

<010> Study Area Code	498003
<015> Study Area Name	Leaco Rural Telephone Cooperative, Inc.
<020> Program Year	2014
<030> Contact Name: Person USAC should contact with questions about this data	Dale Snider
<035> Contact Telephone Number: Number of the person identified in data line <030>	5754334301 ext.
<039> Contact Email: Email of the person identified in data line <030>	dsnider@leaco.org

*(check box when complete)*

<040> <b>Has the information required pursuant to §54.1009 been provided with a Form 481 filing (Y/N)</b>		<input type="radio"/> <input checked="" type="radio"/>
<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>
<043> Cite the date of the Form 481 reporting	<043>	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>
<050> <b>Carrier Contact Information</b> <small>(has the contact info. changed since prior filing? Yes or No)</small>		<input checked="" type="radio"/> <input type="radio"/>
<small>(if yes, complete the attached worksheet)</small>	<050>	<input checked="" type="checkbox"/>
<060> <b>Coverage and Performance Report</b> <small>(complete attached worksheet)</small>	<060>	<input checked="" type="checkbox"/>
<070> <b>Urban Rate Comparability Certification</b> <small>(complete attached certification)</small>	<070>	<input checked="" type="checkbox"/>
<080> <b>Tribal Lands Reporting (y/n?)</b> <small>(Does this study area cover tribal lands? Yes or No)</small>		<input type="radio"/> <input checked="" type="radio"/>
<small>(if yes, complete the attached worksheet)</small>	<080>	<input type="checkbox"/>
<090> <b>Project Update Information</b> <small>(complete attached worksheet)</small>	<090>	<input checked="" type="checkbox"/>
<100> <b>Certifications</b>		
<101> Reporting Carrier Certification <small>(complete attached certification)</small>	<101>	<input checked="" type="checkbox"/>
<102> Agent Certification <small>(complete attached certification)</small>	<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	0005476186
<111>	Filing Carrier Name	Leaco Rural Telephone Cooperative, Inc
<112>	Winning Bidder Carrier Name	Leaco Rural Telephone Cooperative, Inc
<113>	Street Address (or PO Box)	220 West Broadway
<114>	City	Hobbs
<115>	State	NM
<116>	Zip-Code	88240
<117>	Telephone Number	5754334303 ext.
<118>	Fax Number	5754334354
<119>	Email Address	sapplin@leaco.org

**Contact Information**

if same as above, indicate in this box

<120>	Name (First, MI, Last, Suffix)	Sidney W. Applin
<121>	Filing Carrier Name	Leaco Rural Telephone Cooperative, Inc.
<122>	Street Address (or PO Box)	220 West Broadway
<123>	City	Hobbs
<124>	State	NM
<125>	Zip-Code	88240
<126>	Telephone Number	5754334303 ext.
<127>	Fax Number	5754334354
<128>	Email Address	sapplin@leaco.org

**Authorized Agent Information**

if no agent, indicate in this box

<120>	Name (First, MI, Last, Suffix)	
<121>	Company	
<122>	Street Address (or PO Box)	
<123>	City	
<124>	State	
<125>	Zip-Code	
<126>	Telephone Number	
<127>	Fax Number	
<128>	Email Address	

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<140>	Coverage and Performance Report Year	06/2013 - 03/2015

Electronic Shapefiles attachments   
*Name of Attached Document (.zip)*

Drive Test Results attachments   
*Name of Attached Document (.zip)*

Scattered Site Test Results attachments   
*Name of Attached Document (.zip)*

<141>	<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<c1>	<c2>	<c3>	<d>	<e>	<f>
	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 Electronic Shapefiles are uploaded (yes/no)	Certify that Drive Test Results are uploaded (yes/no)	Certify that Scattered Site Tests are uploaded (yes/no)
				-- See attached worksheet								
				--								

Percentage of Total Population Reached by Service

Percentage of Total Road Miles covered by Service

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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:	Leaco Rural Telephone Cooperative, Inc.
Signature of Authorized Officer:	CERTIFIED ONLINE Date 07/29/2014
Printed name of Authorized Officer:	Dale Snider
Title or position of Authorized Officer:	Chief Financial Officer
Telephone number of Authorized Officer:	5754334301 ext.
Study Area Code of Reporting Carrier:	498003 Filing Due Date for this form: 07/31/2014
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.	

**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:
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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:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
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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, NA) for each of these boxes to confirm the status described on the attached PDF, on line 145, demonstrates coordination with the Tribal government pursuant to § 54.1004 includes:

	Select (Yes, No, NA)
<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.	

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<200>	Date Authorized to Receive Support	<input type="text" value="10/03/2012"/>
<201>	Targeted Completion Date	<input type="text" value="06/30/2015"/>
<202>	Total Mobility Fund Support Awarded	<input type="text" value="118337.34"/>
<203>	Total Mobility Fund Support Disbursed	<input type="text" value="39445.78"/>
<204>	Support Applied to Network Design	<input type="text" value="22139.22"/>
<205>	Support Applied to Construction	<input type="text" value="3724.79"/>
<206>	Support Applied to Deployment	<input type="text"/>
<207>	Support Applied to Maintenance	<input type="text"/>
<208>	Certify Network will Support 3G Mobile Service (Yes / No)	<input checked="" type="radio"/> <input type="radio"/>
<209>	Certify Network will Support 4G Mobile Service (Yes / No)	<input type="radio"/> <input checked="" type="radio"/>
<210>	Actual Completion Date	<input type="text"/>
<211>	Project Status Description (attached)	<input type="text" value="498003_PSD_NM.pdf"/> <i>{Name of PDF attached}</i>

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"/>

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

**Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for Mobility Fund Recipients**

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual 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: Leaco Rural Telephone Cooperative, Inc.

Signature of Authorized Officer: CERTIFIED ONLINE Date 07/29/2014

Printed name of Authorized Officer: Dale Snider

Title or position of Authorized Officer: Chief Financial Officer

Telephone number of Authorized Officer: 5754334301 ext.

Study Area Code of Reporting Carrier: 498003 Filing Due Date for this form: 07/31/2014

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**TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:**

Certification of Officer to Authorize an Agent to File Annual Reports 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 annual 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 Annual Reports for Mobility Fund Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual 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

(060) Coverage and Performance Report

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

<010>	Study Area Code	498003
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<140>	Coverage and Performance Report Year	06/2013 - 03/2015

<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<c1>	<c2>	<c3>	<d>	<e>	<f>
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 Electronic Shapefiles are uploaded (yes/no)	Certify that Drive Test Results are uploaded (yes/no)	Certify that Scattered Site Tests are uploaded (yes/no)
NM	Chaves	350050013002154	172	0	0	11.86	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002273	0	0	0	0.67	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002300	0	0	0	1.63	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002325	0	0	0	1.8	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002003	0	0	0	1.44	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002314	0	0	0	0.06	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002296	0	0	0	1.56	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002301	0	0	0	1.66	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002322	0	0	0	0.51	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002264	0	0	0	0.69	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002311	0	0	0	1.64	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002262	0	0	0	0.38	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002231	0	0	0	0.44	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002279	0	0	0	2.45	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002048	0	0	0	1.78	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002280	0	0	0	2.11	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002176	0	0	0	1.97	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002271	0	0	0	2.39	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002173	0	0	0	3.6	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002393	0	0	0	0.2	0.0	0.0	Yes	Yes	No

Percentage of Total Population Reached by Service

0

Percentage of Total Road Miles covered by Service

0

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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 Electronic Shapefiles are uploaded (yes/no)	Certify that Drive Test Results are uploaded (yes/no)	Certify that Scattered Site Tests are uploaded (yes/no)
NM	Chaves	350050013002172	0	0	0	2.05	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002175	0	0	0	1.04	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002184	0	0	0	3.62	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002290	0	0	0	0.59	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002209	0	0	0	1.28	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002164	0	0	0	1.95	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002298	295	0	0	1.08	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002181	0	0	0	0.76	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002337	0	0	0	0.35	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002310	0	0	0	2.4	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002308	0	0	0	0.2	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002169	0	0	0	0.78	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002000	0	0	0	1.86	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002263	0	0	0	0.58	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002317	0	0	0	0.24	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002212	0	0	0	2.53	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002288	0	0	0	1.29	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002293	0	0	0	0.11	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002278	0	0	0	0.17	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002307	0	0	0	3.68	0.0	0.0	Yes	Yes	No

Percentage of Total Population Reached by Service

0

Percentage of Total Road Miles covered by Service

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NM	Chaves	350050013002313	0	0	0	0.33	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002332	0	0	0	1.25	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002304	0	0	0	1.26	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002297	0	0	0	0.32	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002269	0	0	0	1.01	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002281	0	0	0	1.42	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002321	0	0	0	2.07	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002272	0	0	0	0.46	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002265	0	0	0	2.6	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002270	0	0	0	0.44	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002185	0	0	0	6.78	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002324	0	0	0	1.26	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002043	0	0	0	1.29	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002170	0	0	0	0.93	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002331	3	0	0	3.48	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002299	2	0	0	0.99	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002155	13	0	0	0.71	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002178	0	0	0	0.56	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002182	0	0	0	0.43	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002295	0	0	0	0.12	0.0	0.0	Yes	Yes	No

Percentage of Total Population Reached by Service

0

Percentage of Total Road Miles covered by Service

0

(060) Coverage and Performance Report

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

<010>	Study Area Code	498003
<015>	Study Area Name	Leaco Rural Telephone Cooperative, Inc.
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Dale Snider
<035>	Contact Telephone Number - Number of person identified in data line <030>	5754334301 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	dsnider@leaco.org
<140>	Coverage and Performance Report Year	06/2013 - 03/2015

<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<c1>	<c2>	<c3>	<d>	<e>	<f>
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 Electronic Shapefiles are uploaded (yes/no)	Certify that Drive Test Results are uploaded (yes/no)	Certify that Scattered Site Tests are uploaded (yes/no)
NM	Chaves	350050013002261	0	0	0	5.77	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002303	0	0	0	0.45	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002282	0	0	0	1.79	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002042	0	0	0	1.74	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002277	0	0	0	2.09	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002336	0	0	0	1.58	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002335	4	0	0	1.56	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002189	0	0	0	0.24	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002183	0	0	0	2.33	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002326	0	0	0	0.75	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002210	0	0	0	1.09	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002268	0	0	0	1.82	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002177	0	0	0	4.81	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002318	0	0	0	0.55	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002171	0	0	0	0.93	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002186	0	0	0	1.74	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002401	0	0	0	1.62	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002302	0	0	0	5.83	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002276	0	0	0	0.81	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002005	0	0	0	2.59	0.0	0.0	Yes	Yes	No

Percentage of Total Population Reached by Service

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Percentage of Total Road Miles covered by Service

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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 Electronic Shapefiles are uploaded (yes/no)	Certify that Drive Test Results are uploaded (yes/no)	Certify that Scattered Site Tests are uploaded (yes/no)
NM	Chaves	350050013002266	0	0	0	2.11	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002168	0	0	0	0.11	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002267	10	0	0	2.68	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002312	0	0	0	1.64	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002285	0	0	0	0.88	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002156	9	0	0	0.47	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002319	0	0	0	1.11	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002294	0	0	0	0.49	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002161	17	0	0	5.07	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002287	0	0	0	1.21	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002320	0	0	0	0.18	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002041	0	0	0	1.2	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002284	0	0	0	4.14	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002292	0	0	0	0.19	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002286	0	0	0	0.13	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002179	0	0	0	1.05	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002410	0	0	0	0.02	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002315	2	0	0	1.24	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002162	0	0	0	4.24	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002034	0	0	0	2.34	0.0	0.0	Yes	Yes	No

Percentage of Total Population Reached by Service

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NM	Chaves	350050013002082	0	0	0	0.56	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002306	0	0	0	0.34	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002211	0	0	0	1.19	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002283	0	0	0	0.85	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002167	2	0	0	2.33	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002291	0	0	0	0.46	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002275	0	0	0	2.29	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002187	0	0	0	2.9	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002334	0	0	0	1.02	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002188	0	0	0	0.96	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002305	0	0	0	0.01	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002274	0	0	0	0.12	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002001	4	0	0	2.37	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002333	0	0	0	1.22	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002035	0	0	0	2.07	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002044	0	0	0	0.79	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002329	0	0	0	3.19	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002327	0	0	0	0.22	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002323	0	0	0	0.16	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002174	0	0	0	1.68	0.0	0.0	Yes	Yes	No

Percentage of Total Population Reached by Service

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<140>	Coverage and Performance Report Year	06/2013 - 03/2015

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NM	Chaves	350050013002160	0	0	0	0.23	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002309	0	0	0	0.14	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002180	0	0	0	0.86	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002316	0	0	0	2.64	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002328	0	0	0	1.47	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002036	0	0	0	2.89	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002330	7	0	0	1.12	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002289	0	0	0	0.42	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002338	0	0	0	0.02	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002154	172	0	0	11.86	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002273	0	0	0	0.67	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002300	0	0	0	1.63	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002325	0	0	0	1.8	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002003	0	0	0	1.44	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002314	0	0	0	0.06	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002296	0	0	0	1.56	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002301	0	0	0	1.66	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002322	0	0	0	0.51	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002264	0	0	0	0.69	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002311	0	0	0	1.64	0.0	0.0	Yes	Yes	No

Percentage of Total Population Reached by Service

0

Percentage of Total Road Miles covered by Service

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<140>	Coverage and Performance Report Year	06/2013 - 03/2015

<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<c1>	<c2>	<c3>	<d>	<e>	<f>
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 Electronic Shapefiles are uploaded (yes/no)	Certify that Drive Test Results are uploaded (yes/no)	Certify that Scattered Site Tests are uploaded (yes/no)
NM	Chaves	350050013002262	0	0	0	0.38	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002231	0	0	0	0.44	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002279	0	0	0	2.45	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002048	0	0	0	1.78	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002280	0	0	0	2.11	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002176	0	0	0	1.97	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002271	0	0	0	2.39	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002173	0	0	0	3.6	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002393	0	0	0	0.2	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002172	0	0	0	2.05	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002175	0	0	0	1.04	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002184	0	0	0	3.62	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002290	0	0	0	0.59	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002209	0	0	0	1.28	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002164	0	0	0	1.95	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002298	295	0	0	1.08	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002181	0	0	0	0.76	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002337	0	0	0	0.35	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002310	0	0	0	2.4	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002308	0	0	0	0.2	0.0	0.0	Yes	Yes	No

Percentage of Total Population Reached by Service

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Percentage of Total Road Miles covered by Service

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NM	Chaves	350050013002169	0	0	0	0.78	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002000	0	0	0	1.86	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002263	0	0	0	0.58	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002317	0	0	0	0.24	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002212	0	0	0	2.53	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002288	0	0	0	1.29	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002293	0	0	0	0.11	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002278	0	0	0	0.17	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002307	0	0	0	3.68	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002313	0	0	0	0.33	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002332	0	0	0	1.25	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002304	0	0	0	1.26	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002297	0	0	0	0.32	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002269	0	0	0	1.01	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002281	0	0	0	1.42	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002321	0	0	0	2.07	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002272	0	0	0	0.46	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002265	0	0	0	2.6	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002270	0	0	0	0.44	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002185	0	0	0	6.78	0.0	0.0	Yes	Yes	No

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NM	Chaves	350050013002324	0	0	0	1.26	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002043	0	0	0	1.29	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002170	0	0	0	0.93	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002331	3	0	0	3.48	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002299	2	0	0	0.99	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002155	13	0	0	0.71	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002178	0	0	0	0.56	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002182	0	0	0	0.43	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002295	0	0	0	0.12	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002261	0	0	0	5.77	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002303	0	0	0	0.45	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002282	0	0	0	1.79	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002042	0	0	0	1.74	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002277	0	0	0	2.09	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002336	0	0	0	1.58	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002335	4	0	0	1.56	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002189	0	0	0	0.24	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002183	0	0	0	2.33	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002326	0	0	0	0.75	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002210	0	0	0	1.09	0.0	0.0	Yes	Yes	No

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<035>	Contact Telephone Number - Number of person identified in data line <030>	5754334301 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	dsnider@leaco.org
<140>	Coverage and Performance Report Year	06/2013 - 03/2015

<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<c1>	<c2>	<c3>	<d>	<e>	<f>
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 Electronic Shapefiles are uploaded (yes/no)	Certify that Drive Test Results are uploaded (yes/no)	Certify that Scattered Site Tests are uploaded (yes/no)
NM	Chaves	350050013002268	0	0	0	1.82	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002177	0	0	0	4.81	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002318	0	0	0	0.55	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002171	0	0	0	0.93	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002186	0	0	0	1.74	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002401	0	0	0	1.62	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002302	0	0	0	5.83	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002276	0	0	0	0.81	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002005	0	0	0	2.59	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002266	0	0	0	2.11	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002168	0	0	0	0.11	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002267	10	0	0	2.68	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002312	0	0	0	1.64	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002285	0	0	0	0.88	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002156	9	0	0	0.47	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002319	0	0	0	1.11	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002294	0	0	0	0.49	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002161	17	0	0	5.07	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002287	0	0	0	1.21	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002320	0	0	0	0.18	0.0	0.0	Yes	Yes	No

Percentage of Total Population Reached by Service

0

Percentage of Total Road Miles covered by Service

0

(060) Coverage and Performance Report

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

<010>	Study Area Code	498003
<015>	Study Area Name	Leaco Rural Telephone Cooperative, Inc.
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Dale Snider
<035>	Contact Telephone Number - Number of person identified in data line <030>	5754334301 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	dsnider@leaco.org
<140>	Coverage and Performance Report Year	06/2013 - 03/2015

<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<c1>	<c2>	<c3>	<d>	<e>	<f>
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NM	Chaves	350050013002041	0	0	0	1.2	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002284	0	0	0	4.14	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002292	0	0	0	0.19	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002286	0	0	0	0.13	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002179	0	0	0	1.05	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002410	0	0	0	0.02	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002315	2	0	0	1.24	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002162	0	0	0	4.24	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002034	0	0	0	2.34	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002082	0	0	0	0.56	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002306	0	0	0	0.34	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002211	0	0	0	1.19	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002283	0	0	0	0.85	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002167	2	0	0	2.33	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002291	0	0	0	0.46	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002275	0	0	0	2.29	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002187	0	0	0	2.9	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002334	0	0	0	1.02	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002188	0	0	0	0.96	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002305	0	0	0	0.01	0.0	0.0	Yes	Yes	No

Percentage of Total Population Reached by Service

0

Percentage of Total Road Miles covered by Service

0

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NM	Chaves	350050013002274	0	0	0	0.12	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002001	4	0	0	2.37	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002333	0	0	0	1.22	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002035	0	0	0	2.07	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002044	0	0	0	0.79	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002329	0	0	0	3.19	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002327	0	0	0	0.22	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002323	0	0	0	0.16	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002174	0	0	0	1.68	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002160	0	0	0	0.23	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002309	0	0	0	0.14	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002180	0	0	0	0.86	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002316	0	0	0	2.64	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002328	0	0	0	1.47	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002036	0	0	0	2.89	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002330	7	0	0	1.12	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002289	0	0	0	0.42	0.0	0.0	Yes	Yes	No
NM	Chaves	350050013002338	0	0	0	0.02	0.0	0.0	Yes	Yes	No

Percentage of Total Population Reached by Service

0

Percentage of Total Road Miles covered by Service

0