

# PUBLIC REFERENCE COPY

Mobility Fund Phase 1 - §54.1009 Annual Reporting Data Collection Form	FCC Form Approved by OMB OMB 3060-1185 Avg. Burden Estimate per Response: 18 hours
------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------

<b>&lt;010&gt; Study Area Code</b>	268011	
<b>&lt;015&gt; Study Area Name</b>	East Kentucky Network, LLC	
<b>&lt;020&gt; Program Year</b>	2015	Accepted / Filed
<b>&lt;030&gt; Contact Name: Person USAC should contact with questions about this data</b>	Todd Slamowitz	JUN 26 2015
<b>&lt;035&gt; Contact Telephone Number: Number of the person identified in data line &lt;U30&gt;</b>	7035858678 ext.	Federal Communications Commission Office of the Secretary
<b>&lt;039&gt; Contact Email: Email of the person identified in data line &lt;U30&gt;</b>	tslamowitz@fcc.gov	

(check box when complete)

<b>&lt;040&gt; 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"/>
<b>&lt;041&gt; Attach a description of the documents filed with the Form 481 reporting</b>		
<b>&lt;042&gt; Cite the Study Area Code (SAC) for the Form 481 reporting</b>		
<b>&lt;050&gt; <u>Cābēgā ŽŸ+Ādī NīŽāw ĀišēŸ</u></b>	(complete attached worksheet)	<input checked="" type="checkbox"/>
<b>&lt;060&gt; Coverage and Performance Report</b>	(complete attached worksheet)	<input checked="" type="checkbox"/>
<b>&lt;070&gt; Urban Rate Comparability Certification</b>	(complete attached certification)	<input checked="" type="checkbox"/>
<b>&lt;080&gt; Tribal Lands Reporting (y/n?)</b>	(Does this study area cover tribal lands? Yes or No)  (if yes, complete the attached worksheet)	<input type="radio"/> <input checked="" type="radio"/> <input type="checkbox"/>
<b>&lt;090&gt; Project Update Information</b>	(complete attached worksheet)	<input checked="" type="checkbox"/>
<b>&lt;100&gt; Certifications</b>		
<b>&lt;101&gt; Reporting Carrier Certification</b>	(complete attached certification)	<input checked="" type="checkbox"/>
<b>&lt;102&gt; Agent Certification</b>	(complete attached certification)	<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.

# PUBLIC REFERENCE COPY

(050) Carrier Contact Form

FCC Form 690  
Approved by OMB  
OMB Control No. 3060-1185  
Page 2 of 8

<010>	Study Area Code	268011
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035858678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com

## Reporting Carrier / Mobility Fund Phase 1 Winning Bidder

<110>	FCC Registration Number	0001786607
<111>	Filing Carrier Name	East Kentucky Network, LLC
<112>	Winning Bidder Carrier Name	East Kentucky Network, LLC
<113>	Street Address (or PO Box)	101 Technology Trail
<114>	City	Ivey
<115>	State	KY
<116>	Zip-Code	41642
<117>	Telephone Number	6068747550 ext.
<118>	Fax Number	6067912225
<119>	Email Address	mhuffman@ekn.com

## Contact Information

if same as above, indicate in this box

<120>	Name (First, MI, Last, Suffix)	Michael Huffman
<121>	Filing Carrier Name	East Kentucky Network, LLC
<122>	Street Address (or PO Box)	101 Technology Trail
<123>	City	Ivey
<124>	State	KY
<125>	Zip-Code	41642
<126>	Telephone Number	6068747550 ext.
<127>	Fax Number	6067912225
<128>	Email Address	mhuffman@ekn.com

## Authorized Agent Information

if no agent, indicate in this box

<130>	Name (First, MI, Last, Suffix)	Todd Slamowitz
<131>	Company	Lukas, Nace, Gutierrez & Sachs, LLP
<132>	Street Address (or PO Box)	8300 Greensboro Drive, Suite 1200
<133>	City	McLean
<134>	State	VA
<135>	Zip-Code	22102
<136>	Telephone Number	7035848678 ext.
<137>	Fax Number	7035848696
<138>	Email Address	tslamowitz@fcclaw.com

# PUBLIC REFERENCE COPY

(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	268011
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035858678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com
<140>	Coverage and Performance Report Year	01/2014 - 12/2014

Coverage and Performance attachments

Construction Status.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

0

# PUBLIC REFERENCE COPY

(070) Urban Rate Comparability Certification Compliance	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 4 of 8
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<010> Study Area Code	268011
<015> Study Area Name	East Kentucky Network, LLC
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035> Contact Telephone Number - Number of person identified in data line <030>	7035858678 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fccclaw.com

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>Todd Slamowitz</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: <u>Todd Slamowitz</u>	
Name of Reporting Carrier: <u>East Kentucky Network, LLC</u>	
Signature of Authorized Officer or Employee: <u>CERTIFIED ONLINE</u>	Date: <u>06/25/2015</u>
Printed name of Authorized Officer or Employee: <u>Michael Huffman</u>	
Title or position of Authorized Officer or Employee: <u>Financial Operations Director</u>	
Telephone number of Authorized Officer or Employee: <u>6068747550 ext. 1164</u>	
Study Area Code of Reporting Carrier: <u>268011</u>	Filing Due Date for this form: <u>07/01/2015</u>
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: <u>East Kentucky Network, LLC</u>	
Name of Authorized Agent or Employee of Agent: <u>Todd Slamowitz</u>	
Signature of Authorized Agent or Employee of Agent: <u>CERTIFIED ONLINE</u>	Date: <u>06/25/2015</u>
Printed name of Authorized Agent or Employee of Agent: <u>Todd Slamowitz</u>	
Title or position of Authorized Agent or Employee of Agent: <u>FCC Legal Counsel</u>	
Telephone number of Authorized Agent or Employee of Agent: <u>7035848678 ext.</u>	
Study Area Code of Reporting Carrier: <u>268011</u>	Filing Due Date for this form: <u>07/01/2015</u>
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.	

# PUBLIC REFERENCE COPY

(080) Tribal Lands Reporting	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 5 of 8
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<010>	Study Area Code	268011
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035858678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tclamowitz@fccclaw.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:

	Select (Yes, No, Not Applicable)
<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 Sting rules	
<152> Compliance with Environmental Review processes	
<153> Compliance with Cultural Preservation review processes	
<154> Compliance with Tribal Business and Licensing requirements.	

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(090) Project Update Information

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 Approved by OMB  
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<b>&lt;010&gt;</b>	Study Area Code	268011
<b>&lt;015&gt;</b>	Study Area Name	East Kentucky Network, LLC
<b>&lt;020&gt;</b>	Program Year	2015
<b>&lt;030&gt;</b>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<b>&lt;035&gt;</b>	Contact Telephone Number - Number of person identified in data line <030>	7035858678 ext.
<b>&lt;039&gt;</b>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com

<b>&lt;200&gt;</b> Date Authorized to Receive Support	07/18/2013
<b>&lt;201&gt;</b> Targeted Completion Date	07/18/2015
<b>&lt;202&gt;</b> Total Mobility Fund Support Awarded	
<b>&lt;203&gt;</b> Total Mobility Fund Support Disbursed	

**<210>** Actual Completion Date

**<211>** Project Status Description (attached) 
 Project Status Description 268004 268007  
 268009 268010 268011 268016 268017- Line  
 211.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.

<b>&lt;212&gt;</b> Status of Network Deployment - Network Design	✓
<b>&lt;213&gt;</b> Status of Network Deployment - Construction	✓
<b>&lt;214&gt;</b> Status of Network Deployment - Deployment	✓
<b>&lt;215&gt;</b> Status of Network Deployment - Maintenance	✓
<b>&lt;216&gt;</b> Project Budget Status	✓
<b>&lt;217&gt;</b> Project Plan Status	✓

**<218>** Certify Network will Support 3G/4G Mobile Service (Yes / No) 
 Yes  No

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(101) Certification - Reporting Carrier	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 7 of 8
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<010> Study Area Code	268011
<015> Study Area Name	East Kentucky Network, LLC
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035> Contact Telephone Number - Number of person identified in data line <030>	7035858678 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fclaw.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.	

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(102) Certification - Agent / Carrier

FCC Form 690  
Approved by CMB  
OMB Control No. 3060-1185  
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<010> Study Area Code	268011
<015> Study Area Name	East Kentucky Network, LLC
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035> Contact Telephone Number - Number of person identified in data line <030>	7035858678 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.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) Todd Slamowitz 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: Todd Slamowitz

Name of Reporting Carrier: East Kentucky Network, LLC

Signature of Authorized Officer: CERTIFIED ONLINE

Date: 06/25/2015

Printed name of Authorized Officer: Michael Huffman

Title or position of Authorized Officer: Financial Operations Director

Telephone number of Authorized Officer: 6068747550 ext.1164

Study Area Code of Reporting Carrier: 268011

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: East Kentucky Network, LLC

Name of Authorized Agent or Employee of Agent: Todd Slamowitz

Signature of Authorized Agent or Employee of Agent: CERTIFIED ONLINE

Date: 06/25/2015

Printed name of Authorized Agent or Employee of Agent: Todd Slamowitz

Title or position of Authorized Agent or Employee of Agent: FCC Legal Counsel

Telephone number of Authorized Agent or Employee of Agent: 7035848678 ext.

Study Area Code of Reporting Carrier: 268011

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



PUBLIC REFERENCE COPY

**FCC Form 690 - Construction Status**

East Kentucky Network, LLC did not complete any drive tests in submission format with respect to the SAC associated with this filing during the reportable period.

PUBLIC REFERENCE COPY

**East Kentucky Network, LLC**

**Project Status Description**

Pursuant to Section 54.1009(a)(6) of the Commission's rules,<sup>1</sup> East Kentucky Network, LLC ("Filer") submits that there is no material updates to its project description, included the projected budget, associated with this Study Area Code ("SAC") that was provided by Filer in its FCC Form 680 filed in conjunction with its Auction 901 winning bids.

In its FCC Form 680, Filer explained that in order to provide advanced wireless broadband service, Filer is using the proceeds from auction 901 to expand its footprint with new cell sites, and supplementing its existing network footprint with 3G service. Specifically, utilizing the 850 MHz, 1900 MHz, along with the 700 MHz spectrum band, Filer intends to provide high speed, broadband data services over 3G. Further, installation of new cell sites and the overlay of 3G will enable Filer to meet its public interest obligations to provide rural Kentucky citizens with access to advanced telecommunications and information technologies that are reasonably comparable to those available in urban areas.

As of this date Filer has substantially completed construction of its network in the eligible areas associated with this SAC. Filer anticipates that it will submit its drive testing data in conjunction with its request for final disbursement no later than the construction deadline of July 18, 2015. There are no further updates with respect to network design, construction, deployment and maintenance associated with this SAC, as set forth in Filer's FCC Form 680.

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<sup>1</sup> Section 54.1009(a)(6) provides that a winning bidder shall include "Updates to the information provided in § 54.1005(b)(2)(v).