| | | |
|---|---|---|
| <010> | Study Area Code | 268011 |
| <015> | Study Area Name | East Kentucky Network, LLC |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Todd Slamowitz |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 7035848678 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tslamowitz@fcclaw.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:

| | | 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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| <010> | Study Area Code | 268011 |
| <015> | Study Area Name | East Kentucky Network, LLC |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Todd Slamowitz |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 7035848678 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tslamowitz@fcclaw.com |

| | | |
|---|---|---|
| <200> | Date Authorized to Receive Support | 07/18/2013 |
| <201> | Targeted Completion Date | 07/18/2015 |
| <202> | Total Mobility Fund Support Awarded | 256416.0 |
| <203> | Total Mobility Fund Support Disbursed | 85472.0 |
| <204> | Support Applied to Network Design | 778.43 |
| <205> | Support Applied to Construction | 282513.59 |
| <206> | Support Applied to Deployment | |
| <207> | Support Applied to Maintenance | 982.79 |
| <208> | Certify Network will Support 3G Mobile Service (Yes / No) | ◉ ○ |
| <209> | Certify Network will Support 4G Mobile Service (Yes / No) | ○ ◉ |
| <210> | Actual Completion Date | |
| <211> | Project Status Description (attached) | EKN_PSD_KY.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 | ✓ |
| <213> | Status of Network Deployment - Construction | ✓ |
| <214> | Status of Network Deployment - Deployment | ✓ |
| <215> | Status of Network Deployment - Maintenance | ✓ |
| <216> | Project Budget Status | ✓ |
| <217> | Project Plan Status | ✓ |

| | | |
|---|---|---|
| <010> | Study Area Code | 268011 |
| <015> | Study Area Name | East Kentucky Network, LLC |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Todd Slamowitz |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 7035848678 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tslamowitz@fcclaw.com |

**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.

| | | |
|---|---|---|
| <010> | Study Area Code | 268011 |
| <015> | Study Area Name | East Kentucky Network, LLC |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Todd Slamowitz |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 7035848678 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tslamowitz@fcclaw.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) Todd Slamowitz 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: Todd Slamowitz

Name of Reporting Carrier: East Kentucky Network, LLC

Signature of Authorized Officer: CERTIFIED ONLINE Date: 07/18/2014

Printed name of Authorized Officer: Michael Huffman

Title or position of Authorized Officer: Financial Operations Director

Telephone number of Authorized Officer: 6068747550 ext.164

Study Area Code of Reporting Carrier: 268011 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: East Kentucky Network, LLC

Name of Authorized Agent or Employee of Agent: Todd Slamowitz

Signature of Authorized Agent or Employee of Agent: CERTIFIED ONLINE Date: 07/18/2014

Printed name of Authorized Agent or Employee of Agent: Todd Slamowitz

Title or position of Authorized Agent or Employee of Agent FCC Legal Counsel

Telephone number of Authorized Agent or Employee of Agent: 7035848678 ext.

Study Area Code of Reporting Carrier: 268011 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.

# Attachments

## (060) Coverage and Performance Report

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

| | | |
|---|---|---|
| <010> | Study Area Code | 268011 |
| <015> | Study Area Name | East Kentucky Network, LLC |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Todd Slamowitz |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 7035848678 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tslamowitz@fcclaw.com |
| <140> | Coverage and Performance Report Year | 01/2013 - 12/2013 |

<141>

| <a1> State | <a2> County | <a3> Census Block | <b1> Resident Population per Census Block | <b2> Resident Population Newly Reached by Service | <b3> Total Resident Population Reached by Service | <c1> Road Miles per Census Block | <c2> Road Miles per Census Block Newly Reached | <c3> Total Road Miles covered per Census Block | <d> Certify that Electronic Shapefiles are uploaded (yes/no) | <e> Certify that Drive Test Results are uploaded (yes/no) | <f> Certify that Scattered Site Tests are uploaded (yes/no) |
|---|---|---|---|---|---|---|---|---|---|---|---|
| KY | Letcher | 0000 | 0 | 0 | 0 | 0.0 | 0.0 | 0.0 | Yes | | |

Percentage of Total Population Reached by Service: 0

Percentage of Total Road Miles covered by Service: 0

**East Kentucky Network, LLC**

**Project Status Description**

Pursuant to Section 54.1009(a)(6) of the Commission's rules,[1] East Kentucky Network, LLC ("Filer") submits that there is no material updates to its project description, included the projected budget, associated with this Study Area Code that was provided by Filer in its FCC Form 680 filed in conjunction with its Auction 901 winning bids.

In its FCC Form 680, Filer explained that in order to provide advanced wireless broadband service, Filer is using the proceeds from auction 901 to expand its footprint with new cell sites, and supplementing its existing network footprint with 3G service. Specifically, utilizing the 850 MHz, 1900 MHz, along with the 700 MHz spectrum band, Filer intends to provide high speed, broadband data services over 3G. Further, installation of new cell sites and the overlay of 3G will enable Filer to meet its public interest obligations to provide rural Kentucky citizens with access to advanced telecommunications and information technologies that are reasonably comparable to those available in urban areas.

As of this date Filer had completed its network design, and has substantially completed construction of its network, and its expenditures to date disclosed in the Form 690 herein includes network design, construction, and maintenance. Filer anticipates that it will deploy the network in the areas associated with this study code by no later than the construction deadline of July 18, 2015.

---

[1] Section 54.1009(a)(6) provides that a winning bidder shall include "Updates to the information provided in § 54.1005(b)(2)(v).

## FCC Form 690 - Construction Status

East Kentucky Network, LLC. has not yet deployed its network with respect to the SAC associated with this filing. Further, it has not undertaken any drive tests during the reporting period.

**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

| | | |
|---|---|---|
| <010> | Study Area Code | 268012 |
| <015> | Study Area Name | East Kentucky Network, LLC |
| <020> | Program Year | 2014 |
| <030> | Contact Name: Person USAC should contact with questions about this data | Todd Slamowitz |
| <035> | Contact Telephone Number: Number of the person identified in data line <030> | 7035848678 ext. |
| <039> | Contact Email: Email of the person identified in data line <030> | tslamowitz@fcclaw.com |

ACCEPTED/FILED
JUL 23 2014
Federal Communications Commission
Office of the Secretary

*(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.

| | | |
|---|---|---|
| <010> | Study Area Code | 268012 |
| <015> | Study Area Name | East Kentucky Network, LLC |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Todd Slamowitz |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 7035848678 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tslamowitz@fcclaw.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 | |

| | | |
|---|---|---|
| <010> | Study Area Code | 268012 |
| <015> | Study Area Name | East Kentucky Network, LLC |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Todd Slamowitz |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 7035848678 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tslamowitz@fcclaw.com |

<140> Coverage and Performance Report Year 01/2013 - 12/2013

Electronic Shapefiles attachments: Construction Status.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 | | | | | | | | |
| | | | -- | | | | | | | | |
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| | | | | | | | | | | | |

Percentage of Total Population Reached by Service: 0

Percentage of Total Road Miles covered by Service: 0

| | | |
|---|---|---|
| <010> | Study Area Code | 268012 |
| <015> | Study Area Name | East Kentucky Network, LLC |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Todd Slamowitz |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 7035848678 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tslamowitz@fcclaw.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:

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) Todd Slamowitz 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: Todd Slamowitz

Name of Reporting Carrier: East Kentucky Network, LLC

Signature of Authorized Officer or Employee: CERTIFIED ONLINE Date: 07/18/2014

Printed name of Authorized Officer or Employee: Michael Huffman

Title or position of Authorized Officer or Employee: Financial Operations Director

Telephone number of Authorized Officer or Employee: 6068747550 ext.164

Study Area Code of Reporting Carrier: 268012 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: East Kentucky Network, LLC

Name of Authorized Agent or Employee of Agent: Todd Slamowitz

Signature of Authorized Agent or Employee of Agent: CERTIFIED ONLINE Date: 07/18/2014

Printed name of Authorized Agent or Employee of Agent: Todd Slamowitz

Title or position of Authorized Agent or Employee of Agent FCC Legal Counsel

Telephone number of Authorized Agent or Employee of Agent: 7035848678 ext.

Study Area Code of Reporting Carrier: 268012 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.

| | | |
|---|---|---|
| <010> | Study Area Code | 268012 |
| <015> | Study Area Name | East Kentucky Network, LLC |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Todd Slamowitz |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 7035848678 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tslamowitz@fcclaw.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:

| | | 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. | |

| | | |
|---|---|---|
| <010> | Study Area Code | 268012 |
| <015> | Study Area Name | East Kentucky Network, LLC |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Todd Slamowitz |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 7035848678 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tslamowitz@fcclaw.com |

| | | |
|---|---|---|
| <200> | Date Authorized to Receive Support | 07/18/2013 |
| <201> | Targeted Completion Date | 07/18/2015 |
| <202> | Total Mobility Fund Support Awarded | 203456.0 |
| <203> | Total Mobility Fund Support Disbursed | 67818.67 |
| <204> | Support Applied to Network Design | 778.43 |
| <205> | Support Applied to Construction | 389174.63 |
| <206> | Support Applied to Deployment | |
| <207> | Support Applied to Maintenance | 6630.28 |
| <208> | Certify Network will Support 3G Mobile Service (Yes / No) | ◉ ○ |
| <209> | Certify Network will Support 4G Mobile Service (Yes / No) | ○ ◉ |
| <210> | Actual Completion Date | |
| <211> | Project Status Description (attached) | EKN_PSD_KY.pdf<br>*{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 | ✓ |
| <213> | Status of Network Deployment - Construction | ✓ |
| <214> | Status of Network Deployment - Deployment | ✓ |
| <215> | Status of Network Deployment - Maintenance | ✓ |
| <216> | Project Budget Status | ✓ |
| <217> | Project Plan Status | ✓ |

| | | |
|---|---|---|
| <010> | Study Area Code | 268012 |
| <015> | Study Area Name | East Kentucky Network, LLC |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Todd Slamowitz |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 7035848678 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tslamowitz@fcclaw.com |

**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.

| | | |
|---|---|---|
| <010> | Study Area Code | 268012 |
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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)** Todd Slamowitz **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: Todd Slamowitz

Name of Reporting Carrier: East Kentucky Network, LLC

Signature of Authorized Officer: CERTIFIED ONLINE Date: 07/18/2014

Printed name of Authorized Officer: Michael Huffman

Title or position of Authorized Officer: Financial Operations Director

Telephone number of Authorized Officer: 6068747550 ext.164

Study Area Code of Reporting Carrier: 268012 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: East Kentucky Network, LLC

Name of Authorized Agent or Employee of Agent: Todd Slamowitz

Signature of Authorized Agent or Employee of Agent: CERTIFIED ONLINE Date: 07/18/2014

Printed name of Authorized Agent or Employee of Agent: Todd Slamowitz

Title or position of Authorized Agent or Employee of Agent FCC Legal Counsel

Telephone number of Authorized Agent or Employee of Agent: 7035848678 ext.

Study Area Code of Reporting Carrier: 268012 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.

# Attachments

## (060) Coverage and Performance Report

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

| | | |
|---|---|---|
| <010> | Study Area Code | 268012 |
| <015> | Study Area Name | East Kentucky Network, LLC |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Todd Slamowitz |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 7035848678 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tslamowitz@fcclaw.com |
| <140> | Coverage and Performance Report Year | 01/2013 - 12/2013 |

<141>

| <a1> State | <a2> County | <a3> Census Block | <b1> Resident Population per Census Block | <b2> Resident Population Newly Reached by Service | <b3> Total Resident Population Reached by Service | <c1> Road Miles per Census Block | <c2> Road Miles per Census Block Newly Reached | <c3> Total Road Miles covered per Census Block | <d> Certify that Electronic Shapefiles are uploaded (yes/no) | <e> Certify that Drive Test Results are uploaded (yes/no) | <f> Certify that Scattered Site Tests are uploaded (yes/no) |
|---|---|---|---|---|---|---|---|---|---|---|---|
| KY | Magoffin | 0000 | 0 | 0 | 0 | 0.0 | 0.0 | 0.0 | Yes | | |

Percentage of Total Population Reached by Service: 0

Percentage of Total Road Miles covered by Service: 0

**East Kentucky Network, LLC**

**Project Status Description**

Pursuant to Section 54.1009(a)(6) of the Commission's rules,[1] East Kentucky Network, LLC ("Filer") submits that there is no material updates to its project description, included the projected budget, associated with this Study Area Code that was provided by Filer in its FCC Form 680 filed in conjunction with its Auction 901 winning bids.

In its FCC Form 680, Filer explained that in order to provide advanced wireless broadband service, Filer is using the proceeds from auction 901 to expand its footprint with new cell sites, and supplementing its existing network footprint with 3G service. Specifically, utilizing the 850 MHz, 1900 MHz, along with the 700 MHz spectrum band, Filer intends to provide high speed, broadband data services over 3G. Further, installation of new cell sites and the overlay of 3G will enable Filer to meet its public interest obligations to provide rural Kentucky citizens with access to advanced telecommunications and information technologies that are reasonably comparable to those available in urban areas.

As of this date Filer had completed its network design, and has substantially completed construction of its network, and its expenditures to date disclosed in the Form 690 herein includes network design, construction, and maintenance. Filer anticipates that it will deploy the network in the areas associated with this study code by no later than the construction deadline of July 18, 2015.

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[1] Section 54.1009(a)(6) provides that a winning bidder shall include "Updates to the information provided in § 54.1005(b)(2)(v).

## FCC Form 690 - Construction Status

East Kentucky Network, LLC. has not yet deployed its network with respect to the SAC associated with this filing. Further, it has not undertaken any drive tests during the reporting period.

**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

| | | |
|---|---|---|
| <010> | Study Area Code | 268013 |
| <015> | Study Area Name | East Kentucky Network, LLC |
| <020> | Program Year | 2014 |
| <030> | Contact Name: Person USAC should contact with questions about this data | Todd Slamowitz |
| <035> | Contact Telephone Number: Number of the person identified in data line <030> | 7035848678 ext. |
| <039> | Contact Email: Email of the person identified in data line <030> | tslamowitz@fcclaw.com |

ACCEPTED/FILED
JUL 23 2014
Federal Communications Commission
Office of the Secretary

*(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.

| | | |
|---|---|---|
| <010> | Study Area Code | 268013 |
| <015> | Study Area Name | East Kentucky Network, LLC |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Todd Slamowitz |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 7035848678 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tslamowitz@fcclaw.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 | |

| | | |
|---|---|---|
| <010> | Study Area Code | 268013 |
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| <039> | Contact Email Address - Email Address of person identified in data line <030> | tslamowitz@fcclaw.com |

<140> Coverage and Performance Report Year 01/2013 - 12/2013

Electronic Shapefiles attachments: Construction Status.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> State | <a2> County | <a3> Census Block | <b1> Resident Population per Census Block | <b2> Resident Population Newly Reached by Service | <b3> Total Resident Population Reached by Service | <c1> Road Miles per Census Block | <c2> Road Miles per Census Block Newly Reached | <c3> Total Road Miles covered per Census Block | <d> Certify that Electronic Shapefiles are uploaded (yes/no) | <e> Certify that Drive Test Results are uploaded (yes/no) | <f> Certify that Scattered Site Tests are uploaded (yes/no) |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | -- See attached worksheet | | | | | | | | |
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| | | | | | | | | | | | |

Percentage of Total Population Reached by Service: 0

Percentage of Total Road Miles covered by Service: 0

| | | |
|---|---|---|
| <010> | Study Area Code | 268013 |
| <015> | Study Area Name | East Kentucky Network, LLC |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Todd Slamowitz |
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| <039> | Contact Email Address - Email Address of person identified in data line <030> | tslamowitz@fcclaw.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:

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) Todd Slamowitz 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: Todd Slamowitz

Name of Reporting Carrier: East Kentucky Network, LLC

Signature of Authorized Officer or Employee: CERTIFIED ONLINE Date: 07/18/2014

Printed name of Authorized Officer or Employee: Michael Huffman

Title or position of Authorized Officer or Employee: Financial Operations Director

Telephone number of Authorized Officer or Employee: 6068747550 ext.164

Study Area Code of Reporting Carrier: 268013 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: East Kentucky Network, LLC

Name of Authorized Agent or Employee of Agent: Todd Slamowitz

Signature of Authorized Agent or Employee of Agent: CERTIFIED ONLINE Date: 07/18/2014

Printed name of Authorized Agent or Employee of Agent: Todd Slamowitz

Title or position of Authorized Agent or Employee of Agent FCC Legal Counsel

Telephone number of Authorized Agent or Employee of Agent: 7035848678 ext.

Study Area Code of Reporting Carrier: 268013 Filing Due Date for this form: 07/31/2014

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| | | |
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| <035> | Contact Telephone Number - Number of person identified in data line <030> | 7035848678 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tslamowitz@fcclaw.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:

| | | 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. | |