017	0	0	0	0.12	0.0	0.0	Yes
AL	Wilcox	011310347001019	28	0	0	0.25	0.0	0.0	Yes
AL	Wilcox	011310347001023	1	0	0	6.57	0.0	0.0	Yes
AL	Wilcox	011310347001025	3	0	0	1.53	0.0	0.0	Yes
AL	Wilcox	011310347001027	0	0	0	0.15	0.0	0.0	Yes
AL	Wilcox	011310347001030	0	0	0	1.05	0.0	0.0	Yes
AL	Wilcox	011310347001032	0	0	0	0.17	0.0	0.0	Yes
AL	Wilcox	011310347001033	28	0	0	2.45	0.0	0.0	Yes
AL	Wilcox	011310347001034	0	0	0	0.16	0.0	0.0	Yes
AL	Wilcox	011310347001035	0	0	0	0.73	0.0	0.0	Yes
AL	Wilcox	011310347001036	11	0	0	4.83	0.0	0.0	Yes
AL	Wilcox	011310347001037	0	0	0	0.08	0.0	0.0	Yes
AL	Wilcox	011310347001038	0	0	0	0.31	0.0	0.0	Yes
AL	Wilcox	011310347001039	0	0	0	0.2	0.0	0.0	Yes
AL	Wilcox	011310347001040	0	0	0	0.42	0.0	0.0	Yes
AL	Wilcox	011310347001041	21	0	0	4.71	0.0	0.0	Yes
AL	Wilcox	011310347001042	56	0	0	5.37	0.0	0.0	Yes
AL	Wilcox	011310347001043	0	0	0	1.67	0.0	0.0	Yes
AL	Wilcox	011310347001044	0	0	0	0.88	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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<140>	Coverage and Performance Report Year	01/2014 - 12/2014

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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	Wilcox	011310347001045	3	0	0	0.36	0.0	0.0	Yes
AL	Wilcox	011310347001046	0	0	0	0.14	0.0	0.0	Yes
AL	Wilcox	011310347001047	0	0	0	1.17	0.0	0.0	Yes
AL	Wilcox	011310347001048	0	0	0	0.58	0.0	0.0	Yes
AL	Wilcox	011310347001049	6	0	0	0.7	0.0	0.0	Yes
AL	Wilcox	011310347001050	6	0	0	0.9	0.0	0.0	Yes
AL	Wilcox	011310347001051	0	0	0	0.3	0.0	0.0	Yes
AL	Wilcox	011310347001052	2	0	0	0.18	0.0	0.0	Yes
AL	Wilcox	011310347001053	5	0	0	1.13	0.0	0.0	Yes
AL	Wilcox	011310347001054	0	0	0	0.2	0.0	0.0	Yes
AL	Wilcox	011310347001055	0	0	0	0.82	0.0	0.0	Yes
AL	Wilcox	011310347001056	0	0	0	1.47	0.0	0.0	Yes
AL	Wilcox	011310347001057	0	0	0	1.13	0.0	0.0	Yes
AL	Wilcox	011310347001058	54	0	0	2.25	0.0	0.0	Yes
AL	Wilcox	011310347001059	2	0	0	0.23	0.0	0.0	Yes
AL	Wilcox	011310347001060	0	0	0	0.14	0.0	0.0	Yes
AL	Wilcox	011310347001061	0	0	0	0.27	0.0	0.0	Yes
AL	Wilcox	011310347001062	4	0	0	0.76	0.0	0.0	Yes
AL	Wilcox	011310347001063	0	0	0	0.45	0.0	0.0	Yes
AL	Wilcox	011310347001064	0	0	0	0.17	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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AL	Wilcox	011310347001065	0	0	0	0.17	0.0	0.0	Yes
AL	Wilcox	011310347001066	0	0	0	0.55	0.0	0.0	Yes
AL	Wilcox	011310347001067	0	0	0	0.24	0.0	0.0	Yes
AL	Wilcox	011310347001068	0	0	0	0.23	0.0	0.0	Yes
AL	Wilcox	011310347001069	2	0	0	2.77	0.0	0.0	Yes
AL	Wilcox	011310347001070	0	0	0	0.13	0.0	0.0	Yes
AL	Wilcox	011310347001071	0	0	0	0.25	0.0	0.0	Yes
AL	Wilcox	011310347001072	0	0	0	1.09	0.0	0.0	Yes
AL	Wilcox	011310347001073	0	0	0	0.04	0.0	0.0	Yes
AL	Wilcox	011310347001074	0	0	0	1.33	0.0	0.0	Yes
AL	Wilcox	011310347001075	0	0	0	0.52	0.0	0.0	Yes
AL	Wilcox	011310347001076	0	0	0	0.18	0.0	0.0	Yes
AL	Wilcox	011310347001077	0	0	0	3.77	0.0	0.0	Yes
AL	Wilcox	011310347001079	0	0	0	0.35	0.0	0.0	Yes
AL	Wilcox	011310347001082	0	0	0	0.61	0.0	0.0	Yes
AL	Wilcox	011310347001083	0	0	0	0.59	0.0	0.0	Yes
AL	Wilcox	011310347001084	0	0	0	0.42	0.0	0.0	Yes
AL	Wilcox	011310347001085	0	0	0	0.4	0.0	0.0	Yes
AL	Wilcox	011310347001086	0	0	0	0.2	0.0	0.0	Yes
AL	Wilcox	011310347001087	3	0	0	1.34	0.0	0.0	Yes

Percentage of Total Population Reached by Service

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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	Wilcox	011310347001088	0	0	0	0.12	0.0	0.0	Yes
AL	Wilcox	011310347001089	0	0	0	1.34	0.0	0.0	Yes
AL	Wilcox	011310347001090	0	0	0	0.35	0.0	0.0	Yes
AL	Wilcox	011310347001091	4	0	0	0.5	0.0	0.0	Yes
AL	Wilcox	011310347001092	0	0	0	0.32	0.0	0.0	Yes
AL	Wilcox	011310347001093	0	0	0	0.66	0.0	0.0	Yes
AL	Wilcox	011310347001095	2	0	0	0.04	0.0	0.0	Yes
AL	Wilcox	011310347001106	0	0	0	0.52	0.0	0.0	Yes
AL	Wilcox	011310347001107	0	0	0	3.22	0.0	0.0	Yes
AL	Wilcox	011310347001108	0	0	0	0.87	0.0	0.0	Yes
AL	Wilcox	011310347001109	0	0	0	0.49	0.0	0.0	Yes
AL	Wilcox	011310347001110	0	0	0	1.34	0.0	0.0	Yes
AL	Wilcox	011310347001111	20	0	0	1.11	0.0	0.0	Yes
AL	Wilcox	011310347001112	0	0	0	0.17	0.0	0.0	Yes
AL	Wilcox	011310347001113	0	0	0	0.03	0.0	0.0	Yes
AL	Wilcox	011310347001114	0	0	0	0.07	0.0	0.0	Yes
AL	Wilcox	011310347001115	0	0	0	0.04	0.0	0.0	Yes
AL	Wilcox	011310347001116	0	0	0	0.08	0.0	0.0	Yes
AL	Wilcox	011310347001117	0	0	0	1.27	0.0	0.0	Yes
AL	Wilcox	011310347001119	0	0	0	0.08	0.0	0.0	Yes

Percentage of Total Population Reached by Service

0

Percentage of Total Road Miles covered by Service

0

