

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
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<010> Study Area Code	558005
<015> Study Area Name	Commnet of Nevada, LLC
<020> Program Year	2014
<030> Contact Name: Person USAC should contact with questions about this data	Rohan Ranaraja
<035> Contact Telephone Number: Number of the person identified in data line <030>	5014481249 ext.
<039> Contact Email: Email of the person identified in data line <030>	rranaraja@atni.com

*(check box when complete)*

<040> <b>Has the information required pursuant to §54.1009 been provided with a Form 481 filing (Y/N)</b>	<040>	<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 type="radio"/> <input checked="" type="radio"/>
<small>(If yes, complete the attached worksheet)</small>	<050>	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>
<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>	<080>	<input checked="" type="radio"/> <input type="radio"/>
<small>(If yes, complete the attached worksheet)</small>	<080>	<input checked="" 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>	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>

**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.

(050) Carrier Contact Form

FCC Form 690  
Approved by OMB  
OMB Control No. 3060-1185  
Page 2 of 8

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<030> Contact Name - Person USAC should contact regarding this data	Rohan Ranaraja
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<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 \_\_\_\_\_

<b>&lt;010&gt;</b>	Study Area Code	558005
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<b>&lt;039&gt;</b>	Contact Email Address - Email Address of person identified in data line <030>	rranaraja@atni.com
<b>&lt;140&gt;</b>	Coverage and Performance Report Year	06/2013 - 12/2013

Electronic Shapefiles attachments	558005_NV_Voice.zip, 558005_NV_Broadband.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)

<b>&lt;141&gt;</b>	<b>&lt;a1&gt;</b>	<b>&lt;a2&gt;</b>	<b>&lt;a3&gt;</b>	<b>&lt;b1&gt;</b>	<b>&lt;b2&gt;</b>	<b>&lt;b3&gt;</b>	<b>&lt;c1&gt;</b>	<b>&lt;c2&gt;</b>	<b>&lt;c3&gt;</b>	<b>&lt;d&gt;</b>	<b>&lt;e&gt;</b>	<b>&lt;f&gt;</b>	
	<b>State</b>	<b>County</b>	<b>Census Block</b>	<b>Resident Population per Census Block</b>	<b>Resident Population Newly Reached by Service</b>	<b>Total Resident Population Reached by Service</b>	<b>Road Miles per Census Block</b>	<b>Road Miles per Census Block Newly Reached</b>	<b>Total Road Miles covered per Census Block</b>	<b>Certify that Electronic Shapefiles are uploaded (yes/no)</b>	<b>Certify that Drive Test Results are uploaded (yes/no)</b>	<b>Certify that Scattered Site Tests are uploaded (yes/no)</b>	
				-- See attached worksheet									
				--									

Percentage of Total Population Reached by Service	0				Percentage of Total Road Miles covered by Service	64
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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:**

<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:	Commnet of Nevada, LLC
Signature of Authorized Officer:	CERTIFIED ONLINE <span style="float: right;">Date 07/30/2014</span>
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:	558005 <span style="float: right;">Filing Due Date for this form: 07/31/2014</span>
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:
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:**

<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:
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.	

(080) Tribal Lands Reporting	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 5 of 8
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<039>	Contact Email Address - Email Address of person identified in data line <030>	rranaraja@atni.com

<142> State NV

Lander County

<143> County \_\_\_\_\_

Battle Mountain

<144> Tribal Land(s) on which ETC Serves \_\_\_\_\_

Battle Mtn - 558005 Lander County.pdf

<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)
Yes

(090) Project Update Information	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 6 of 8
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<200> Date Authorized to Receive Support	<input style="width: 95%;" type="text" value="08/16/2013"/>
<201> Targeted Completion Date	<input style="width: 95%;" type="text" value="06/30/2015"/>
<202> Total Mobility Fund Support Awarded	<input style="width: 95%;" type="text" value="6263145.0"/>
<203> Total Mobility Fund Support Disbursed	<input style="width: 95%;" type="text" value="2087715.0"/>
<204> Support Applied to Network Design	<input style="width: 95%;" type="text"/>
<205> Support Applied to Construction	<input style="width: 95%;" type="text"/>
<206> Support Applied to Deployment	<input style="width: 95%;" type="text"/>
<207> Support Applied to Maintenance	<input style="width: 95%;" type="text"/>
<208> Certify Network will Support 3G Mobile Service (Yes / No)	<input checked="" type="radio"/> Yes <input type="radio"/> No
<209> Certify Network will Support 4G Mobile Service (Yes / No)	<input type="radio"/> Yes <input checked="" type="radio"/> No
<210> Actual Completion Date	<input style="width: 95%;" type="text"/>
<211> Project Status Description (attached)	<input style="width: 95%; height: 40px;" type="text" value="558005 Project Status 2014.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	<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"/>

(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:
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:
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400 Northridge Road, Suite 325

Atlanta GA 30350

office 678-338-5960

fax 678-338-5961

www.commnetwireless.com

October 9, 2012

Battle Mountain Band Council

ATTN: Michael Young, Chairman

37 Mountain View Drive, Apt C  
Battle Mountain, NV89820-3611

Re: Federal Communications Commission ("FCC") Auction No. 901;  
Mobility Fund, Phase I;  
Notice to Tribal Government Required by 47 CFR § 54.1004(d)(2);  
Winning Bidder, Commnet of Nevada, LLC

Dear Chairman:

According to the National Congress of American Indians Tribal Directory website, <http://www.ncai.org/tribal-directory>, you are the contact person for the Tribal government of the Battle Mountain Band Council. Accordingly, we are sending you this Notice, which is required by FCC Rules.

Commnet of Nevada, LLC ("Commnet Nevada") has been named the tentative recipient of Universal Service Fund ("USF") support funding for census tract T32015000300. Under the terms of that tentative award, Commnet Nevada is required to construct and operate an advanced mobile wireless system to serve road-miles in certain FCC-identified census blocks within that tract. Commnet Nevada is currently studying whether any of the involved road-miles for which support funding is to be awarded are on your Tribal Lands. If so, please be advised that Commnet Nevada intends to work diligently with your government to coordinate with respect to tangible facilities (if any), that could or would be located on Tribal Land, as well as any other matters relevant to the Tribe, such as, by way of example, assessing the local need for service (including the potential needs of

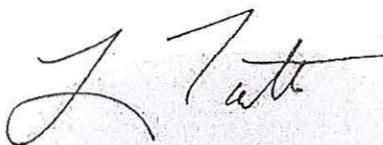
**REDACTED FOR PUBLIC INSPECTION**

community anchor institutions such as hospitals, schools or medical clinics), land use, environmental and Tribal cultural concerns.

Commnet Wireless will identify a specific contact to be the direct interface with your Tribe with respect to this project. In the meantime please feel free to contact me at (678) 338-5968. If there is any other individual within your Tribal government with whom I should be communicating, please let me know

I look forward to working with you.

Sincerely,

A handwritten signature in black ink, appearing to read "Lou Tomasetti", written in a cursive style.

Lou Tomasetti

President/CEO

Commnet Wireless, LLC

Attachments

Confidential  
Withheld From Public Inspection