Mobility Fund
Phase 1 - §54.1009 Annual Reporting
Data Collection Form

FCC Form
Approved by OMB
OMB 3060-1185
Avg. Burden Estimate per Respondent: 18 Hours

<010>	Study Area Code	498009
<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> **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>

<043> Cite the date of the Form 481 reporting <043>

<050> **Carrier Contact Information** *(has the contact info. changed since prior filing? Yes or No)* ● ○

(If yes, complete the 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.

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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 - 12/2013

Electronic Shapefiles attachments: 498009_CPRd_NM.zip

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: 0

Percentage of Total Road Miles covered by Service: 0

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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: 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: 498009 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:

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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<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	06/07/2013
<201>	Targeted Completion Date	03/31/2015
<202>	Total Mobility Fund Support Awarded	1868.61
<203>	Total Mobility Fund Support Disbursed	622.87
<204>	Support Applied to Network Design	349.59
<205>	Support Applied to Construction	58.82
<206>	Support Applied to Deployment	
<207>	Support Applied to Maintenance	
<208>	Certify Network will Support 3G Mobile Service (Yes / No)	◉ ○
<209>	Certify Network will Support 4G Mobile Service (Yes / No)	○ ◉
<210>	Actual Completion Date	
<211>	Project Status Description (attached)	498009_PSD_NM.pdf *{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	✓

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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: 498009 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:

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 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:

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

(060) Coverage and Performance Report

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

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<140>	Coverage and Performance Report Year	06/2013 - 12/2013

<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)**
NM	Lea	350250007012047	0	0	0	0.52	0.0	0.0	Yes	No	No
NM	Lea	350250007012000	0	0	0	1.15	0.0	0.0	Yes	No	No
NM	Lea	350250007012001	1	0	0	0.39	0.0	0.0	Yes	No	No
NM	Lea	350250007012002	0	0	0	1.07	0.0	0.0	Yes	No	No

Percentage of Total Population Reached by Service: 0

Percentage of Total Road Miles covered by Service: 0