

<010> Study Area Code	258015
<015> Study Area Name	Pine Belt Cellular, Inc.
<020> Program Year	2014
<030> Contact Name: Person USAC should contact with questions about this data	Troy Harvill
<035> Contact Telephone Number: Number of the person identified in data line <030>	3348788814 ext.
<039> Contact Email: Email of the person identified in data line <030>	troy@pinebelt.net

(check box when complete)

- <040> **Has the information required pursuant to §54.1009 been provided with a Form 481 filing (Y/N)** <040>
- <041> Attach a description of the documents filed with the Form 481 reporting <041>
- <042> Cite the Study Area Code (SAC) for the Form 481 reporting <042>
- <043> Cite the date of the Form 481 reporting <043>
- <050> **Carrier Contact Information** *(has the contact info. changed since prior filing? Yes or No)*
(if yes, complete the attached worksheet) <050>
- <060> **Coverage and Performance Report** *(complete attached worksheet)* <060>
- <070> **Urban Rate Comparability Certification** *(complete attached certification)* <070>
- <080> **Tribal Lands Reporting (y/n?)** *(Does this study area cover tribal lands? Yes or No)*
(if yes, complete the attached worksheet) <080>
- <090> **Project Update Information** *(complete attached worksheet)* <090>
- <100> **Certifications**
- <101> Reporting Carrier Certification *(complete attached certification)* <101>
- <102> Agent Certification *(complete attached certification)* <102>

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	0001754209
<111>	Filing Carrier Name	Pine Belt Cellular, Inc.
<112>	Winning Bidder Carrier Name	Pine Belt Cellular, Inc.
<113>	Street Address (or PO Box)	3948 County Road 32
<114>	City	Arlington
<115>	State	AL
<116>	Zip-Code	36722
<117>	Telephone Number	3343852106 ext.
<118>	Fax Number	3343852103
<119>	Email Address	troy@pinebelt.net

Contact Information

if same as above, indicate in this box



<120>	Name (First, MI, Last, Suffix)	Troy Harvill
<121>	Filing Carrier Name	Pine Belt Cellular, Inc.
<122>	Street Address (or PO Box)	3948 County Road 32
<123>	City	Arlington
<124>	State	AL
<125>	Zip-Code	36722
<126>	Telephone Number	3343852106 ext.
<127>	Fax Number	3343852103
<128>	Email Address	troy@pinebelt.net

Authorized Agent Information

if no agent, indicate in this box



<120>	Name (First, MI, Last, Suffix)	Carl G. Akin
<121>	Company	Monte R. Lee & Company
<122>	Street Address (or PO Box)	100 NW 63rd, Ste 100
<123>	City	Oklahoma City
<124>	State	OK
<125>	Zip-Code	73116
<126>	Telephone Number	4058422405 ext.
<127>	Fax Number	4058488018
<128>	Email Address	cakin@mrleng.com

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<140>	Coverage and Performance Report Year	06/2013 - 12/2013

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:	
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 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) <u>Monte R. Lee & Company</u> 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:	Monte R. Lee & Company
Name of Reporting Carrier:	Pine Belt Cellular, Inc.
Signature of Authorized Officer or Employee:	CERTIFIED ONLINE Date: 07/31/2014
Printed name of Authorized Officer or Employee:	John Nettles
Title or position of Authorized Officer or Employee:	President
Telephone number of Authorized Officer or Employee:	3343855000 ext.
Study Area Code of Reporting Carrier:	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 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:	Pine Belt Cellular, Inc.
Name of Authorized Agent or Employee of Agent:	Monte R. Lee & Company
Signature of Authorized Agent or Employee of Agent:	CERTIFIED ONLINE Date: 07/31/2014
Printed name of Authorized Agent or Employee of Agent:	Carl G. Akin
Title or position of Authorized Agent or Employee of Agent:	FCC Coordinator
Telephone number of Authorized Agent or Employee of Agent:	4058422405 ext.
Study Area Code of Reporting Carrier:	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.	

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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:

- <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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<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="1314037.53"/>
<203>	Total Mobility Fund Support Disbursed	<input type="text" value="438012.51"/>
<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="258015_PSD_01.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:

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.

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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) <u>Monte R. Lee & Company</u> 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:	Monte R. Lee & Company
Name of Reporting Carrier:	Pine Belt Cellular, Inc.
Signature of Authorized Officer:	CERTIFIED ONLINE Date: 07/31/2014
Printed name of Authorized Officer:	John Nettles
Title or position of Authorized Officer:	President
Telephone number of Authorized Officer:	3343855000 ext.
Study Area Code of Reporting Carrier:	258015 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 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:	Pine Belt Cellular, Inc.
Name of Authorized Agent or Employee of Agent:	Monte R. Lee & Company
Signature of Authorized Agent or Employee of Agent:	CERTIFIED ONLINE Date: 07/31/2014
Printed name of Authorized Agent or Employee of Agent:	Carl G. Akin
Title or position of Authorized Agent or Employee of Agent:	FCC Coordinator
Telephone number of Authorized Agent or Employee of Agent:	4058422405 ext.
Study Area Code of Reporting Carrier:	258015 Filing Due Date for this form: 07/31/2014
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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	258015
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<140>	Coverage and Performance Report Year	06/2013 - 12/2013

<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)
AL	Wilcox	011310352001004	0	0	0	0.65	0.0	0.0	Yes	No	No
AL	Wilcox	011310352001005	0	0	0	0.12	0.0	0.0	Yes	No	No
AL	Wilcox	011310352001006	0	0	0	0.15	0.0	0.0	Yes	No	No
AL	Wilcox	011310352001008	13	0	0	3.69	0.0	0.0	Yes	No	No
AL	Wilcox	011310352001009	0	0	0	0.42	0.0	0.0	Yes	No	No
AL	Wilcox	011310352001034	18	0	0	2.49	0.0	0.0	Yes	No	No
AL	Wilcox	011310352001047	3	0	0	0.45	0.0	0.0	Yes	No	No
AL	Wilcox	011310352001051	38	0	0	9.0	0.0	0.0	Yes	No	No
AL	Wilcox	011310352001052	0	0	0	0.1	0.0	0.0	Yes	No	No
AL	Wilcox	011310352001053	0	0	0	0.26	0.0	0.0	Yes	No	No
AL	Wilcox	011310352001056	0	0	0	1.27	0.0	0.0	Yes	No	No
AL	Wilcox	011310352001058	0	0	0	0.39	0.0	0.0	Yes	No	No
AL	Wilcox	011310352001061	0	0	0	0.79	0.0	0.0	Yes	No	No
AL	Wilcox	011310352001065	0	0	0	0.29	0.0	0.0	Yes	No	No
AL	Wilcox	011310352001066	0	0	0	0.47	0.0	0.0	Yes	No	No
AL	Wilcox	011310352001070	0	0	0	1.49	0.0	0.0	Yes	No	No
AL	Wilcox	011310352001073	0	0	0	0.81	0.0	0.0	Yes	No	No
AL	Wilcox	011310352001083	2	0	0	1.24	0.0	0.0	Yes	No	No
AL	Wilcox	011310352001097	0	0	0	0.73	0.0	0.0	Yes	No	No
AL	Wilcox	011310352001125	0	0	0	0.08	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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<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)
AL	Wilcox	011310352001126	0	0	0	0.95	0.0	0.0	Yes	No	No
AL	Wilcox	011310352001133	0	0	0	0.59	0.0	0.0	Yes	No	No
AL	Wilcox	011310352001159	61	0	0	4.6	0.0	0.0	Yes	No	No
AL	Wilcox	011310352001166	3	0	0	7.06	0.0	0.0	Yes	No	No
AL	Wilcox	011310352001168	16	0	0	3.9	0.0	0.0	Yes	No	No
AL	Wilcox	011310352001170	3	0	0	3.32	0.0	0.0	Yes	No	No
AL	Wilcox	011310352001171	0	0	0	0.21	0.0	0.0	Yes	No	No
AL	Wilcox	011310352001172	10	0	0	2.37	0.0	0.0	Yes	No	No
AL	Wilcox	011310352001173	6	0	0	0.44	0.0	0.0	Yes	No	No
AL	Wilcox	011310352001174	0	0	0	0.17	0.0	0.0	Yes	No	No
AL	Wilcox	011310352001175	0	0	0	0.33	0.0	0.0	Yes	No	No
AL	Wilcox	011310352001176	0	0	0	1.07	0.0	0.0	Yes	No	No
AL	Wilcox	011310352001177	0	0	0	0.25	0.0	0.0	Yes	No	No
AL	Wilcox	011310352001179	0	0	0	0.56	0.0	0.0	Yes	No	No
AL	Wilcox	011310352001180	0	0	0	0.29	0.0	0.0	Yes	No	No
AL	Wilcox	011310352001181	0	0	0	0.38	0.0	0.0	Yes	No	No
AL	Wilcox	011310352001182	0	0	0	1.57	0.0	0.0	Yes	No	No
AL	Wilcox	011310352001183	0	0	0	0.76	0.0	0.0	Yes	No	No
AL	Wilcox	011310352001184	6	0	0	0.22	0.0	0.0	Yes	No	No
AL	Wilcox	011310352001185	0	0	0	0.19	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)
AL	Wilcox	011310352001186	0	0	0	0.27	0.0	0.0	Yes	No	No
AL	Wilcox	011310352001187	0	0	0	0.1	0.0	0.0	Yes	No	No
AL	Wilcox	011310352001188	24	0	0	0.14	0.0	0.0	Yes	No	No
AL	Wilcox	011310352001189	0	0	0	0.12	0.0	0.0	Yes	No	No
AL	Wilcox	011310352001192	0	0	0	0.16	0.0	0.0	Yes	No	No
AL	Wilcox	011310352001195	0	0	0	0.93	0.0	0.0	Yes	No	No
AL	Wilcox	011310352001200	0	0	0	0.47	0.0	0.0	Yes	No	No
AL	Wilcox	011310352002013	3	0	0	4.53	0.0	0.0	Yes	No	No
AL	Wilcox	011310352002021	39	0	0	0.78	0.0	0.0	Yes	No	No
AL	Wilcox	011310352002022	0	0	0	1.82	0.0	0.0	Yes	No	No
AL	Wilcox	011310352002023	0	0	0	0.03	0.0	0.0	Yes	No	No
AL	Wilcox	011310352002028	60	0	0	5.13	0.0	0.0	Yes	No	No
AL	Wilcox	011310352002029	1	0	0	0.98	0.0	0.0	Yes	No	No
AL	Wilcox	011310352002030	10	0	0	0.19	0.0	0.0	Yes	No	No
AL	Wilcox	011310352002035	0	0	0	2.45	0.0	0.0	Yes	No	No
AL	Wilcox	011310352002037	0	0	0	0.87	0.0	0.0	Yes	No	No
AL	Wilcox	011310352002039	0	0	0	4.29	0.0	0.0	Yes	No	No
AL	Wilcox	011310352002041	32	0	0	8.89	0.0	0.0	Yes	No	No
AL	Wilcox	011310352002046	11	0	0	1.27	0.0	0.0	Yes	No	No
AL	Wilcox	011310352002047	4	0	0	1.22	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	258015
<015>	Study Area Name	Pine Belt Cellular, Inc.
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Troy Harvill
<035>	Contact Telephone Number - Number of person identified in data line <030>	3348788814 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	troy@pinebelt.net
<140>	Coverage and Performance Report Year	06/2013 - 12/2013

<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)
AL	Wilcox	011310352002048	58	0	0	3.9	0.0	0.0	Yes	No	No
AL	Wilcox	011310352002051	0	0	0	0.1	0.0	0.0	Yes	No	No
AL	Wilcox	011310352002052	0	0	0	0.1	0.0	0.0	Yes	No	No
AL	Wilcox	011310352002054	33	0	0	3.8	0.0	0.0	Yes	No	No
AL	Wilcox	011310352002055	0	0	0	0.17	0.0	0.0	Yes	No	No
AL	Wilcox	011310352002056	0	0	0	0.38	0.0	0.0	Yes	No	No
AL	Wilcox	011310352002057	8	0	0	2.53	0.0	0.0	Yes	No	No
AL	Wilcox	011310352002059	0	0	0	1.8	0.0	0.0	Yes	No	No
AL	Wilcox	011310352002062	0	0	0	4.5	0.0	0.0	Yes	No	No
AL	Wilcox	011310352002070	0	0	0	1.4	0.0	0.0	Yes	No	No
AL	Wilcox	011310352002071	0	0	0	1.42	0.0	0.0	Yes	No	No
AL	Wilcox	011310352002072	46	0	0	1.49	0.0	0.0	Yes	No	No
AL	Wilcox	011310352002073	0	0	0	0.03	0.0	0.0	Yes	No	No
AL	Wilcox	011310352002074	54	0	0	4.83	0.0	0.0	Yes	No	No
AL	Wilcox	011310352002081	23	0	0	2.41	0.0	0.0	Yes	No	No
AL	Wilcox	011310352002082	0	0	0	0.06	0.0	0.0	Yes	No	No
AL	Wilcox	011310352002083	0	0	0	0.21	0.0	0.0	Yes	No	No
AL	Wilcox	011310352002084	8	0	0	0.64	0.0	0.0	Yes	No	No
AL	Wilcox	011310352002085	0	0	0	0.66	0.0	0.0	Yes	No	No
AL	Wilcox	011310352002086	0	0	0	0.13	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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<015>	Study Area Name	Pine Belt Cellular, Inc.
<020>	Program Year	2014
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<039>	Contact Email Address - Email Address of person identified in data line <030>	troy@pinebelt.net
<140>	Coverage and Performance Report Year	06/2013 - 12/2013

<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)
AL	Wilcox	011310352002087	33	0	0	2.97	0.0	0.0	Yes	No	No
AL	Wilcox	011310352002088	0	0	0	0.2	0.0	0.0	Yes	No	No
AL	Wilcox	011310352002089	0	0	0	0.68	0.0	0.0	Yes	No	No
AL	Wilcox	011310352002090	0	0	0	0.98	0.0	0.0	Yes	No	No
AL	Wilcox	011310352002091	0	0	0	0.19	0.0	0.0	Yes	No	No
AL	Wilcox	011310352002092	34	0	0	1.16	0.0	0.0	Yes	No	No
AL	Wilcox	011310352002093	20	0	0	2.41	0.0	0.0	Yes	No	No
AL	Wilcox	011310352002094	0	0	0	0.07	0.0	0.0	Yes	No	No
AL	Wilcox	011310352002095	0	0	0	2.43	0.0	0.0	Yes	No	No
AL	Wilcox	011310352002096	0	0	0	2.5	0.0	0.0	Yes	No	No
AL	Wilcox	011310352002097	25	0	0	0.77	0.0	0.0	Yes	No	No
AL	Wilcox	011310352002098	5	0	0	0.49	0.0	0.0	Yes	No	No
AL	Wilcox	011310352002099	0	0	0	0.74	0.0	0.0	Yes	No	No
AL	Wilcox	011310352002100	0	0	0	0.37	0.0	0.0	Yes	No	No
AL	Wilcox	011310352002104	0	0	0	0.78	0.0	0.0	Yes	No	No
AL	Wilcox	011310352002106	0	0	0	0.35	0.0	0.0	Yes	No	No

Percentage of Total Population Reached by Service

0

Percentage of Total Road Miles covered by Service

0