

<010> Study Area Code	388001
<015> Study Area Name	Sagebrush Cellular, Inc.
<020> Program Year	2014
<030> Contact Name: Person USAC should contact with questions about this data	Remi Sun
<035> Contact Telephone Number: Number of the person identified in data line <030>	4067832200 ext.
<039> Contact Email: Email of the person identified in data line <030>	remi.sun@nemont.coop

(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;"></div>
<042> Cite the Study Area Code (SAC) for the Form 481 reporting	<042>	<div style="border: 1px solid black; height: 15px;"></div>
<043> Cite the date of the Form 481 reporting	<043>	<div style="border: 1px solid black; height: 15px;"></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	0001608645
<111>	Filing Carrier Name	Sagebrush Cellular, Inc.
<112>	Winning Bidder Carrier Name	Sagebrush Cellular, Inc.
<113>	Street Address (or PO Box)	61 Hwy 13 South/PO Box 600
<114>	City	Scobey
<115>	State	MT
<116>	Zip-Code	59263-0600
<117>	Telephone Number	4067832200 ext.
<118>	Fax Number	4067835276
<119>	Email Address	remi.sun@nemont.coop

Contact Information

if same as above, indicate in this box



<120>	Name (First, MI, Last, Suffix)	Remi Sun
<121>	Filing Carrier Name	Sagebrush Cellular, Inc.
<122>	Street Address (or PO Box)	61 Hwy 13 South/PO Box 600
<123>	City	Scobey
<124>	State	MT
<125>	Zip-Code	59263-0600
<126>	Telephone Number	4067832200 ext.
<127>	Fax Number	4067835276
<128>	Email Address	remi.sun@nemont.coop

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	01/2014 - 12/2014

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:	Sagebrush Cellular, Inc.
Signature of Authorized Officer:	CERTIFIED ONLINE Date 07/30/2014
Printed name of Authorized Officer:	Remi Sun
Title or position of Authorized Officer:	CFO
Telephone number of Authorized Officer:	4067832200 ext.
Study Area Code of Reporting Carrier:	388001 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	<input type="text" value="06/20/2013"/>
<201>	Targeted Completion Date	<input type="text" value="06/21/2015"/>
<202>	Total Mobility Fund Support Awarded	<input type="text" value="782380.0"/>
<203>	Total Mobility Fund Support Disbursed	<input type="text" value="260793.33"/>
<204>	Support Applied to Network Design	<input type="text"/>
<205>	Support Applied to Construction	<input type="text"/>
<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="388001_PSD_38 (Form 690 Project Status).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:	Sagebrush Cellular, Inc.	
Signature of Authorized Officer:	CERTIFIED ONLINE	Date 07/30/2014
Printed name of Authorized Officer:	Remi Sun	
Title or position of Authorized Officer:	CFO	
Telephone number of Authorized Officer:	4067832200 ext.	
Study Area Code of Reporting Carrier:	388001	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

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<140>	Coverage and Performance Report Year	01/2014 - 12/2014

<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)
ND	Divide	380239545001342	0	0	0	1.95	0.0	0.0	Yes	No	No
ND	Divide	380239545001528	0	0	0	0.98	0.0	0.0	Yes	No	No
ND	Divide	380239545001413	0	0	0	1.99	0.0	0.0	Yes	No	No
ND	Divide	380239545001351	0	0	0	1.47	0.0	0.0	Yes	No	No
ND	Divide	380239545001615	2	0	0	1.81	0.0	0.0	Yes	No	No
ND	Divide	380239545001500	0	0	0	0.57	0.0	0.0	Yes	No	No
ND	Divide	380239545001290	0	0	0	0.07	0.0	0.0	Yes	No	No
ND	Divide	380239545001337	0	0	0	2.46	0.0	0.0	Yes	No	No
ND	Divide	380239545001503	0	0	0	2.51	0.0	0.0	Yes	No	No
ND	Divide	380239545001478	3	0	0	2.65	0.0	0.0	Yes	No	No
ND	Divide	380239545001194	0	0	0	2.22	0.0	0.0	Yes	No	No
ND	Divide	380239545001609	0	0	0	1.83	0.0	0.0	Yes	No	No
ND	Divide	380239545001176	0	0	0	4.14	0.0	0.0	Yes	No	No
ND	Divide	380239545001474	0	0	0	1.43	0.0	0.0	Yes	No	No
ND	Divide	380239545001236	0	0	0	0.13	0.0	0.0	Yes	No	No
ND	Divide	380239545001475	0	0	0	0.97	0.0	0.0	Yes	No	No
ND	Divide	380239545001305	0	0	0	1.93	0.0	0.0	Yes	No	No
ND	Divide	380239545001481	0	0	0	2.05	0.0	0.0	Yes	No	No
ND	Divide	380239545001415	0	0	0	2.17	0.0	0.0	Yes	No	No
ND	Divide	380239545001288	0	0	0	0.1	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>
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)
ND	Divide	380239545001226	0	0	0	2.32	0.0	0.0	Yes	No	No
ND	Divide	380239545001891	0	0	0	2.21	0.0	0.0	Yes	No	No
ND	Divide	380239545001235	0	0	0	7.33	0.0	0.0	Yes	No	No
ND	Divide	380239545001230	0	0	0	0.07	0.0	0.0	Yes	No	No
ND	Divide	380239545001219	0	0	0	3.82	0.0	0.0	Yes	No	No
ND	Divide	380239545001340	0	0	0	2.44	0.0	0.0	Yes	No	No
ND	Divide	380239545001465	4	0	0	3.22	0.0	0.0	Yes	No	No
ND	Divide	380239545001884	0	0	0	0.12	0.0	0.0	Yes	No	No
ND	Divide	380239545001564	0	0	0	2.75	0.0	0.0	Yes	No	No
ND	Divide	380239545001881	0	0	0	0.26	0.0	0.0	Yes	No	No
ND	Divide	380239545001561	0	0	0	3.59	0.0	0.0	Yes	No	No
ND	Divide	380239545001352	0	0	0	1.6	0.0	0.0	Yes	No	No
ND	Divide	380239545001295	1	0	0	3.06	0.0	0.0	Yes	No	No
ND	Divide	380239545001892	2	0	0	0.13	0.0	0.0	Yes	No	No
ND	Divide	380239545001423	0	0	0	0.46	0.0	0.0	Yes	No	No
ND	Divide	380239545001437	0	0	0	3.13	0.0	0.0	Yes	No	No
ND	Divide	380239545001472	0	0	0	4.68	0.0	0.0	Yes	No	No
ND	Divide	380239545001430	2	0	0	2.91	0.0	0.0	Yes	No	No
ND	Divide	380239545001499	0	0	0	9.32	0.0	0.0	Yes	No	No
ND	Divide	380239545001155	3	0	0	4.87	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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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)
ND	Divide	380239545001799	0	0	0	1.95	0.0	0.0	Yes	No	No
ND	Divide	380239545001902	0	0	0	0.03	0.0	0.0	Yes	No	No
ND	Divide	380239545001473	0	0	0	5.89	0.0	0.0	Yes	No	No
ND	Divide	380239545001897	4	0	0	3.18	0.0	0.0	Yes	No	No
ND	Divide	380239545001422	0	0	0	1.88	0.0	0.0	Yes	No	No
ND	Divide	380239545001425	0	0	0	1.83	0.0	0.0	Yes	No	No
ND	Divide	380239545001428	0	0	0	1.52	0.0	0.0	Yes	No	No
ND	Divide	380239545001426	0	0	0	1.95	0.0	0.0	Yes	No	No
ND	Divide	380239545001978	0	0	0	1.21	0.0	0.0	Yes	No	No
ND	Divide	380239545001895	2	0	0	2.21	0.0	0.0	Yes	No	No
ND	Divide	380239545001942	2	0	0	4.83	0.0	0.0	Yes	No	No
ND	Divide	380239545001306	0	0	0	0.05	0.0	0.0	Yes	No	No
ND	Divide	380239545001903	3	0	0	5.68	0.0	0.0	Yes	No	No
ND	Divide	380239545001613	0	0	0	0.08	0.0	0.0	Yes	No	No
ND	Divide	380239545001900	9	0	0	7.3	0.0	0.0	Yes	No	No
ND	Divide	380239545001427	0	0	0	1.52	0.0	0.0	Yes	No	No
ND	Divide	380239545001417	0	0	0	1.95	0.0	0.0	Yes	No	No
ND	Divide	380239545001157	0	0	0	0.09	0.0	0.0	Yes	No	No
ND	Divide	380239545001610	0	0	0	0.09	0.0	0.0	Yes	No	No
ND	Divide	380239545001460	0	0	0	0.59	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	388001
<015>	Study Area Name	Sagebrush Cellular, Inc.
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Remi Sun
<035>	Contact Telephone Number - Number of person identified in data line <030>	4067832200 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	remi.sun@nemont.coop
<140>	Coverage and Performance Report Year	01/2014 - 12/2014

<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)
ND	Divide	380239545001888	5	0	0	4.96	0.0	0.0	Yes	No	No
ND	Divide	380239545001330	0	0	0	1.06	0.0	0.0	Yes	No	No
ND	Divide	380239545001466	2	0	0	2.68	0.0	0.0	Yes	No	No
ND	Divide	380239545001476	0	0	0	1.48	0.0	0.0	Yes	No	No
ND	Divide	380239545001702	0	0	0	0.18	0.0	0.0	Yes	No	No
ND	Divide	380239545001333	0	0	0	4.04	0.0	0.0	Yes	No	No
ND	Divide	380239545001893	2	0	0	2.21	0.0	0.0	Yes	No	No
ND	Divide	380239545001521	0	0	0	0.33	0.0	0.0	Yes	No	No
ND	Divide	380239545001965	6	0	0	2.66	0.0	0.0	Yes	No	No
ND	Divide	380239545001217	0	0	0	4.2	0.0	0.0	Yes	No	No
ND	Divide	380239545001329	0	0	0	3.82	0.0	0.0	Yes	No	No
ND	Divide	380239545001293	2	0	0	4.95	0.0	0.0	Yes	No	No
ND	Divide	380239545001497	0	0	0	3.76	0.0	0.0	Yes	No	No
ND	Divide	380239545001495	2	0	0	3.51	0.0	0.0	Yes	No	No
ND	Divide	380239545001416	0	0	0	3.59	0.0	0.0	Yes	No	No
ND	Divide	380239545001202	0	0	0	5.46	0.0	0.0	Yes	No	No
ND	Divide	380239545001923	0	0	0	1.87	0.0	0.0	Yes	No	No
ND	Divide	380239545001231	0	0	0	0.1	0.0	0.0	Yes	No	No
ND	Divide	380239545001461	0	0	0	8.42	0.0	0.0	Yes	No	No
ND	Divide	380239545001298	0	0	0	0.14	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>	remi.sun@nemont.coop
<140>	Coverage and Performance Report Year	01/2014 - 12/2014

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ND	Divide	380239545001389	0	0	0	0.14	0.0	0.0	Yes	No	No
ND	Divide	380239545001462	0	0	0	1.03	0.0	0.0	Yes	No	No
ND	Divide	380239545001388	0	0	0	0.39	0.0	0.0	Yes	No	No
ND	Divide	380239545001228	0	0	0	2.14	0.0	0.0	Yes	No	No
ND	Divide	380239545001776	0	0	0	4.75	0.0	0.0	Yes	No	No
ND	Divide	380239545001338	0	0	0	0.13	0.0	0.0	Yes	No	No
ND	Divide	380239545001930	0	0	0	4.84	0.0	0.0	Yes	No	No
ND	Divide	380239545001501	3	0	0	3.5	0.0	0.0	Yes	No	No
ND	Divide	380239545001774	0	0	0	0.03	0.0	0.0	Yes	No	No
ND	Divide	380239545001883	0	0	0	1.92	0.0	0.0	Yes	No	No
ND	Divide	380239545001557	0	0	0	4.54	0.0	0.0	Yes	No	No
ND	Divide	380239545001973	0	0	0	0.17	0.0	0.0	Yes	No	No
ND	Divide	380239545001167	0	0	0	0.04	0.0	0.0	Yes	No	No
ND	Divide	380239545001341	0	0	0	6.57	0.0	0.0	Yes	No	No
ND	Divide	380239545001976	0	0	0	0.08	0.0	0.0	Yes	No	No
ND	Divide	380239545001328	0	0	0	0.05	0.0	0.0	Yes	No	No
ND	Divide	380239545001414	0	0	0	2.45	0.0	0.0	Yes	No	No
ND	Divide	380239545001959	0	0	0	3.35	0.0	0.0	Yes	No	No
ND	Divide	380239545001468	0	0	0	3.87	0.0	0.0	Yes	No	No
ND	Divide	380239545001612	0	0	0	0.11	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>	remi.sun@nemont.coop
<140>	Coverage and Performance Report Year	01/2014 - 12/2014

<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<c1>	<c2>	<c3>	<d>	<e>	<f>
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ND	Divide	380239545001294	0	0	0	4.17	0.0	0.0	Yes	No	No
ND	Divide	380239545001444	0	0	0	0.15	0.0	0.0	Yes	No	No
ND	Divide	380239545001611	0	0	0	1.89	0.0	0.0	Yes	No	No
ND	Divide	380239545001464	0	0	0	0.07	0.0	0.0	Yes	No	No
ND	Divide	380239545001321	0	0	0	0.05	0.0	0.0	Yes	No	No
ND	Divide	380239545001463	0	0	0	0.23	0.0	0.0	Yes	No	No
ND	Divide	380239545001896	2	0	0	3.36	0.0	0.0	Yes	No	No
ND	Divide	380239545001451	0	0	0	2.2	0.0	0.0	Yes	No	No
ND	Divide	380239545001229	0	0	0	3.04	0.0	0.0	Yes	No	No
ND	Divide	380239545001890	0	0	0	2.27	0.0	0.0	Yes	No	No
ND	Divide	380239545001320	0	0	0	4.51	0.0	0.0	Yes	No	No
ND	Divide	380239545001562	7	0	0	4.6	0.0	0.0	Yes	No	No
ND	Divide	380239545001616	0	0	0	2.12	0.0	0.0	Yes	No	No
ND	Divide	380239545001424	2	0	0	3.23	0.0	0.0	Yes	No	No
ND	Divide	380239545001558	0	0	0	1.95	0.0	0.0	Yes	No	No
ND	Divide	380239545001160	0	0	0	1.47	0.0	0.0	Yes	No	No
ND	Divide	380239545001420	0	0	0	2.33	0.0	0.0	Yes	No	No
ND	Divide	380239545001559	0	0	0	0.03	0.0	0.0	Yes	No	No
ND	Divide	380239545001880	0	0	0	2.97	0.0	0.0	Yes	No	No
ND	Divide	380239545001291	1	0	0	4.8	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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<035>	Contact Telephone Number - Number of person identified in data line <030>	4067832200 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	remi.sun@nemont.coop
<140>	Coverage and Performance Report Year	01/2014 - 12/2014

<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<c1>	<c2>	<c3>	<d>	<e>	<f>
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ND	Divide	380239545001332	0	0	0	1.06	0.0	0.0	Yes	No	No
ND	Divide	380239545001899	2	0	0	7.25	0.0	0.0	Yes	No	No
ND	Divide	380239545001218	3	0	0	2.46	0.0	0.0	Yes	No	No
ND	Divide	380239545001421	0	0	0	1.72	0.0	0.0	Yes	No	No
ND	Divide	380239545001905	0	0	0	0.11	0.0	0.0	Yes	No	No
ND	Divide	380239545001471	0	0	0	0.07	0.0	0.0	Yes	No	No
ND	Divide	380239545001563	0	0	0	0.05	0.0	0.0	Yes	No	No
ND	Divide	380239545001322	2	0	0	5.52	0.0	0.0	Yes	No	No
ND	Divide	380239545001153	0	0	0	5.02	0.0	0.0	Yes	No	No
ND	Divide	380239545001882	0	0	0	0.15	0.0	0.0	Yes	No	No
ND	Divide	380239545001467	0	0	0	4.69	0.0	0.0	Yes	No	No
ND	Divide	380239545001158	0	0	0	2.66	0.0	0.0	Yes	No	No
ND	Divide	380239545001520	0	0	0	5.68	0.0	0.0	Yes	No	No
ND	Divide	380239545001482	0	0	0	0.54	0.0	0.0	Yes	No	No
ND	Divide	380239545001904	0	0	0	0.21	0.0	0.0	Yes	No	No
ND	Divide	380239545001696	3	0	0	3.75	0.0	0.0	Yes	No	No
ND	Divide	380239545001879	0	0	0	4.61	0.0	0.0	Yes	No	No
ND	Divide	380239545001614	0	0	0	0.1	0.0	0.0	Yes	No	No
ND	Divide	380239545001470	0	0	0	2.59	0.0	0.0	Yes	No	No
ND	Divide	380239545001479	0	0	0	2.84	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>
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)
ND	Divide	380239545001327	0	0	0	1.56	0.0	0.0	Yes	No	No
ND	Divide	380239545001779	0	0	0	0.13	0.0	0.0	Yes	No	No
ND	Divide	380239545001312	0	0	0	0.17	0.0	0.0	Yes	No	No
ND	Divide	380239545001703	0	0	0	0.06	0.0	0.0	Yes	No	No
ND	Divide	380239545001289	0	0	0	2.41	0.0	0.0	Yes	No	No
ND	Divide	380239545001617	0	0	0	0.09	0.0	0.0	Yes	No	No
ND	Divide	380239545001560	2	0	0	4.6	0.0	0.0	Yes	No	No
ND	Divide	380239545001530	0	0	0	3.84	0.0	0.0	Yes	No	No
ND	Divide	380239545001901	0	0	0	1.95	0.0	0.0	Yes	No	No
ND	Divide	380239545001151	0	0	0	0.53	0.0	0.0	Yes	No	No
ND	Divide	380239545001309	5	0	0	2.95	0.0	0.0	Yes	No	No
ND	Divide	380239545001469	0	0	0	0.59	0.0	0.0	Yes	No	No
ND	Divide	380239545001898	0	0	0	3.12	0.0	0.0	Yes	No	No
ND	Divide	380239545001459	0	0	0	2.91	0.0	0.0	Yes	No	No
ND	Divide	380239545001146	5	0	0	17.01	0.0	0.0	Yes	No	No
ND	Divide	380239545001889	0	0	0	2.98	0.0	0.0	Yes	No	No
ND	Divide	380239545001894	0	0	0	5.31	0.0	0.0	Yes	No	No
ND	Divide	380239545001234	4	0	0	6.19	0.0	0.0	Yes	No	No
ND	Divide	380239545001164	0	0	0	3.2	0.0	0.0	Yes	No	No

Percentage of Total Population Reached by Service

0

Percentage of Total Road Miles covered by Service

0