



June 20, 2014

Ms. Marlene H. Dortch  
Office of the Secretary  
Federal Communications Commission  
445 12<sup>th</sup> Street SW  
Washington, D.C. 20554

**RE: WC Docket No. 10-90: Annual Reporting Requirements for High-Cost Recipients §54.313**

Dear Madam,

Pursuant to 47 C.F.R. §54.313 of the Federal Communications Commission's rules, enclosed please find the 2014 annual reporting requirements and certifications, FCC Form 481, for Sagebrush Cellular, Inc. , Study Area Code 389013.

Should you have any questions regarding this filing, please contact Twyla Holum via email at [twyla.holum@nemont.coop](mailto:twyla.holum@nemont.coop) or by phone at 1-800-636-6680.

Sincerely,

A handwritten signature in black ink that reads 'Twyla Holum'. The signature is written in a cursive, flowing style.

Twyla Holum  
Regulatory Compliance Coordinator

Enclosures

cc: Mr. Charles Tyler, FCC Telecommunications Access Policy Division  
North Dakota Public Service Commission

<010>	Study Area Code	389013
<015>	Study Area Name	Sagebrush Cellular, Inc.
<020>	Program Year	2015
<030>	Contact Name: Person USAC should contact with questions about this data	TWYLA HOLUM
<035>	Contact Telephone Number: Number of the person identified in data line <030>	4067832264 ext.0
<039>	Contact Email Address: Email of the person identified in data line <030>	twyla.holum@nemont.coop

<b>ANNUAL REPORTING FOR ALL CARRIERS</b>	54,313 Completion Required	54,422 Completion Required
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			(check box when complete)	
<100>	Service Quality Improvement Reporting	<i>(complete attached worksheet)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<200>	Outage Reporting (voice)	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210>	<input checked="" type="checkbox"/> ← check box if no outages to report		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<300>	Unfulfilled Service Requests (voice)	<input type="text" value="0"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<310>	Detail on Attempts (voice)	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> <i>(attach descriptive document)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<320>	Unfulfilled Service Requests (broadband)	<input type="text" value="0"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<330>	Detail on Attempts (broadband)	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> <i>(attach descriptive document)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<400>	Number of Complaints per 1,000 customers (voice)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<410>	Fixed	<input type="text" value="0.0"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<420>	Mobile	<input type="text" value="0.0"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<430>	Number of Complaints per 1,000 customers (broadband)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<440>	Fixed	<input type="text" value="0.0"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<450>	Mobile	<input type="text" value="0.0"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<500>	Service Quality Standards & Consumer Protection Rules Compliance	<i>(check to indicate certification)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510>	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> <i>(attached descriptive document)</i>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600>	Functionality in Emergency Situations	<i>(check to indicate certification)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610>	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> <i>(attached descriptive document)</i>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700>	Company Price Offerings (voice)	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<710>	Company Price Offerings (broadband)	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<800>	Operating Companies and Affiliates	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900>	Tribal Land Offerings (Y/N)?	<input checked="" type="radio"/> <input type="radio"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1000>	Voice Services Rate Comparability	<i>(check to indicate certification)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<1010>	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> <i>(attach descriptive document)</i>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<1100>	Terrestrial Backhaul (Y/N)?	<input type="radio"/> <input checked="" type="radio"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1110>		<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1200>	Terms and Condition for Lifeline Customers	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

<b>Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet</b>		
<i>Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers</i>		
<2000>	<i>(check to indicate certification)</i>	<input type="checkbox"/>
<2005>	<i>(complete attached worksheet)</i>	<input type="checkbox"/>
<b>Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet</b>		
<3000>	<i>(check to indicate certification)</i>	<input type="checkbox"/>
<3005>	<i>(complete attached worksheet)</i>	<input type="checkbox"/>

<b>(100) Service Quality Improvement Reporting Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	385013
<015>	Study Area Name	Sagebrush Cellular, Inc.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact <b>regarding this data</b>	TWYLA HOUCK
<035>	Contact Telephone Number - Number of person identified in data line <030>	4367832264 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	twyla.houck@emont.coop

<110>	Has your company received its ETC certification from the FCC?	(yes / no) <input type="radio"/> <input checked="" type="radio"/>
<111>	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes / no) <input type="radio"/> <input type="radio"/>

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a){1}. If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Name of Attached Document

Please check these boxes below to confirm that the attached documents(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

- <113> Maps detailing progress towards meeting plan targets
- <114> Report how much universal service (USF) support was received
- <115> How (USF) was used to improve service quality
- <116> How (USF) was used to improve service coverage
- <117> How (USF) was used to improve service capacity
- <118> Provide an explanation of network improvement targets not met in the prior calendar year.










<b>(900) Tribal Lands Reporting Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	389013
<015>	Study Area Name	Sagebrush Cellular, Inc.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	TWYLA HOLUM
<035>	Contact Telephone Number - Number of person identified in data line <030>	4067832264 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	twyla.holum@nemont.coop

<910> Tribal Land(s) on which ETC Serves

TURTLE MOUNTAIN TRIBAL ALLOTTED LAND

<920> Tribal Government Engagement Obligation

389013nd920.pdf

Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select (Yes, No, NA)
NA
NA

**(1100) No Terrestrial Backhaul Reporting  
Data Collection Form**

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<010>	Study Area Code	389013
<015>	Study Area Name	Sagebrush Cellular, Inc.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	TWYLA HOLUM
<035>	Contact Telephone Number - Number of person identified in data line <030>	4067832264 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	twyla.holum@nemont.coop

<1120> Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G)

<1130> Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G)

<b>(1200) Terms and Condition for Lifeline Customers</b> <b>Lifeline</b> <b>Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	369013
<015>	Study Area Name	Sagebrush Cellular, Inc.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	TWYLA HELUM
<035>	Contact Telephone Number - Number of person identified in data line <030>	4067832264 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	twyla.helum@remont.coop

<1210> Terms & Conditions of Voice Telephony Lifeline Plans



Name of Attached Document

<1220> Link to Public Website

HTTP [remont.net/telephone.assistance.php](http://remont.net/telephone.assistance.php)

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- <1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,
- <1222> Details on the number of minutes provided as part of the plan,
- <1223> Additional charges for toll calls, and rates for each such plan.

<b>(2000) Price Cap Carrier Additional Documentation</b> Data Collection Form <i>Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers</i>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	389013
<015>	Study Area Name	Sagebrush Cellular, Inc.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	TWYLA HOLUM
<035>	Contact Telephone Number - Number of person identified in data line <030>	4067832264 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	twyla.holum@nemont.coop

**CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.**

**Incremental Connect America Phase I reporting**

- <2010>
2nd Year Certification {47 CFR § 54.313(b)(1)}
- <2011>
3rd Year Certification {47 CFR § 54.313(b)(2)}

**Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}**

- <2012>
2013 Frozen Support Certification
- <2013>
2014 Frozen Support Certification
- <2014>
2015 Frozen Support Certification
- <2015>
2016 and future Frozen Support Certification

**Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}**

- <2016>
Certification Support Used to Build Broadband

**Connect America Phase II Reporting {47 CFR § 54.313(e)}**

- <2017>
3rd year Broadband Service Certification
- <2018>
5th year Broadband Service Certification
- <2019>
Interim Progress Certification
- <2020>

Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

- <2021>
Interim Progress Community Anchor Institutions

Name of Attached Document Listing Required Information

<b>(3000) Rate Of Return Carrier Additional Documentation</b> Data Collection Form	FCC Form 451 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	389013
<015> Study Area Name	Sagebrush Cellular, Inc.
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	TWYLA HOLUM
<035> Contact Telephone Number - Number of person identified in data line <030>	4067832264 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	twyla.holum@nemont.coop

**CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.**

(3010) Progress Report on 5 Year Plan Milestone Certification (47 CFR § 54.313(f)(1)(i))

Name of Attached Document Listing Required Information

(3011) Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

(3012) Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))

Name of Attached Document Listing Required Information

(3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))

(3014) If yes, does your company file the RUS annual report (Yes/No)  (Yes)  (No)

Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

(3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)

(3016) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

(3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation

Name of Attached Document Listing Required Information

(3018) If the response is no on line 3014, is your company audited? (Yes/No)  (Yes)  (No)

If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

(3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications

(3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

(3021) Management letter issued by the independent certified public accountant that performed the company's financial audit.

If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

(3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,

(3023) Underlying information subjected to a review by an independent certified public accountant

(3024) Underlying information subjected to an officer certification.

(3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

(3026) Attach the worksheet listing required information

Name of Attached Document Listing Required Information

<b>Certification - Reporting Carrier Data Collection Form:</b>	FCC Form 481 OMB Control No. 3060-0985/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	389013
<015> Study Area Name	Sagebrush Cellular, Inc.
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	TWYLA HOLDM
<035> Contact Telephone Number - Number of person identified in data line <030>	4067832264 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	Lwyla.holdm@nemonl.coop

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

<b>Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LJ Recipients</b>	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier: Sagebrush Cellular, Inc.	
Signature of Authorized Officer: CERTIFIED ONLINE	Date: 06/26/2014
Printed name of Authorized Officer: Romi Sun	
Title or position of Authorized Officer: CEO	
Telephone number of Authorized Officer: 4067832359 ext.	
Study Area Code of Reporting Carrier: 389013	Filing Due Date for this form: 07/01/2014
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

**Annual Reporting for High-Cost Recipients**  
**47 C.F.R. §54.313**  
**Sagebrush Cellular, Inc.**

**§54.313(a)(5) - COMPLIANCE WITH SERVICE QUALITY STANDARDS AND CONSUMER PROTECTION RULES**

Sagebrush Cellular, Inc. is in compliance with consumer protection rules of the Federal Communications Commission and the Montana and North Dakota Public Utilities Commissions for voice service. At this time the Montana and North Dakota Public Utilities Commissions have not "adopted" the FCC QoS Standards. Sagebrush Cellular, Inc. complies with all FCC and Montana Public Service Commission protection rules and reporting requirements; as well as CTIA protection rules. These include; annual Do-Not-Call rules/notifications to subscribers, filing of Hearing Aid Compatibility Status Reports, Opt-Out letters sent annually to customers, filing of Annual RCCI certification for Accessibility, and new employee and annual employee/company CPNI/Red Flag Training and certification. An explanation of our CPNI practices and FAQ's, as well as other consumer protection information and where to file complaints can be found at [www.nemont.net/consumer-info.php](http://www.nemont.net/consumer-info.php). CTIA compliance information can be found at [www.nemont.net/wireless.php](http://www.nemont.net/wireless.php).

**Annual Reporting for High-Cost Recipients**  
**47 C.F.R. §54.313**  
**Sagebrush Cellular, Inc.**

**§54.313(a)(6) – ABILITY TO FUNCTION IN EMERGENCY SITUATIONS**

Sagebrush Cellular, Inc. has a reasonable amount of back-up power to ensure functionality of voice services without an external power source. Buildings and Central Offices are equipped with UPS using battery backup and standalone generators. Cell sites are equipped with at least 8 hours of battery backup and plug in's for portable generators. The Company is able to reroute cellular traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations. Sagebrush Cellular, Inc. is fully protected for all cellular traffic which will fail over to the redundant path in case of an emergency or maintenance. All network transport is designed and installed in a redundant, geo diverse, ring architecture that will automatically fail over in case of a disruption in service.







**Annual Reporting for High-Cost Recipients**  
**47 C.F.R. §54.313**  
**Sagebrush Cellular, Inc.**

**§54.313(a)(9) - COMPLIANCE WITH TRIBAL OUTREACH AND LICENSING REQUIREMENTS**

Sagebrush Cellular, Inc., Study Area Code 389013, provides services to some Turtle Mountain tribal allotted land in North Dakota. Sagebrush Cellular, Inc. has requested meetings to discuss additional requirements listed in the USF/ICC Transformation Order regarding Tribal Engagements; however, Sagebrush Cellular, Inc. has not received any responses from Turtle Mountain Tribal officials.