

<010> Study Area Code	378035
<015> Study Area Name	Pinpoint Wireless, Inc.
<020> Program Year	2014
<030> Contact Name: Person USAC should contact with questions about this data	Lynn Witte
<035> Contact Telephone Number: Number of the person identified in data line <030>	3086973375 ext.
<039> Contact Email: Email of the person identified in data line <030>	lynn.witte@pnpt.com

(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>(has the contact info. changed since prior filing? Yes or No)</small>		<input checked="" type="radio"/> <input type="radio"/>
<small>(if yes, complete the attached worksheet)</small>	<050>	<input checked="" type="checkbox"/>
<060> Coverage and Performance Report <small>(complete attached worksheet)</small>	<060>	<input checked="" type="checkbox"/>
<070> Urban Rate Comparability Certification <small>(complete attached certification)</small>	<070>	<input checked="" type="checkbox"/>
<080> Tribal Lands Reporting (y/n?) <small>(Does this study area cover tribal lands? Yes or No)</small>		<input type="radio"/> <input checked="" type="radio"/>
<small>(if yes, complete the attached worksheet)</small>	<080>	<input type="checkbox"/>
<090> Project Update Information <small>(complete attached worksheet)</small>	<090>	<input checked="" type="checkbox"/>
<100> Certifications		
<101> Reporting Carrier Certification <small>(complete attached certification)</small>	<101>	<input checked="" type="checkbox"/>
<102> Agent Certification <small>(complete attached certification)</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	0002377901
<111>	Filing Carrier Name	Pinpoint Wireless, Inc.
<112>	Winning Bidder Carrier Name	Pinpoint Wireless, Inc.
<113>	Street Address (or PO Box)	611 Patterson St.
<114>	City	Cambridge
<115>	State	NE
<116>	Zip-Code	69022
<117>	Telephone Number	3086973375 ext.
<118>	Fax Number	3086973631
<119>	Email Address	lynn.witte@pnpt.com

Contact Information

if same as above, indicate in this box



<120>	Name (First, MI, Last, Suffix)	Lynn Witte
<121>	Filing Carrier Name	Pinpoint Wireless, Inc.
<122>	Street Address (or PO Box)	611 Patterson St.
<123>	City	Cambridge
<124>	State	NE
<125>	Zip-Code	69022
<126>	Telephone Number	3086973375 ext.
<127>	Fax Number	3086973631
<128>	Email Address	lynn.witte@pnpt.com

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	02/2014 - 07/2014

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)

<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:	Pinpoint Wireless, Inc.
Signature of Authorized Officer:	CERTIFIED ONLINE Date
Printed name of Authorized Officer:	J Thomas Shoemaker
Title or position of Authorized Officer:	Executive Vice President
Telephone number of Authorized Officer:	3086973375 ext.
Study Area Code of Reporting Carrier:	378035 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:
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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="06/07/2013"/>
<201>	Targeted Completion Date	<input type="text" value="09/30/2014"/>
<202>	Total Mobility Fund Support Awarded	<input type="text" value="314759.52"/>
<203>	Total Mobility Fund Support Disbursed	<input type="text" value="104919.84"/>
<204>	Support Applied to Network Design	<input type="text" value="5245.99"/>
<205>	Support Applied to Construction	<input type="text" value="62951.9"/>
<206>	Support Applied to Deployment	<input type="text" value="36721.95"/>
<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="378035_PSD_NE.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:	Pinpoint Wireless, Inc.	
Signature of Authorized Officer:	CERTIFIED ONLINE	Date
Printed name of Authorized Officer:	J Thomas Shoemaker	
Title or position of Authorized Officer:	Executive Vice President	
Telephone number of Authorized Officer:	3086973375 ext.	
Study Area Code of Reporting Carrier:	378035	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	02/2014 - 07/2014

<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)
NE	Red Willow	311459631003369	0	0	0	0.26	0.0	0.0	No	No	No
NE	Red Willow	311459631003373	0	0	0	0.11	0.0	0.0	No	No	No
NE	Red Willow	311459631003397	0	0	0	0.08	0.0	0.0	No	No	No
NE	Red Willow	311459631003411	0	0	0	0.14	0.0	0.0	No	No	No
NE	Red Willow	311459631003394	0	0	0	0.08	0.08	0.08	Yes	No	No
NE	Red Willow	311459631003364	0	0	0	1.12	1.12	1.12	Yes	No	No
NE	Red Willow	311459631003444	0	0	0	0.12	0.01	0.01	Yes	No	No
NE	Red Willow	311459631003363	0	0	0	0.59	0.57	0.57	Yes	No	No
NE	Red Willow	311459631003378	0	0	0	0.08	0.08	0.08	Yes	No	No
NE	Red Willow	311459631003366	0	0	0	0.04	0.01	0.01	Yes	No	No
NE	Red Willow	311459631003455	0	0	0	0.08	0.0	0.0	No	No	No
NE	Red Willow	311459631003447	0	0	0	0.13	0.04	0.04	Yes	No	No
NE	Red Willow	311459631003233	0	0	0	6.17	0.5	0.5	Yes	No	No
NE	Red Willow	311459631003251	0	0	0	0.24	0.17	0.17	Yes	No	No
NE	Red Willow	311459631003164	0	0	0	2.83	2.83	2.83	Yes	No	No
NE	Red Willow	311459631003313	0	0	0	0.04	0.04	0.04	Yes	No	No
NE	Red Willow	311459631003285	0	0	0	0.95	0.95	0.95	Yes	No	No
NE	Red Willow	311459631003261	0	0	0	0.9	0.9	0.9	Yes	No	No
NE	Red Willow	311459631003304	0	0	0	0.69	0.69	0.69	Yes	No	No
NE	Red Willow	311459631003288	0	0	0	3.14	2.54	2.54	Yes	No	No

Percentage of Total Population Reached by Service

0

Percentage of Total Road Miles covered by Service

31

(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)
NE	Red Willow	311459631003410	0	0	0	0.14	0.09	0.09	Yes	No	No
NE	Red Willow	311459631003358	0	0	0	0.06	0.06	0.06	Yes	No	No
NE	Red Willow	311459631003446	0	0	0	0.13	0.0	0.0	No	No	No
NE	Red Willow	311459631003445	0	0	0	0.21	0.0	0.0	No	No	No
NE	Red Willow	311459631003292	0	0	0	2.0	0.0	0.0	No	No	No
NE	Red Willow	311459631001517	0	0	0	0.22	0.0	0.0	No	No	No
NE	Red Willow	311459631003441	0	0	0	0.28	0.0	0.0	No	No	No
NE	Red Willow	311459631003368	0	0	0	0.04	0.0	0.0	No	No	No
NE	Red Willow	311459631003289	0	0	0	0.07	0.0	0.0	No	No	No
NE	Red Willow	311459631003182	0	0	0	0.09	0.0	0.0	No	No	No
NE	Red Willow	311459631003299	0	0	0	0.07	0.0	0.0	No	No	No
NE	Red Willow	311459631003257	0	0	0	0.42	0.0	0.0	No	No	No
NE	Red Willow	311459631003256	0	0	0	0.38	0.0	0.0	No	No	No
NE	Red Willow	311459631003379	0	0	0	0.27	0.0	0.0	No	No	No
NE	Red Willow	311459631003437	0	0	0	0.15	0.0	0.0	No	No	No
NE	Red Willow	311459631003376	0	0	0	0.22	0.0	0.0	No	No	No
NE	Red Willow	311459631003426	0	0	0	0.34	0.0	0.0	No	No	No
NE	Red Willow	311459631003306	0	0	0	0.5	0.0	0.0	No	No	No
NE	Red Willow	311459631001020	0	0	0	0.06	0.0	0.0	No	No	No
NE	Red Willow	311459631003252	0	0	0	2.27	0.0	0.0	No	No	No

Percentage of Total Population Reached by Service

0

Percentage of Total Road Miles covered by Service

31

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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)
NE	Red Willow	311459631003374	0	0	0	0.31	0.0	0.0	No	No	No
NE	Red Willow	311459631003440	0	0	0	0.1	0.09	0.09	Yes	No	No
NE	Red Willow	311459631003395	0	0	0	0.12	0.12	0.12	Yes	No	No
NE	Red Willow	311459631003302	0	0	0	0.31	0.22	0.22	Yes	No	No
NE	Red Willow	311459631003249	0	0	0	0.6	0.47	0.47	Yes	No	No
NE	Red Willow	311459631003400	0	0	0	0.01	0.0	0.0	No	No	No
NE	Red Willow	311459631001515	0	0	0	1.32	1.32	1.32	Yes	No	No
NE	Red Willow	311459631001514	0	0	0	0.31	0.0	0.0	No	No	No
NE	Red Willow	311459631001048	0	0	0	0.12	0.0	0.0	No	No	No
NE	Red Willow	311459631003414	0	0	0	0.14	0.0	0.0	No	No	No
NE	Red Willow	311459631003399	0	0	0	0.16	0.0	0.0	No	No	No
NE	Red Willow	311459631003264	0	0	0	0.75	0.0	0.0	No	No	No
NE	Red Willow	311459631003259	0	0	0	0.33	0.0	0.0	No	No	No
NE	Red Willow	311459631003298	0	0	0	0.1	0.0	0.0	No	No	No
NE	Red Willow	311459631003293	0	0	0	1.34	0.0	0.0	No	No	No
NE	Red Willow	311459631003248	0	0	0	0.55	0.0	0.0	No	No	No
NE	Red Willow	311459631003258	0	0	0	0.55	0.0	0.0	No	No	No
NE	Red Willow	311459631003250	0	0	0	0.14	0.0	0.0	No	No	No
NE	Red Willow	311459631003300	0	0	0	0.26	0.0	0.0	No	No	No
NE	Red Willow	311459631001016	0	0	0	0.42	0.4	0.4	Yes	No	No

Percentage of Total Population Reached by Service

0

Percentage of Total Road Miles covered by Service

31

(060) Coverage and Performance Report

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

<010>	Study Area Code	378035
<015>	Study Area Name	Pinpoint Wireless, Inc.
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Lynn Witte
<035>	Contact Telephone Number - Number of person identified in data line <030>	3086973375 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	lynn.witte@pnpt.com
<140>	Coverage and Performance Report Year	02/2014 - 07/2014

<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)
NE	Red Willow	311459631003253	0	0	0	0.13	0.08	0.08	Yes	No	No
NE	Red Willow	311459631003172	0	0	0	0.93	0.13	0.13	Yes	No	No
NE	Red Willow	311459631003245	0	0	0	2.94	2.03	2.03	Yes	No	No
NE	Red Willow	311459631003296	0	0	0	0.99	0.0	0.0	No	No	No
NE	Red Willow	311459631001513	0	0	0	0.02	0.0	0.0	No	No	No
NE	Red Willow	311459631003174	0	0	0	0.56	0.0	0.0	No	No	No
NE	Red Willow	311459631003168	0	0	0	3.4	0.0	0.0	No	No	No
NE	Red Willow	311459631003381	0	0	0	0.13	0.0	0.0	No	No	No
NE	Red Willow	311459631003305	0	0	0	0.1	0.0	0.0	No	No	No
NE	Red Willow	311459631003429	0	0	0	0.99	0.0	0.0	No	No	No
NE	Red Willow	311459631003303	0	0	0	0.25	0.0	0.0	No	No	No
NE	Red Willow	311459631003355	0	0	0	0.43	0.0	0.0	No	No	No
NE	Red Willow	311459631003352	0	0	0	0.1	0.0	0.0	No	No	No
NE	Red Willow	311459631003291	0	0	0	1.99	0.0	0.0	No	No	No
NE	Red Willow	311459631003423	0	0	0	0.06	0.0	0.0	No	No	No
NE	Red Willow	311459631001516	0	0	0	0.11	0.0	0.0	No	No	No
NE	Red Willow	311459631003169	0	0	0	0.36	0.0	0.0	No	No	No
NE	Red Willow	311459631003297	0	0	0	0.07	0.0	0.0	No	No	No
NE	Red Willow	311459631001032	0	0	0	0.25	0.0	0.0	No	No	No
NE	Red Willow	311459631003409	0	0	0	0.13	0.0	0.0	No	No	No

Percentage of Total Population Reached by Service

0

Percentage of Total Road Miles covered by Service

31

(060) Coverage and Performance Report

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<140>	Coverage and Performance Report Year	02/2014 - 07/2014

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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)
NE	Red Willow	311459631003413	0	0	0	0.14	0.02	0.02	Yes	No	No
NE	Red Willow	311459631003439	0	0	0	0.4	0.0	0.0	No	No	No
NE	Red Willow	311459631003263	0	0	0	0.09	0.0	0.0	No	No	No
NE	Red Willow	311459631003286	0	0	0	0.64	0.0	0.0	No	No	No
NE	Red Willow	311459631003150	0	0	0	5.06	0.0	0.0	No	No	No
NE	Red Willow	311459631003360	0	0	0	0.14	0.0	0.0	No	No	No
NE	Red Willow	311459631003412	0	0	0	0.14	0.0	0.0	No	No	No
NE	Red Willow	311459631003371	0	0	0	0.19	0.06	0.06	No	No	No
NE	Red Willow	311459631003260	0	0	0	0.31	0.0	0.0	No	No	No
NE	Red Willow	311459631003356	0	0	0	0.04	0.0	0.0	No	No	No
NE	Red Willow	311459631003317	0	0	0	0.08	0.0	0.0	No	No	No
NE	Red Willow	311459631003357	0	0	0	0.1	0.0	0.0	No	No	No
NE	Red Willow	311459631003361	0	0	0	0.11	0.0	0.0	No	No	No
NE	Red Willow	311459631003415	0	0	0	0.14	0.0	0.0	No	No	No
NE	Red Willow	311459631003287	0	0	0	0.96	0.0	0.0	No	No	No
NE	Red Willow	311459631003178	0	0	0	1.16	0.2	0.2	Yes	No	No
NE	Red Willow	311459631003367	0	0	0	0.12	0.0	0.0	No	No	No
NE	Red Willow	311459631003284	0	0	0	1.74	0.0	0.0	No	No	No
NE	Red Willow	311459631003428	0	0	0	0.84	0.0	0.0	No	No	No
NE	Red Willow	311459631003443	0	0	0	0.42	0.0	0.0	No	No	No

Percentage of Total Population Reached by Service

0

Percentage of Total Road Miles covered by Service

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<140>	Coverage and Performance Report Year	02/2014 - 07/2014

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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)
NE	Red Willow	311459631003170	0	0	0	0.42	0.0	0.0	No	No	No
NE	Red Willow	311459631003171	0	0	0	0.07	0.0	0.0	No	No	No
NE	Red Willow	311459631003341	0	0	0	0.43	0.0	0.0	No	No	No
NE	Red Willow	311459631003416	0	0	0	0.14	0.0	0.0	No	No	No
NE	Red Willow	311459631003342	0	0	0	0.42	0.0	0.0	No	No	No
NE	Red Willow	311459631003179	0	0	0	0.03	0.0	0.0	No	No	No
NE	Red Willow	311459631003265	0	0	0	1.16	0.0	0.0	No	No	No
NE	Red Willow	311459631003294	0	0	0	0.26	0.0	0.0	No	No	No
NE	Red Willow	311459631003370	0	0	0	0.15	0.15	0.15	Yes	No	No
NE	Red Willow	311459631003316	0	0	0	0.29	0.29	0.29	Yes	No	No
NE	Red Willow	311459631003417	0	0	0	0.14	0.14	0.14	Yes	No	No
NE	Red Willow	311459631003247	0	0	0	2.15	2.15	2.15	Yes	No	No
NE	Red Willow	311459631003173	0	0	0	0.35	0.35	0.35	Yes	No	No
NE	Red Willow	311459631003359	0	0	0	0.27	0.27	0.27	Yes	No	No
NE	Red Willow	311459631003176	0	0	0	0.62	0.62	0.62	Yes	No	No
NE	Red Willow	311459631003175	0	0	0	0.28	0.28	0.28	Yes	No	No
NE	Red Willow	311459631003353	0	0	0	0.09	0.09	0.09	Yes	No	No
NE	Red Willow	311459631003365	0	0	0	0.66	0.15	0.15	Yes	No	No
NE	Red Willow	311459631003295	0	0	0	0.09	0.01	0.01	Yes	No	No
NE	Red Willow	311459631003430	0	0	0	0.71	0.0	0.0	No	No	No

Percentage of Total Population Reached by Service

0

Percentage of Total Road Miles covered by Service

31

