

<010> Study Area Code 378002
 <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 CA
 <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 CA
 <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

<010> Study Area Code	378002
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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:

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:	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:	378002 Filing Due Date for this form: 07/01/2015
<small>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.</small>	

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) _____ 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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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:	
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:
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<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)

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<039> Contact Email Address - Email Address of person identified in data line <030>	mike.feliciissimo@viaero.com

<200> Date Authorized to Receive Support	07/29/2013
<201> Targeted Completion Date	07/31/2016
<202> Total Mobility Fund Support Awarded	180635.58
<203> Total Mobility Fund Support Disbursed	60211.86

<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	378002
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<020> Program Year	2015
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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:	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:	378002	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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<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: _____
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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: _____
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Attachments

<010> Study Area Code	378003	
<015> Study Area Name	NE Colorado Cellular, Inc.	
<020> Program Year	2015	ACCEPTED/FILED
<030> Contact Name: Person USAC should contact with questions about this data	Mike Felicissimo	JUL - 1 2015
<035> Contact Telephone Number: Number of the person identified in data line <030>	9705423605 ext.	Federal Communications Commission Office of the Secretary
<039> Contact Email: Email of the person identified in data line <030>	mike.felicissimo@viaero.com	

(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> | |
| <042> Cite the Study Area Code (SAC) for the Form 481 reporting | <042> | |
| <050> Carrier Contact Information (complete attached worksheet) | <050> | <input checked="" type="checkbox"/> |
| <060> Coverage and Performance Report (complete attached worksheet) | <060> | <input checked="" type="checkbox"/> |
| <070> Urban Rate Comparability Certification (complete attached certification) | <070> | <input checked="" type="checkbox"/> |
| <080> Tribal Lands Reporting (y/n?) (Does this study area cover tribal lands? Yes or No) | <080> | <input type="radio"/> <input checked="" type="radio"/> |
| (If yes, complete the attached worksheet) | | <input type="checkbox"/> |
| <090> Project Update Information (complete attached worksheet) | <090> | <input checked="" type="checkbox"/> |
| <100> Certifications | | |
| <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.

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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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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:	378003 Filing Due Date for this form: 07/01/2015
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Name of Reporting Carrier:	
Signature of Authorized Officer or Employee:	Date:
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Title or position of Authorized Officer or Employee:	
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Name of Reporting Carrier:	
Name of Authorized Agent or Employee of Agent:	
Signature of Authorized Agent or Employee of Agent:	Date:
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Name of Attached Document (.pdf)

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<200> Date Authorized to Receive Support

<201> Targeted Completion Date

<202> Total Mobility Fund Support Awarded

<203> Total Mobility Fund Support Disbursed

<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
- <213> Status of Network Deployment - Construction
- <214> Status of Network Deployment - Deployment
- <215> Status of Network Deployment - Maintenance
- <216> Project Budget Status
- <217> Project Plan Status

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

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Signature of Authorized Agent or Employee of Agent: _____	Date: _____
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Title or position of Authorized Agent or Employee of Agent: _____	
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 <039> Contact Email Address - Email Address of person identified in data line <030> mike.felicissimo@viaero.com
 <140> Coverage and Performance Report Year 07/2014 - 06/2015

<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)
NE	Box Butte	310139511001032	0	0	0	0.35	0.35	0.35	Yes
NE	Box Butte	310139511001033	9	9	9	4.38	4.38	4.38	Yes
NE	Box Butte	310139511001034	0	0	0	0.23	0.23	0.23	Yes
NE	Box Butte	310139511001035	3	3	3	3.46	3.46	3.46	Yes
NE	Box Butte	310139511001036	2	2	2	0.87	0.87	0.87	Yes
NE	Box Butte	310139511001037	0	0	0	0.91	0.91	0.91	Yes
NE	Box Butte	310139511001038	11	11	11	18.27	18.27	18.27	Yes
NE	Box Butte	310139511001039	0	0	0	0.1	0.1	0.1	Yes
NE	Box Butte	310139511001041	2	2	2	0.06	0.06	0.06	Yes
NE	Box Butte	310139511001378	0	0	0	0.08	0.08	0.08	Yes
NE	Box Butte	310139511001379	4	4	4	0.14	0.14	0.14	Yes
NE	Box Butte	310139511001380	0	0	0	1.95	1.95	1.95	Yes
NE	Box Butte	310139511001383	0	0	0	0.06	0.06	0.06	Yes
NE	Box Butte	310139511001384	2	2	2	7.79	7.6	7.6	Yes
NE	Box Butte	310139511001386	6	6	6	4.85	4.85	4.85	Yes
NE	Box Butte	310139511002073	0	0	0	1.41	1.41	1.41	Yes
NE	Box Butte	310139511002075	3	3	3	0.09	0.09	0.09	Yes
NE	Box Butte	310139511002076	7	7	7	11.05	11.05	11.05	Yes
NE	Box Butte	310139511002077	0	0	0	0.11	0.11	0.11	Yes
NE	Box Butte	310139511002078	0	0	0	0.17	0.17	0.17	Yes

Percentage of Total Population Reached by Service

100

Percentage of Total Road Miles covered by Service

95

(060) Coverage and Performance Report

FCC Form 690
Approved by OMB
OMB Control No. 3060-1185

<010> Study Area Code 378003
 <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
 <140> Coverage and Performance Report Year 07/2014 - 06/2015

<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)
NE	Box Butte	310139511002079	0	0	0	2.85	2.85	2.85	Yes
NE	Box Butte	310139511002080	0	0	0	1.54	1.54	1.54	Yes
NE	Box Butte	310139511002081	0	0	0	2.56	2.56	2.56	Yes
NE	Box Butte	310139511002082	0	0	0	0.05	0.05	0.05	Yes
NE	Box Butte	310139511002083	0	0	0	11.45	11.45	11.45	Yes
NE	Box Butte	310139511002084	2	2	2	0.36	0.36	0.36	Yes
NE	Box Butte	310139511002085	0	0	0	1.58	1.58	1.58	Yes
NE	Box Butte	310139511002087	0	0	0	0.1	0.1	0.1	Yes
NE	Box Butte	310139511002254	2	2	2	0.09	0.09	0.09	Yes
NE	Box Butte	310139511002270	0	0	0	1.06	1.06	1.06	Yes
NE	Box Butte	310139511002272	0	0	0	1.36	1.36	1.36	Yes
NE	Box Butte	310139511002302	0	0	0	0.39	0.39	0.39	Yes
NE	Box Butte	310139511002303	0	0	0	1.31	1.28	1.28	Yes
NE	Box Butte	310139511002304	0	0	0	0.73	0.69	0.69	Yes
NE	Box Butte	310139511002305	0	0	0	4.36	3.83	3.83	Yes
NE	Box Butte	310139511002306	0	0	0	0.24	0.24	0.24	Yes
NE	Box Butte	310139511002307	2	2	2	3.42	3.42	3.42	Yes
NE	Box Butte	310139511002308	0	0	0	0.62	0.62	0.62	Yes
NE	Box Butte	310139511002309	0	0	0	1.09	1.03	1.03	Yes
NE	Box Butte	310139511002310	4	4	4	1.46	1.1	1.1	Yes

Percentage of Total Population Reached by Service

100

Percentage of Total Road Miles covered by Service

95

(060) Coverage and Performance Report

FCC Form 690
Approved by OMB
OMB Control No. 3060-1185

<010> Study Area Code 378003
 <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
 <140> Coverage and Performance Report Year 07/2014 - 06/2015

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)
NE	Box Butte	310139511002311	0	0	0	0.69	0.36	0.36	Yes
NE	Box Butte	310139511002312	0	0	0	0.16	0.16	0.16	Yes
NE	Box Butte	310139511002313	3	3	3	5.17	4.91	4.91	Yes
NE	Box Butte	310139511002316	9	9	9	0.44	0.44	0.44	Yes
NE	Box Butte	310139511002318	0	0	0	0.28	0.28	0.28	Yes
NE	Box Butte	310139511002319	0	0	0	0.44	0.44	0.44	Yes
NE	Box Butte	310139511002320	0	0	0	2.17	1.51	1.51	Yes
NE	Box Butte	310139511002321	0	0	0	1.45	1.45	1.45	Yes
NE	Box Butte	310139511002322	0	0	0	0.52	0.52	0.52	Yes
NE	Box Butte	310139511002323	0	0	0	0.04	0.04	0.04	Yes
NE	Box Butte	310139511002324	0	0	0	0.76	0.76	0.76	Yes
NE	Box Butte	310139511002325	0	0	0	0.06	0.06	0.06	Yes
NE	Box Butte	310139511002326	0	0	0	0.19	0.19	0.19	Yes
NE	Box Butte	310139511002327	0	0	0	0.31	0.31	0.31	Yes
NE	Box Butte	310139511002328	0	0	0	0.71	0.71	0.71	Yes
NE	Box Butte	310139511002329	0	0	0	5.69	2.85	2.85	Yes
NE	Box Butte	310139511002330	0	0	0	0.81	0.18	0.18	Yes
NE	Box Butte	310139511002408	0	0	0	0.08	0.08	0.08	Yes

Percentage of Total Population Reached by Service

100

Percentage of Total Road Miles covered by Service

95

<010> Study Area Code	378004	ACCEPTED/FILED
<015> Study Area Name	NE Colorado Cellular, Inc.	
<020> Program Year	2015	JUL - 1 2015
<030> Contact Name: Person USAC should contact with questions about this data	Mike Felicissimo	Federal Communications Commission Office of the Secretary
<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	

(check box when complete)

<040> Has the information required pursuant to §54.1009 been provided with a Form 481 filing (Y/N)		<input type="radio"/> <input checked="" type="radio"/>
<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> <input checked="" type="checkbox"/>
<060> Coverage and Performance Report (complete attached worksheet)		<060> <input checked="" type="checkbox"/>
<070> Urban Rate Comparability Certification (complete attached certification)		<070> <input checked="" type="checkbox"/>
<080> Tribal Lands Reporting (y/n?) (Does this study area cover tribal lands? Yes or No)		<080> <input type="radio"/> <input checked="" type="radio"/>
		(If yes, complete the attached worksheet)
<090> Project Update Information (complete attached worksheet)		<090> <input checked="" type="checkbox"/>
<100> Certifications		
<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 378004
 <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 9704673137 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 9704673137 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

<010> Study Area Code	378004
<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 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:	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:	378004
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:

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) _____ 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:

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:	
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.	