

<010> Study Area Code	498011
<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)		<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> Carrier Contact Information <small><i>(has the contact info. changed since prior filing? Yes or No)</i></small>		<input checked="" type="radio"/> <input type="radio"/>
<small><i>(if yes, complete the attached worksheet)</i></small>	<050>	<input checked="" type="checkbox"/>
<060> Coverage and Performance Report <small><i>(complete attached worksheet)</i></small>	<060>	<input checked="" type="checkbox"/>
<070> Urban Rate Comparability Certification <small><i>(complete attached certification)</i></small>	<070>	<input checked="" type="checkbox"/>
<080> Tribal Lands Reporting (y/n?) <small><i>(Does this study area cover tribal lands? Yes or No)</i></small>		<input type="radio"/> <input checked="" type="radio"/>
<small><i>(if yes, complete the attached worksheet)</i></small>	<080>	<input type="checkbox"/>
<090> Project Update Information <small><i>(complete attached worksheet)</i></small>	<090>	<input checked="" type="checkbox"/>
<100> Certifications		
<101> Reporting Carrier Certification <small><i>(complete attached certification)</i></small>	<101>	<input checked="" type="checkbox"/>
<102> Agent Certification <small><i>(complete attached certification)</i></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 - 06/2013

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:

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:	498011 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:	
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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="367943.04"/>
<203>	Total Mobility Fund Support Disbursed	<input type="text" value="122647.68"/>
<204>	Support Applied to Network Design	<input type="text" value="68836.86"/>
<205>	Support Applied to Construction	<input type="text" value="11581.39"/>
<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="498011_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: 498011 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	498011
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<140>	Coverage and Performance Report Year	06/2013 - 06/2013

<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	350250009001920	0	0	0	0.38	0.0	0.0	Yes	No	No
NM	Lea	350250009001374	0	0	0	1.88	0.0	0.0	Yes	No	No
NM	Lea	350250009001337	0	0	0	4.52	0.0	0.0	Yes	No	No
NM	Lea	350250009001342	0	0	0	4.17	0.0	0.0	Yes	No	No
NM	Lea	350250009001330	0	0	0	0.67	0.0	0.0	Yes	No	No
NM	Lea	350250009001934	0	0	0	0.36	0.0	0.0	Yes	No	No
NM	Lea	350250009001883	0	0	0	1.19	0.0	0.0	Yes	No	No
NM	Lea	350250009001981	0	0	0	0.45	0.0	0.0	Yes	No	No
NM	Lea	350250009001186	0	0	0	2.39	0.0	0.0	Yes	No	No
NM	Lea	350250009001797	0	0	0	9.78	0.0	0.0	Yes	No	No
NM	Lea	350250009001973	0	0	0	2.23	0.0	0.0	Yes	No	No
NM	Lea	350250009001321	0	0	0	1.59	0.0	0.0	Yes	No	No
NM	Lea	350250009001368	0	0	0	4.67	0.0	0.0	Yes	No	No
NM	Lea	350250009001260	0	0	0	0.78	0.0	0.0	Yes	No	No
NM	Lea	350250009001392	0	0	0	1.82	0.0	0.0	Yes	No	No
NM	Lea	350250009001891	0	0	0	2.48	0.0	0.0	Yes	No	No
NM	Lea	350250009001333	0	0	0	0.11	0.0	0.0	Yes	No	No
NM	Lea	350250009001970	0	0	0	0.91	0.0	0.0	Yes	No	No
NM	Lea	350250009001295	0	0	0	10.82	0.0	0.0	Yes	No	No
NM	Lea	350250009001918	0	0	0	0.46	0.0	0.0	Yes	No	No

Percentage of Total Population Reached by Service

0

Percentage of Total Road Miles covered by Service

0

(060) Coverage and Performance Report

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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	Lea	350250009001151	0	0	0	3.87	0.0	0.0	Yes	No	No
NM	Lea	350250009001952	0	0	0	0.32	0.0	0.0	Yes	No	No
NM	Lea	350250009001454	0	0	0	0.36	0.0	0.0	Yes	No	No
NM	Lea	350250009001388	0	0	0	1.58	0.0	0.0	Yes	No	No
NM	Lea	350250009001469	3	0	0	22.71	0.0	0.0	Yes	No	No
NM	Lea	350250009001331	0	0	0	0.72	0.0	0.0	Yes	No	No
NM	Lea	350250009001464	0	0	0	3.69	0.0	0.0	Yes	No	No
NM	Lea	350250009001366	0	0	0	2.29	0.0	0.0	Yes	No	No
NM	Lea	350250009001258	0	0	0	31.42	0.0	0.0	Yes	No	No
NM	Lea	350250009001904	0	0	0	1.56	0.0	0.0	Yes	No	No
NM	Lea	350250009001390	0	0	0	4.65	0.0	0.0	Yes	No	No
NM	Lea	350250009001334	0	0	0	1.29	0.0	0.0	Yes	No	No
NM	Lea	350250009001480	0	0	0	2.09	0.0	0.0	Yes	No	No
NM	Lea	350250009001457	0	0	0	0.4	0.0	0.0	Yes	No	No
NM	Lea	350250009001340	0	0	0	0.16	0.0	0.0	Yes	No	No
NM	Lea	350250009001785	0	0	0	1.13	0.0	0.0	Yes	No	No
NM	Lea	350250009001338	0	0	0	0.13	0.0	0.0	Yes	No	No
NM	Lea	350250009001315	0	0	0	0.05	0.0	0.0	Yes	No	No
NM	Lea	350250009001300	0	0	0	0.23	0.0	0.0	Yes	No	No
NM	Lea	350250009001436	1	0	0	18.98	0.0	0.0	Yes	No	No

Percentage of Total Population Reached by Service

0

Percentage of Total Road Miles covered by Service

0

(060) Coverage and Performance Report

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NM	Lea	350250009001967	0	0	0	1.2	0.0	0.0	Yes	No	No
NM	Lea	350250009001314	0	0	0	2.55	0.0	0.0	Yes	No	No
NM	Lea	350250009001881	2	0	0	0.63	0.0	0.0	Yes	No	No
NM	Lea	350250009001963	0	0	0	5.39	0.0	0.0	Yes	No	No
NM	Lea	350250009001267	0	0	0	0.91	0.0	0.0	Yes	No	No
NM	Lea	350250009001308	0	0	0	1.76	0.0	0.0	Yes	No	No
NM	Lea	350250009001439	0	0	0	0.25	0.0	0.0	Yes	No	No
NM	Lea	350250009001222	0	0	0	1.05	0.0	0.0	Yes	No	No
NM	Lea	350250009001814	0	0	0	0.15	0.0	0.0	Yes	No	No
NM	Lea	350250009001399	0	0	0	0.48	0.0	0.0	Yes	No	No
NM	Lea	350250009001266	0	0	0	1.75	0.0	0.0	Yes	No	No
NM	Lea	350250009001927	0	0	0	0.43	0.0	0.0	Yes	No	No
NM	Lea	350250009001954	0	0	0	0.07	0.0	0.0	Yes	No	No
NM	Lea	350250009001249	0	0	0	1.75	0.0	0.0	Yes	No	No
NM	Lea	350250009001924	0	0	0	0.92	0.0	0.0	Yes	No	No
NM	Lea	350250009001265	0	0	0	2.38	0.0	0.0	Yes	No	No
NM	Lea	350250009001923	0	0	0	0.69	0.0	0.0	Yes	No	No
NM	Lea	350250009001358	2	0	0	1.73	0.0	0.0	Yes	No	No
NM	Lea	350250009001799	0	0	0	1.07	0.0	0.0	Yes	No	No
NM	Lea	350250009001913	0	0	0	1.58	0.0	0.0	Yes	No	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	498011
<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 - 06/2013

<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	350250009001372	0	0	0	1.08	0.0	0.0	Yes	No	No
NM	Lea	350250009001929	0	0	0	0.06	0.0	0.0	Yes	No	No
NM	Lea	350250009001293	0	0	0	0.05	0.0	0.0	Yes	No	No
NM	Lea	350250009001950	0	0	0	0.41	0.0	0.0	Yes	No	No
NM	Lea	350250009001481	0	0	0	9.07	0.0	0.0	Yes	No	No
NM	Lea	350250009001188	0	0	0	0.03	0.0	0.0	Yes	No	No
NM	Lea	350250009001391	0	0	0	8.93	0.0	0.0	Yes	No	No
NM	Lea	350250009001219	10	0	0	0.95	0.0	0.0	Yes	No	No
NM	Lea	350250009001227	0	0	0	0.1	0.0	0.0	Yes	No	No
NM	Lea	350250009001812	0	0	0	4.55	0.0	0.0	Yes	No	No
NM	Lea	350250009001356	0	0	0	2.1	0.0	0.0	Yes	No	No
NM	Lea	350250009001310	0	0	0	1.54	0.0	0.0	Yes	No	No
NM	Lea	350250009001440	0	0	0	3.42	0.0	0.0	Yes	No	No
NM	Lea	350250009001447	0	0	0	0.58	0.0	0.0	Yes	No	No
NM	Lea	350250009001917	0	0	0	0.49	0.0	0.0	Yes	No	No
NM	Lea	350250009001341	0	0	0	0.47	0.0	0.0	Yes	No	No
NM	Lea	350250009001335	0	0	0	2.18	0.0	0.0	Yes	No	No
NM	Lea	350250009001382	0	0	0	0.46	0.0	0.0	Yes	No	No
NM	Lea	350250009001322	0	0	0	0.05	0.0	0.0	Yes	No	No
NM	Lea	350250009001254	0	0	0	0.05	0.0	0.0	Yes	No	No

Percentage of Total Population Reached by Service

0

Percentage of Total Road Miles covered by Service

0

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

<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	350250009001367	0	0	0	6.11	0.0	0.0	Yes	No	No
NM	Lea	350250009001474	0	0	0	1.16	0.0	0.0	Yes	No	No
NM	Lea	350250009001336	0	0	0	14.14	0.0	0.0	Yes	No	No
NM	Lea	350250009001306	0	0	0	1.62	0.0	0.0	Yes	No	No
NM	Lea	350250009001974	0	0	0	3.25	0.0	0.0	Yes	No	No
NM	Lea	350250009001256	0	0	0	4.85	0.0	0.0	Yes	No	No
NM	Lea	350250009001463	0	0	0	1.89	0.0	0.0	Yes	No	No
NM	Lea	350250009001218	0	0	0	1.35	0.0	0.0	Yes	No	No
NM	Lea	350250009001328	0	0	0	0.66	0.0	0.0	Yes	No	No
NM	Lea	350250009001291	0	0	0	0.4	0.0	0.0	Yes	No	No
NM	Lea	350250009001905	0	0	0	2.03	0.0	0.0	Yes	No	No
NM	Lea	350250009001935	0	0	0	0.66	0.0	0.0	Yes	No	No
NM	Lea	350250009001389	0	0	0	0.32	0.0	0.0	Yes	No	No
NM	Lea	350250009001448	0	0	0	3.84	0.0	0.0	Yes	No	No
NM	Lea	350250009001468	0	0	0	0.31	0.0	0.0	Yes	No	No
NM	Lea	350250009001287	0	0	0	28.56	0.0	0.0	Yes	No	No
NM	Lea	350250009001313	0	0	0	9.9	0.0	0.0	Yes	No	No
NM	Lea	350250009001931	0	0	0	2.93	0.0	0.0	Yes	No	No
NM	Lea	350250009001479	0	0	0	1.8	0.0	0.0	Yes	No	No
NM	Lea	350250009001437	0	0	0	0.23	0.0	0.0	Yes	No	No

Percentage of Total Population Reached by Service

0

Percentage of Total Road Miles covered by Service

0

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

<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	350250009001932	0	0	0	0.56	0.0	0.0	Yes	No	No
NM	Lea	350250009001813	0	0	0	3.88	0.0	0.0	Yes	No	No
NM	Lea	350250009001467	0	0	0	13.66	0.0	0.0	Yes	No	No
NM	Lea	350250009001478	0	0	0	1.27	0.0	0.0	Yes	No	No
NM	Lea	350250009001450	0	0	0	0.58	0.0	0.0	Yes	No	No
NM	Lea	350250009001147	0	0	0	3.37	0.0	0.0	Yes	No	No
NM	Lea	350250009001818	0	0	0	2.26	0.0	0.0	Yes	No	No
NM	Lea	350250009001961	0	0	0	1.54	0.0	0.0	Yes	No	No
NM	Lea	350250009001369	0	0	0	1.55	0.0	0.0	Yes	No	No
NM	Lea	350250009001964	0	0	0	0.22	0.0	0.0	Yes	No	No
NM	Lea	350250009001979	0	0	0	0.93	0.0	0.0	Yes	No	No
NM	Lea	350250009001483	0	0	0	5.88	0.0	0.0	Yes	No	No
NM	Lea	350250009001969	0	0	0	3.61	0.0	0.0	Yes	No	No
NM	Lea	350250009001224	0	0	0	1.74	0.0	0.0	Yes	No	No
NM	Lea	350250009001304	0	0	0	2.02	0.0	0.0	Yes	No	No
NM	Lea	350250009001914	0	0	0	3.95	0.0	0.0	Yes	No	No
NM	Lea	350250009001370	0	0	0	10.36	0.0	0.0	Yes	No	No
NM	Lea	350250009001226	0	0	0	2.37	0.0	0.0	Yes	No	No
NM	Lea	350250009001811	0	0	0	17.43	0.0	0.0	Yes	No	No
NM	Lea	350250009001332	0	0	0	1.86	0.0	0.0	Yes	No	No

Percentage of Total Population Reached by Service

0

Percentage of Total Road Miles covered by Service

0

(060) Coverage and Performance Report

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

<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	350250009001903	0	0	0	3.76	0.0	0.0	Yes	No	No
NM	Lea	350250009001329	0	0	0	0.83	0.0	0.0	Yes	No	No
NM	Lea	350250009001937	0	0	0	1.57	0.0	0.0	Yes	No	No
NM	Lea	350250009001971	0	0	0	0.73	0.0	0.0	Yes	No	No
NM	Lea	350250009001938	0	0	0	3.36	0.0	0.0	Yes	No	No
NM	Lea	350250009001912	0	0	0	2.11	0.0	0.0	Yes	No	No
NM	Lea	350250009001826	0	0	0	2.89	0.0	0.0	Yes	No	No
NM	Lea	350250009001893	0	0	0	0.73	0.0	0.0	Yes	No	No
NM	Lea	350250009001371	0	0	0	2.33	0.0	0.0	Yes	No	No
NM	Lea	350250009001951	0	0	0	5.2	0.0	0.0	Yes	No	No
NM	Lea	350250009001161	0	0	0	0.06	0.0	0.0	Yes	No	No
NM	Lea	350250009001984	0	0	0	0.86	0.0	0.0	Yes	No	No
NM	Lea	350250009001307	0	0	0	0.58	0.0	0.0	Yes	No	No
NM	Lea	350250009001452	0	0	0	0.67	0.0	0.0	Yes	No	No
NM	Lea	350250009001484	0	0	0	4.05	0.0	0.0	Yes	No	No
NM	Lea	350250009001145	0	0	0	0.78	0.0	0.0	Yes	No	No
NM	Lea	350250009001477	2	0	0	1.94	0.0	0.0	Yes	No	No
NM	Lea	350250009001253	0	0	0	11.6	0.0	0.0	Yes	No	No
NM	Lea	350250009001911	0	0	0	2.97	0.0	0.0	Yes	No	No
NM	Lea	350250009001251	0	0	0	2.09	0.0	0.0	Yes	No	No

Percentage of Total Population Reached by Service

0

Percentage of Total Road Miles covered by Service

0

(060) Coverage and Performance Report

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<010> Study Area Code 498011
 <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 - 06/2013

<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	350250009001360	0	0	0	8.19	0.0	0.0	Yes	No	No
NM	Lea	350250009001378	0	0	0	2.09	0.0	0.0	Yes	No	No
NM	Lea	350250009001292	0	0	0	2.73	0.0	0.0	Yes	No	No
NM	Lea	350250009001908	0	0	0	1.16	0.0	0.0	Yes	No	No
NM	Lea	350250009001925	0	0	0	4.19	0.0	0.0	Yes	No	No
NM	Lea	350250009001361	0	0	0	0.85	0.0	0.0	Yes	No	No
NM	Lea	350250009001365	0	0	0	1.2	0.0	0.0	Yes	No	No
NM	Lea	350250009001882	0	0	0	0.25	0.0	0.0	Yes	No	No
NM	Lea	350250009001189	0	0	0	2.43	0.0	0.0	Yes	No	No
NM	Lea	350250009001916	0	0	0	0.16	0.0	0.0	Yes	No	No
NM	Lea	350250009001221	0	0	0	1.18	0.0	0.0	Yes	No	No
NM	Lea	350250009001982	0	0	0	0.99	0.0	0.0	Yes	No	No
NM	Lea	350250009001241	0	0	0	16.7	0.0	0.0	Yes	No	No
NM	Lea	350250009001309	0	0	0	0.08	0.0	0.0	Yes	No	No
NM	Lea	350250009001375	0	0	0	2.73	0.0	0.0	Yes	No	No
NM	Lea	350250009001936	0	0	0	0.36	0.0	0.0	Yes	No	No
NM	Lea	350250009001344	0	0	0	3.14	0.0	0.0	Yes	No	No
NM	Lea	350250009001930	0	0	0	2.19	0.0	0.0	Yes	No	No
NM	Lea	350250009001456	0	0	0	1.04	0.0	0.0	Yes	No	No
NM	Lea	350250009001225	0	0	0	4.63	0.0	0.0	Yes	No	No

Percentage of Total Population Reached by Service

0

Percentage of Total Road Miles covered by Service

0

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<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<c1>	<c2>	<c3>	<d>	<e>	<f>
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NM	Lea	350250009001473	0	0	0	0.79	0.0	0.0	Yes	No	No
NM	Lea	350250009001926	0	0	0	0.75	0.0	0.0	Yes	No	No
NM	Lea	350250009001290	0	0	0	39.0	0.0	0.0	Yes	No	No
NM	Lea	350250009001302	0	0	0	4.76	0.0	0.0	Yes	No	No
NM	Lea	350250009001476	0	0	0	0.2	0.0	0.0	Yes	No	No
NM	Lea	350250009001345	0	0	0	0.52	0.0	0.0	Yes	No	No
NM	Lea	350250009001949	0	0	0	0.29	0.0	0.0	Yes	No	No
NM	Lea	350250009001289	0	0	0	8.54	0.0	0.0	Yes	No	No
NM	Lea	350250009001939	0	0	0	0.14	0.0	0.0	Yes	No	No
NM	Lea	350250009001962	0	0	0	0.53	0.0	0.0	Yes	No	No
NM	Lea	350250009001922	0	0	0	0.66	0.0	0.0	Yes	No	No
NM	Lea	350250009001465	0	0	0	8.99	0.0	0.0	Yes	No	No
NM	Lea	350250009001919	0	0	0	0.69	0.0	0.0	Yes	No	No
NM	Lea	350250009001884	0	0	0	1.19	0.0	0.0	Yes	No	No
NM	Lea	350250009001968	0	0	0	1.05	0.0	0.0	Yes	No	No
NM	Lea	350250009001223	0	0	0	0.58	0.0	0.0	Yes	No	No
NM	Lea	350250009001252	0	0	0	1.36	0.0	0.0	Yes	No	No
NM	Lea	350250009001297	0	0	0	1.22	0.0	0.0	Yes	No	No
NM	Lea	350250009001475	0	0	0	3.74	0.0	0.0	Yes	No	No
NM	Lea	350250009001438	0	0	0	2.66	0.0	0.0	Yes	No	No

Percentage of Total Population Reached by Service

0

Percentage of Total Road Miles covered by Service

0

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<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<c1>	<c2>	<c3>	<d>	<e>	<f>
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NM	Lea	350250009001928	0	0	0	0.67	0.0	0.0	Yes	No	No
NM	Lea	350250009001387	0	0	0	6.29	0.0	0.0	Yes	No	No
NM	Lea	350250009001343	0	0	0	4.39	0.0	0.0	Yes	No	No
NM	Lea	350250009001162	0	0	0	0.45	0.0	0.0	Yes	No	No
NM	Lea	350250009001250	0	0	0	4.17	0.0	0.0	Yes	No	No
NM	Lea	350250009001953	0	0	0	0.96	0.0	0.0	Yes	No	No
NM	Lea	350250009001921	0	0	0	0.83	0.0	0.0	Yes	No	No
NM	Lea	350250009001472	0	0	0	0.19	0.0	0.0	Yes	No	No
NM	Lea	350250009001466	0	0	0	9.89	0.0	0.0	Yes	No	No
NM	Lea	350250009001795	0	0	0	0.04	0.0	0.0	Yes	No	No
NM	Lea	350250009001453	0	0	0	0.7	0.0	0.0	Yes	No	No
NM	Lea	350250009001357	0	0	0	2.37	0.0	0.0	Yes	No	No
NM	Lea	350250009001449	0	0	0	0.78	0.0	0.0	Yes	No	No
NM	Lea	350250009001259	0	0	0	0.12	0.0	0.0	Yes	No	No
NM	Lea	350250009001255	0	0	0	0.89	0.0	0.0	Yes	No	No
NM	Lea	350250009001972	0	0	0	0.32	0.0	0.0	Yes	No	No
NM	Lea	350250009001892	0	0	0	1.13	0.0	0.0	Yes	No	No
NM	Lea	350250009001301	0	0	0	3.48	0.0	0.0	Yes	No	No
NM	Lea	350250009001825	0	0	0	0.37	0.0	0.0	Yes	No	No
NM	Lea	350250009001294	0	0	0	12.58	0.0	0.0	Yes	No	No

Percentage of Total Population Reached by Service

0

Percentage of Total Road Miles covered by Service

0

