

REDACTED FOR PUBLIC INSPECTION

(050) Carrier Contact Form

FCC Form 690
Approved by OMB
OMB Control No. 3060-1185
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<010>	Study Area Code	558001
<015>	Study Area Name	Commnet of Nevada, LLC
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Rohan Ranaraja
<035>	Contact Telephone Number - Number of person identified in data line <030>	5014481249 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	rranaraja@atni.com

Reporting Carrier / Mobility Fund Phase 1 Winning Bidder

<110> FCC Registration Number _____
<111> Filing Carrier Name _____
<112> Winning Bidder Carrier Name _____
<113> Street Address (or PO Box) _____
<114> City _____
<115> State _____
<116> Zip-Code _____
<117> Telephone Number _____
<118> Fax Number _____
<119> Email Address _____

Contact Information

If same as above, Indicate in this box

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

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 _____

(060) Coverage and Performance Report	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 3 of 8
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<140>	Coverage and Performance Report Year	06/2013 - 12/2013

Electronic Shapefiles attachments	558001_NV_Broadband.zip, 558001_NV_Voice.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

74

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(070) Urban Rate Comparability Certification Compliance	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 4 of 8
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<039> Contact Email Address - Email Address of person identified in data line <030>	rranaraja@atni.com

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:	Commnet of Nevada, LLC
Signature of Authorized Officer:	CERTIFIED ONLINE Date 07/30/2014
Printed name of Authorized Officer:	Rohan Ranaraja
Title or position of Authorized Officer:	Director Regulatory
Telephone number of Authorized Officer:	5014481249 ext.
Study Area Code of Reporting Carrier:	558001 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:	
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 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:	
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.	

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(080) Tribal Lands Reporting

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<039> Contact Email Address - Email Address of person identified in data line <030>	rranaraja@atni.com

<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:

- <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.

Select (Yes, No, NA)

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(090) Project Update Information

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<200> Date Authorized to Receive Support	08/16/2013
<201> Targeted Completion Date	12/31/2014
<202> Total Mobility Fund Support Awarded	2499929.75
<203> Total Mobility Fund Support Disbursed	833309.92
<204> Support Applied to Network Design	
<205> Support Applied to Construction	
<206> Support Applied to Deployment	
<207> Support Applied to Maintenance	
<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	
<211> Project Status Description (attached)	558001 Project Status 2014.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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(101) Certification - Reporting Carrier

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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:	Commnet of Nevada, LLC
Signature of Authorized Officer:	CERTIFIED ONLINE Date 07/30/2014
Printed name of Authorized Officer:	Rohan Ranaraja
Title or position of Authorized Officer:	Director Regulatory
Telephone number of Authorized Officer:	5014481249 ext.
Study Area Code of Reporting Carrier:	558001 Filing Due Date for this form: 07/31/2014
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(102) Certification - Agent / Carrier	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 8 of 8
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<039> Contact Email Address - Email Address of person identified in data line <030>	rranaraja@atni.com

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

Confidential
Withheld From Public Inspection