

8300 Greensboro Dr.  
Suite 1200  
McLean, VA 22102

(703) 584-8678  
WWW.FCCLAW.COM

**LNGS** | LUKAS,  
NACE,  
GUTIERREZ  
& SACHS, LLP

2015 JUL 1 10:00 AM  
FEDERAL COMMUNICATIONS COMMISSION

July 1, 2015

**VIA HAND DELIVERY**

Marlene H. Dortch  
Secretary  
Federal Communications Commission  
445 12th Street, S.W., Room TW-A306  
Washington, DC 20554

**ACCEPTED FOR FILING**  
**ORIGINAL**

JUL - 1 2015

Federal Communications Commission  
Office of the Secretary

**Re: FCC Form 690 – Mobility Fund Phase I, Annual Report Form  
WC Docket No. 10-208**

Dear Secretary Dortch:

On behalf of NE Colorado Cellular, Inc. dba Viaero Wireless (“Viaero”), for the States and Study Area Codes (SACs) set forth below, please find attached a public version of Viaero’s FCC Form 690 Annual Report, filed pursuant to Section 54.1009 of the Commission’s Rules (“Form 690 Report”). Each Form 690 Report had been submitted to the Universal Service Administrative Company through its E-File System.

State	SACs
Colorado	468002, 468004, 468014, 468015, 468016, and 468017
Nebraska	378001, 378002, 378003, 378004, 378006, 378012, 378013, 378014, 378015, 378017, 378018, 378019, 378020, 378021, 378022, 378023, 378024, 378025, 378028, 378029, 378030, and 378033

An additional copy of this letter has been provided, which you are requested to date-stamp and return.

No. of Copies rec'd 0  
List ABCDE

Marlene H. Dortch, Secretary  
Federal Communications Commission  
July 1, 2015  
Page 2

Please contact the undersigned at 703-584-8673 if any questions arise concerning the above-referenced enclosures or if you require any additional information.

Sincerely,

LUKAS, NACE, GUTIERREZ & SACHS, LLP



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Todd Slamowitz  
*Attorney for NE Colorado Cellular, Inc.*

Attachments

**FCC FORM 690s**  
**FOR**  
**STATE OF COLORADO**

<010> Study Area Code	468002
<015> Study Area Name	NE Colorado Cellular, Inc.
<020> Program Year	2015
<030> Contact Name: Person USAC should contact with questions about this data	Mike Felicissimo
<035> Contact Telephone Number: Number of the person identified in data line <030>	9705423605 ext.
<039> Contact Email: Email of the person identified in data line <030>	mike.felicissimo@viaero.com

**ACCEPTED/FILED**

**JUL - 1 2015**

**Federal Communications Commission  
Office of the Secretary**

(check box when complete)

<040> <b>Has the information required pursuant to §54.1009 been provided with a Form 481 filing (Y/N)</b>	<040>	<input type="radio"/> <input checked="" type="radio"/>
<041> Attach a description of the documents filed with the Form 481 reporting	<041>	<input type="text"/>
<042> Cite the Study Area Code (SAC) for the Form 481 reporting	<042>	<input type="text"/>
<050> <b>Carrier Contact Information</b> (complete attached worksheet)	<050>	<input checked="" type="checkbox"/>
<060> <b>Coverage and Performance Report</b> (complete attached worksheet)	<060>	<input checked="" type="checkbox"/>
<070> <b>Urban Rate Comparability Certification</b> (complete attached certification)	<070>	<input checked="" type="checkbox"/>
<080> <b>Tribal Lands Reporting (y/n?)</b> (Does this study area cover tribal lands? Yes or No) (If yes, complete the attached worksheet)	<080>	<input type="radio"/> <input checked="" type="radio"/>
<090> <b>Project Update Information</b> (complete attached worksheet)	<090>	<input checked="" type="checkbox"/>
<100> <b>Certifications</b>		
<101> Reporting Carrier Certification (complete attached certification)	<101>	<input checked="" type="checkbox"/>
<102> Agent Certification (complete attached certification)	<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 468002  
 <015> Study Area Name NE Colorado Cellular, Inc.  
 <020> Program Year 2015  
 <030> Contact Name - Person USAC should contact regarding this data Mike Felicissimo  
 <035> Contact Telephone Number - Number of person identified in data line <030> 9705423605 ext.  
 <039> Contact Email Address - Email Address of person identified in data line <030> mike.felicissimo@viaero.com

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

<110> FCC Registration Number 0008314569  
 <111> Filing Carrier Name NE Colorado Cellular, Inc.  
 <112> Winning Bidder Carrier Name NE Colorado Cellular, Inc.  
 <113> Street Address (or PO Box) 1224 W Platte Avenue  
 <114> City Fort Morgan  
 <115> State CO  
 <116> Zip-Code 80701  
 <117> Telephone Number 9705423605 ext.  
 <118> Fax Number 9708673589  
 <119> Email Address mike.felicissimo@viaero.com

**Contact Information**

If same as above, indicate in this box



<120> Name (First, MI, Last, Suffix) Mike Felicissimo  
 <121> Filing Carrier Name NE Colorado Cellular, Inc.  
 <122> Street Address (or PO Box) 1224 W Platte Avenue  
 <123> City Fort Morgan  
 <124> State CO  
 <125> Zip-Code 80701  
 <126> Telephone Number 9705423605 ext.  
 <127> Fax Number 9708673589  
 <128> Email Address mike.felicissimo@viaero.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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<039>	Contact Email Address - Email Address of person identified in data line <030>	mike.felicissimo@viaero.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:	NE Colorado Cellular, Inc.		
Signature of Authorized Officer:	CERTIFIED ONLINE	Date	06/30/2015
Printed name of Authorized Officer:	Mike Felicissimo		
Title or position of Authorized Officer:	Executive Vice President		
Telephone number of Authorized Officer:	9705423605 ext.		
Study Area Code of Reporting Carrier:	468002	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 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.	

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<035> Contact Telephone Number - Number of person identified in data line <030>	9705423605 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	mike.felicissimo@viaero.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;
- <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)

<010> Study Area Code	468002
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<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Mike Felicissimo
<035> Contact Telephone Number - Number of person identified in data line <030>	9705423605 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	mike.felicissimo@viaero.com

<200> Date Authorized to Receive Support	07/23/2013
<201> Targeted Completion Date	07/31/2016
<202> Total Mobility Fund Support Awarded	2209241.58
<203> Total Mobility Fund Support Disbursed	736413.86

<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 type="checkbox"/>
<216> Project Budget Status	<input type="checkbox"/>
<217> Project Plan Status	<input checked="" type="checkbox"/>

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

<010> Study Area Code	468002
<015> Study Area Name	NE Colorado Cellular, Inc.
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Mike Felicissimo
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<039> Contact Email Address - Email Address of person identified in data line <030>	mike.felicissimo@viaero.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: NE Colorado Cellular, Inc.

Signature of Authorized Officer: CERTIFIED ONLINE Date 06/30/2015

Printed name of Authorized Officer: Mike Felicissimo

Title or position of Authorized Officer: Executive Vice President

Telephone number of Authorized Officer: 9705423605 ext.

Study Area Code of Reporting Carrier: 468002 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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<020> Program Year	2015
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<039> Contact Email Address - Email Address of person identified in data line <030>	mike.felicissimo@viaero.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) _____ 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: _____	
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:**

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



<010> Study Area Code	468004	
<015> Study Area Name	NE Colorado Cellular, Inc.	
<020> Program Year	2015	
<030> Contact Name: Person USAC should contact with questions about this data	Mike Felicissimo	<b>ACCEPTED/FILED</b>
<035> Contact Telephone Number: Number of the person identified in data line <030>	9705423605 ext.	<b>JUL - 1 2015</b>
<039> Contact Email: Email of the person identified in data line <030>	mike.felicissimo@viaero.com	<b>Federal Communications Commission Office of the Secretary</b>

(check box when complete)

- |  |       |   |
|--|-------|---|
| <040> <b>Has the information required pursuant to §54.1009 been provided with a Form 481 filing (Y/N)</b>  | <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: 15px; width: 100%;"></div> |
| <050> <b>Carrier Contact Information</b> <span style="float: right; font-size: small;">(complete attached worksheet)</span>  | <050> | <input checked="" type="checkbox"/>                                     |
| <060> <b>Coverage and Performance Report</b> <span style="float: right; font-size: small;">(complete attached worksheet)</span>  | <060> | <input checked="" type="checkbox"/>                                     |
| <070> <b>Urban Rate Comparability Certification</b> <span style="float: right; font-size: small;">(complete attached certification)</span>   | <070> | <input checked="" type="checkbox"/>                                     |
| <080> <b>Tribal Lands Reporting (y/n?)</b> <span style="float: right; font-size: small;">(Does this study area cover tribal lands? Yes or No)</span><br><span style="float: right; font-size: x-small;">(If yes, complete the attached worksheet)</span> | <080> | <input type="radio"/> <input checked="" type="radio"/>                  |
| <090> <b>Project Update Information</b> <span style="float: right; font-size: small;">(complete attached worksheet)</span>   | <090> | <input checked="" type="checkbox"/>                                     |
| <100> <b>Certifications</b>  |       |   |
| <101> Reporting Carrier Certification <span style="float: right; font-size: small;">(complete attached certification)</span>   | <101> | <input checked="" type="checkbox"/>                                     |
| <102> Agent Certification <span style="float: right; font-size: small;">(complete attached certification)</span>   | <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 468004  
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 <030> Contact Name - Person USAC should contact regarding this data Mike Felicissimo  
 <035> Contact Telephone Number - Number of person identified in data line <030> 9705423605 ext.  
 <039> Contact Email Address - Email Address of person identified in data line <030> mike.felicissimo@viaero.com

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

<110> FCC Registration Number 0008314569  
 <111> Filing Carrier Name NE Colorado Cellular, Inc.  
 <112> Winning Bidder Carrier Name NE Colorado Cellular, Inc.  
 <113> Street Address (or PO Box) 1224 W Platte Avenue  
 <114> City Fort Morgan  
 <115> State CO  
 <116> Zip-Code 80701  
 <117> Telephone Number 9705423605 ext.  
 <118> Fax Number 9708673589  
 <119> Email Address mike.felicissimo@viaero.com

**Contact Information**

if same as above, indicate in this box



<120> Name (First, MI, Last, Suffix) Mike Felicissimo  
 <121> Filing Carrier Name NE Colorado Cellular, Inc.  
 <122> Street Address (or PO Box) 1224 W Platte Avenue  
 <123> City Fort Morgan  
 <124> State CO  
 <125> Zip-Code 80701  
 <126> Telephone Number 9705423605 ext.  
 <127> Fax Number 9708673589  
 <128> Email Address mike.felicissimo@viaero.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  
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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:	NE Colorado Cellular, Inc.
Signature of Authorized Officer:	CERTIFIED ONLINE
Date	06/30/2015
Printed name of Authorized Officer:	Mike Felicissimo
Title or position of Authorized Officer:	Executive Vice President
Telephone number of Authorized Officer:	9705423605 ext.
Study Area Code of Reporting Carrier:	468004
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:	
Study Area Code of Reporting Carrier:	
Filing Due Date for this form:	
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<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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<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;
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Select (Yes, No, Not Applicable)

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<035> Contact Telephone Number - Number of person identified in data line <030>	9705423605 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	mike.felicissimo@viaero.com

<200> Date Authorized to Receive Support	07/29/2013
<201> Targeted Completion Date	07/31/2016
<202> Total Mobility Fund Support Awarded	1617841.96
<203> Total Mobility Fund Support Disbursed	539280.65

<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 type="checkbox"/>
<216> Project Budget Status	<input type="checkbox"/>
<217> Project Plan Status	<input checked="" type="checkbox"/>

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

<010> Study Area Code	468004
<015> Study Area Name	NE Colorado Cellular, Inc.
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Mike Felicissimo
<035> Contact Telephone Number - Number of person identified in data line <030>	9705423605 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	mike.felicissimo@viaero.com

**TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:**

<b>Certification of Officer as to the Accuracy of the Data Reported for Mobility Fund Recipients</b>	
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:	NE Colorado Cellular, Inc.
Signature of Authorized Officer:	CERTIFIED ONLINE <span style="float: right;">Date 06/30/2015</span>
Printed name of Authorized Officer:	Mike Felicissimo
Title or position of Authorized Officer:	Executive Vice President
Telephone number of Authorized Officer:	9705423605 ext.
Study Area Code of Reporting Carrier:	468004 <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.	

<010> Study Area Code	468004
<015> Study Area Name	NE Colorado Cellular, Inc.
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Mike Felicissimo
<035> Contact Telephone Number - Number of person identified in data line <030>	9705423605 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	mike.felicissimo@viaero.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) \_\_\_\_\_ 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: \_\_\_\_\_

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:**

**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.



<010> Study Area Code 468014

<015> Study Area Name NE Colorado Cellular, Inc.

<020> Program Year 2015

<030> Contact Name: Person USAC should contact with questions about this data Mike Felicissimo

<035> Contact Telephone Number: Number of the person identified in data line <030> 9705423605 ext.

<039> Contact Email: Email of the person identified in data line <030> mike.felicissimo@viaero.com

**ACCEPTED/FILED**

**JUL - 1 2015**

**Federal Communications Commission  
Office of the Secretary**

(check box when complete)

- <040> **Has the information required pursuant to §54.1009 been provided with a Form 481 filing (Y/N)** <040>
- <041> Attach a description of the documents filed with the Form 481 reporting <041>
- <042> Cite the Study Area Code (SAC) for the Form 481 reporting <042>
- <050> **Carrier Contact Information** (complete attached worksheet) <050>
- <060> **Coverage and Performance Report** (complete attached worksheet) <060>
- <070> **Urban Rate Comparability Certification** (complete attached certification) <070>
- <080> **Tribal Lands Reporting (y/n?)** (Does this study area cover tribal lands? Yes or No)    
(If yes, complete the attached worksheet) <080>
- <090> **Project Update Information** (complete attached worksheet) <090>
- <100> **Certifications**
- <101> Reporting Carrier Certification (complete attached certification) <101>
- <102> Agent Certification (complete attached certification) <102>

**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 468014  
 <015> Study Area Name NE Colorado Cellular, Inc.  
 <020> Program Year 2015  
 <030> Contact Name - Person USAC should contact regarding this data Mike Felicissimo  
 <035> Contact Telephone Number - Number of person identified in data line <030> 9705423605 ext.  
 <039> Contact Email Address - Email Address of person identified in data line <030> mike.felicissimo@viaero.com

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

<110> FCC Registration Number 0008314569  
 <111> Filing Carrier Name NE Colorado Cellular, Inc.  
 <112> Winning Bidder Carrier Name NE Colorado Cellular, Inc.  
 <113> Street Address (or PO Box) 1224 W Platte Avenue  
 <114> City Fort Morgan  
 <115> State CO  
 <116> Zip-Code 80701  
 <117> Telephone Number 9705423605 ext.  
 <118> Fax Number 9708673589  
 <119> Email Address mike.felicissimo@viaero.com

**Contact Information**

if same as above, indicate in this box



<120> Name (First, MI, Last, Suffix) Mike Felicissimo  
 <121> Filing Carrier Name NE Colorado Cellular, Inc.  
 <122> Street Address (or PO Box) 1224 W Platte Avenue  
 <123> City Fort Morgan  
 <124> State CO  
 <125> Zip-Code 80701  
 <126> Telephone Number 9705423605 ext.  
 <127> Fax Number 9708673589  
 <128> Email Address mike.felicissimo@viaero.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