

<010> Study Area Code	278013
<015> Study Area Name	Central Louisiana Cellular, LLC
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Ana Bataille
<035> Contact Telephone Number - Number of person identified in data line <030>	6105356911 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	abataille@celloneration.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:	Central Louisiana Cellular, LLC
Signature of Authorized Officer:	CERTIFIED ONLINE
Date:	06/24/2015
Printed name of Authorized Officer:	Ana Bataille
Title or position of Authorized Officer:	Tax & Regulatory Manager
Telephone number of Authorized Officer:	6105356911 ext.
Study Area Code of Reporting Carrier:	278013
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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<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) _____ 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:	
Name of Reporting Carrier:	
Signature of Authorized Officer or Employee:	
Date:	
Printed name of Authorized Officer or Employee:	
Title or position of Authorized Officer or Employee:	
Telephone number of Authorized Officer or Employee:	
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**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:	
Name of Authorized Agent or Employee of Agent:	
Signature of Authorized Agent or Employee of Agent:	
Date:	
Printed name of Authorized Agent or Employee of Agent:	
Title or position of Authorized Agent or Employee of Agent:	
Telephone number of Authorized Agent or Employee of Agent:	
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<039>	Contact Email Address - Email Address of person identified in data line <030>	abataille@cellionenation.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:

- <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;
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- <150> Compliance with Land Use permitting requirements
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- <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	08/08/2013
<201>	Targeted Completion Date	08/09/2015
<202>	Total Mobility Fund Support Awarded	29664.00
<203>	Total Mobility Fund Support Disbursed	9888.00

<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.

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Printed name of Authorized Officer:	Ana Bataille		
Title or position of Authorized Officer:	Tax & Regulatory Manager		
Telephone number of Authorized Officer:	6105356911 ext.		
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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) _____ 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: _____	
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: _____	
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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: _____	
Name of Authorized Agent or Employee of Agent: _____	
Signature of Authorized Agent or Employee of Agent: _____	Date: _____
Printed name of Authorized Agent or Employee of Agent: _____	
Title or position of Authorized Agent or Employee of Agent: _____	
Telephone number of Authorized Agent or Employee of Agent: _____	
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## Attachments



**FCC Form 690 – Coverage and Performance Data Update**

Central Louisiana Cellular, LLC (“Central LA” or “the Company”) has completed construction and deployment with respect to the SAC associated with this filing. Drive testing is ongoing throughout those census tracts for which the Company has been authorized to receive awards, with all drive testing and disbursement request filings to be completed in advance of the Company’s construction deadline of August 9, 2015. On or prior to that date, Central LA will submit these filings, which will include the required coverage and performance data. Please reference the Company’s disbursement request filings for additional coverage and performance information.

**Project Status Description**

**Item: SAC 278013**  
**County/State: Sabine, LA**  
**Total Award Amount: \$29,664.00**

**Project Description**

The initial Project Description for this project was filed by Central Louisiana Cellular, LLC (“Central LA” or “the Company”) on November 1, 2012, accompanying its Form 680 long form application. The Company updated this information in its 2014 Mobility Fund Phase I Annual Report, filed July 29, 2014. Both filings are incorporated herein by reference. The current update of material changes to the Project Description information previously provided for this census tract is as follows. Central LA has completed network design, construction, and deployment of the contemplated upgrades to its network. The upgrades have been tested and launched into commercial service. The network is now serving customers in this census tract with mobile broadband as well as voice services. The project remains within total amounts budgeted. The Company remains firmly committed to complying with all regulatory obligations associated with the support. Central LA has commenced its monthly, semiannual and annual maintenance reviews at each cell site, and will obtain third-party maintenance services and replacement equipment from its vendors as applicable.

<b>&lt;010&gt; Study Area Code</b>	278014	
<b>&lt;015&gt; Study Area Name</b>	Central Louisiana Cellular, LLC	<b>Accepted / Filed</b>
<b>&lt;020&gt; Program Year</b>	2015	<b>JUN 25 2015</b>
<b>&lt;030&gt; Contact Name: Person USAC should contact with questions about this data</b>	Ana Bataille	<b>Federal Communications Commission</b> <b>Office of the Secretary</b>
<b>&lt;035&gt; Contact Telephone Number: Number of the person identified in data line &lt;030&gt;</b>	6105356911 ext.	
<b>&lt;039&gt; Contact Email: Email of the person identified in data line &lt;030&gt;</b>	abataille@celloneration.com	

*(check box when complete)*

<b>&lt;040&gt; <u>Has the information required pursuant to §54.1009 been provided with a Form 481 filing (Y/N)</u></b>	<b>&lt;040&gt;</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;041&gt;</b>	
<b>&lt;042&gt; Cite the Study Area Code (SAC) for the Form 481 reporting</b>	<b>&lt;042&gt;</b>	
<b>&lt;050&gt; <u>Carrier Contact Information</u></b> <span style="float: right;"><i>(complete attached worksheet)</i></span>	<b>&lt;050&gt;</b>	<input checked="" type="checkbox"/>
<b>&lt;060&gt; <u>Coverage and Performance Report</u></b> <span style="float: right;"><i>(complete attached worksheet)</i></span>	<b>&lt;060&gt;</b>	<input checked="" type="checkbox"/>
<b>&lt;070&gt; <u>Urban Rate Comparability Certification</u></b> <span style="float: right;"><i>(complete attached certification)</i></span>	<b>&lt;070&gt;</b>	<input checked="" type="checkbox"/>
<b>&lt;080&gt; <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>		<input type="radio"/> <input checked="" type="radio"/>
<i>(If yes, complete the attached worksheet)</i>	<b>&lt;080&gt;</b>	<input type="checkbox"/>
<b>&lt;090&gt; <u>Project Update Information</u></b> <span style="float: right;"><i>(complete attached worksheet)</i></span>	<b>&lt;090&gt;</b>	<input checked="" type="checkbox"/>
<b>&lt;100&gt; <u>Certifications</u></b>		
<b>&lt;101&gt; Reporting Carrier Certification</b> <span style="float: right;"><i>(complete attached certification)</i></span>	<b>&lt;101&gt;</b>	<input checked="" type="checkbox"/>
<b>&lt;102&gt; Agent Certification</b> <span style="float: right;"><i>(complete attached certification)</i></span>	<b>&lt;102&gt;</b>	<input 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-PER, 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	0020165593
<111>	Filing Carrier Name	Central Louisiana Cellular, LLC
<112>	Winning Bidder Carrier Name	Central Louisiana Cellular, LLC
<113>	Street Address (or PO Box)	1170 Devon Park Drive, Suite 104
<114>	City	Wayne
<115>	State	PA
<116>	Zip-Code	19087
<117>	Telephone Number	6105356911 ext.
<118>	Fax Number	6106885209
<119>	Email Address	abataille@cellonenation.com

**Contact Information**

if same as above, indicate in this box



<120>	Name (First, MI, Last, Suffix)	Ana Bataille
<121>	Filing Carrier Name	Central Louisiana Cellular, LLC
<122>	Street Address (or PO Box)	1170 Devon Park Drive, Suite 104
<123>	City	Wayne
<124>	State	PA
<125>	Zip-Code	19087
<126>	Telephone Number	6105356911 ext.
<127>	Fax Number	6106885209
<128>	Email Address	abataille@cellonenation.com

**Authorized Agent Information**

if no agent, indicate in this box



<130>	Name (First, MI, Last, Suffix)	
<131>	Company	
<132>	Street Address (or PO Box)	
<133>	City	
<134>	State	
<135>	Zip-Code	
<136>	Telephone Number	
<137>	Fax Number	
<138>	Email Address	

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<140>	Coverage and Performance Report Year	08/2014 - 07/2015

278014\_CPRG\_LA.zip

Coverage and Performance attachments

<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

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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: _____	
Name of Authorized Agent or Employee of Agent: _____	
Signature of Authorized Agent or Employee of Agent: _____	Date: _____
Printed name of Authorized Agent or Employee of Agent: _____	
Title or position of Authorized Agent or Employee of Agent: _____	
Telephone number of Authorized Agent or Employee of Agent: _____	
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.	

## Attachments



**FCC Form 690 – Coverage and Performance Data Update**

Central Louisiana Cellular, LLC (“Central LA” or “the Company”) has completed construction and deployment with respect to the SAC associated with this filing. Drive testing is ongoing throughout those census tracts for which the Company has been authorized to receive awards, with all drive testing and disbursement request filings to be completed in advance of the Company’s construction deadline of August 9, 2015. On or prior to that date, Central LA will submit these filings, which will include the required coverage and performance data. Please reference the Company’s disbursement request filings for additional coverage and performance information.

**Project Status Description**

**Item: SAC 278014**  
**County/State: Sabine, LA**  
**Total Award Amount: \$108,738.00**

**Project Description**

The initial Project Description for this project was filed by Central Louisiana Cellular, LLC (“Central LA” or “the Company”) on November 1, 2012, accompanying its Form 680 long form application. The Company updated this information in its 2014 Mobility Fund Phase I Annual Report, filed July 29, 2014. Both filings are incorporated herein by reference. The current update of material changes to the Project Description information previously provided for this census tract is as follows. Central LA has completed network design, construction, and deployment of the contemplated upgrades to its network. The upgrades have been tested and launched into commercial service. The network is now serving customers in this census tract with mobile broadband as well as voice services. The project remains within total amounts budgeted. The Company remains firmly committed to complying with all regulatory obligations associated with the support. Central LA has commenced its monthly, semiannual and annual maintenance reviews at each cell site, and will obtain third-party maintenance services and replacement equipment from its vendors as applicable.

<b>&lt;010&gt; Study Area Code</b>	278015	<b>Accepted / Filed</b>
<b>&lt;015&gt; Study Area Name</b>	Central Louisiana Cellular, LLC	
<b>&lt;020&gt; Program Year</b>	2015	<b>JUN 25 2015</b>
<b>&lt;030&gt; Contact Name: Person USAC should contact with questions about this data</b>	Ana Bataille	<b>Federal Communications Commission Office of the Secretary</b>
<b>&lt;035&gt; Contact Telephone Number: Number of the person identified in data line &lt;030&gt;</b>	6105356911 ext.	
<b>&lt;039&gt; Contact Email: Email of the person identified in data line &lt;030&gt;</b>	abataille@celloneration.com	

*(check box when complete)*

<b>&lt;040&gt; <u>Has the information required pursuant to §54.1009 been provided with a Form 481 filing (Y/N)</u></b>	<040>	<input type="radio"/>	<input checked="" type="radio"/>	
<b>&lt;041&gt; Attach a description of the documents filed with the Form 481 reporting</b>	<041>			
<b>&lt;042&gt; Cite the Study Area Code (SAC) for the Form 481 reporting</b>	<042>			
<b>&lt;050&gt; <u>Carrier Contact Information</u></b>	<i>(complete attached worksheet)</i>	<050>	<input checked="" type="checkbox"/>	
<b>&lt;060&gt; <u>Coverage and Performance Report</u></b>	<i>(complete attached worksheet)</i>	<060>	<input checked="" type="checkbox"/>	
<b>&lt;070&gt; <u>Urban Rate Comparability Certification</u></b>	<i>(complete attached certification)</i>	<070>	<input checked="" type="checkbox"/>	
<b>&lt;080&gt; <u>Tribal Lands Reporting (y/n?)</u></b>	<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>		<input type="checkbox"/>	
<b>&lt;090&gt; <u>Project Update Information</u></b>	<i>(complete attached worksheet)</i>	<090>	<input checked="" type="checkbox"/>	
<b>&lt;100&gt; <u>Certifications</u></b>				
<b>&lt;101&gt; Reporting Carrier Certification</b>	<i>(complete attached certification)</i>	<101>	<input checked="" type="checkbox"/>	
<b>&lt;102&gt; Agent Certification</b>	<i>(complete attached certification)</i>	<102>	<input 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.

<010>	Study Area Code	278015
<015>	Study Area Name	Central Louisiana Cellular, LLC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Ana Bataille
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356911 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	abataille@cellonenation.com

**Reporting Carrier / Mobility Fund Phase 1 Winning Bidder**

<110>	FCC Registration Number	0020165593
<111>	Filing Carrier Name	Central Louisiana Cellular, LLC
<112>	Winning Bidder Carrier Name	Central Louisiana Cellular, LLC
<113>	Street Address (or PO Box)	1170 Devon Park Drive, Suite 104
<114>	City	Wayne
<115>	State	PA
<116>	Zip-Code	19087
<117>	Telephone Number	6105356911 ext.
<118>	Fax Number	6106885209
<119>	Email Address	abataille@cellonenation.com

**Contact Information**

if same as above, indicate in this box



<120>	Name (First, MI, Last, Suffix)	Ana Bataille
<121>	Filing Carrier Name	Central Louisiana Cellular, LLC
<122>	Street Address (or PO Box)	1170 Devon Park Drive, Suite 104
<123>	City	Wayne
<124>	State	PA
<125>	Zip-Code	19087
<126>	Telephone Number	6105356911 ext.
<127>	Fax Number	6106885209
<128>	Email Address	abataille@cellonenation.com

**Authorized Agent Information**

if no agent, indicate in this box



<130>	Name (First, MI, Last, Suffix)	
<131>	Company	
<132>	Street Address (or PO Box)	
<133>	City	
<134>	State	
<135>	Zip-Code	
<136>	Telephone Number	
<137>	Fax Number	
<138>	Email Address	



<010> Study Area Code	278015
<015> Study Area Name	Central Louisiana Cellular, LLC
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Ana Bataille
<035> Contact Telephone Number - Number of person identified in data line <030>	6105356911 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	abataille@cellonenation.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:	Central Louisiana Cellular, LLC
Signature of Authorized Officer:	CERTIFIED ONLINE <span style="float: right;">Date 06/24/2015</span>
Printed name of Authorized Officer:	Ana Bataille
Title or position of Authorized Officer:	Tax & Regulatory Manager
Telephone number of Authorized Officer:	6105356911 ext.
Study Area Code of Reporting Carrier:	278015 <span style="float: right;">Filing Due Date for this form: 07/01/2015</span>
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) _____ 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:	
Name of Reporting Carrier:	
Signature of Authorized Officer or Employee:	Date:
Printed name of Authorized Officer or Employee:	
Title or position of Authorized Officer or Employee:	
Telephone number of Authorized Officer or Employee:	
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 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:	
Name of Authorized Agent or Employee of Agent:	
Signature of Authorized Agent or Employee of Agent:	Date:
Printed name of Authorized Agent or Employee of Agent:	
Title or position of Authorized Agent or Employee of Agent:	
Telephone number of Authorized Agent or Employee of Agent:	
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.	