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McLean, VA 22102

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LNGS

LUKAS,
NACE,
GUTIERREZ
& SACHS, LLP

DOCKET FILE COPY ORIGINAL

PUBLIC REFERENCE COPY

July 31, 2014

ACCEPTED/FILED

JUL 31 2014

Federal Communications Commission
Office of the Secretary

VIA HAND DELIVERY

Marlene H. Dortch
Secretary
Federal Communications Commission
445 12th Street, S.W., Room TW-A306
Washington, DC 20554

ORIGINAL

**Re: FCC Form 690 – Mobility Fund Phase I, Annual Report Form 2014
WC Docket No. 10-208**

Dear Secretary Dortch:

On behalf of Texas 10, LLC (“TX-10”), for the State and Study Area ~~_____~~ forth below, please find attached a public version of TX-10’s FCC Form 690 2014 Annual Report, filed pursuant to Section 54.1009 of the Commission’s Rules (“Form 690 Report”). Each Form 690 Report has been submitted to the Universal Service Administrative Company through its E-File System.

For each FCC Form 690, TX-10 is also submitting to the Commission, under separate cover, confidential versions. The confidential versions are marked “CONFIDENTIAL.” The attached Form 690 Reports have been marked “PUBLIC REFERENCE COPY.” TX-10 is requesting confidential treatment of certain information contained in the Exhibit to the Project Update Information (090) section of the FCC Form 690:

State	SACs
Texas	448002, 448006, 448007, 448008, 448009, 448019, 448011, 448012, 448013, 448014, 448015, 448016, 448017, 448018, 448019, 448020, 448022, 448023, 448024, 448025, 448026, 448028, 448029, 448030, 448031, 448032, 448033, 448034, 448035, 448036, 448037, 448038, 448039, 448040, 448041, and 448042

No. of Copies rec'd 0
List ABCDE

Marlene H. Dortch, Secretary
Federal Communications Commission
July 31 2014
Page 2

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Please contact the undersigned at 703-584-8673 if any questions arise concerning the above-referenced enclosures or if you require any additional information.

Sincerely,

LUKAS, NACE, GUTIERREZ & SACHS, LLP



Todd Slamowitz

Attorney for Texas 10, LLC

Attachments

PUBLIC REFERENCE COPY

Mobility Fund Phase 1 - 554.1009 Annual Reporting Data Collection Form	FCC Form Approved by OMB OMB No. 3060-1185 Avg. Burden Estimate per Respondent: 18 Hours
---	---

<010> Study Area Code	448002	ACCEPTED/FILED
<015> Study Area Name	Texas 10, LLC	
<020> Program Year	2014	JUL 31 2014
<030> Contact Name: Person USAC should contact with questions about this data	Ana Bataille	Federal Communications Commission Office of the Secretary
<035> Contact Telephone Number: Number of the person identified in data line <030>	6105356900 ext.	
<039> Contact Email: Email of the person identified in data line <030>	abataille@cellonation.com	

(check box when complete)

<040> Has the information required pursuant to 554.1009 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>	
<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 <small>(has the contact info. changed since prior filing? Yes or No)</small>		<input type="radio"/> <input checked="" type="radio"/>
<small>(if yes, complete the attached worksheet)</small>	<050>	
<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>	
<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>	

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

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(050) Carrier Contact Form

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

<010>	Study Area Code	448002
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Ana Bataille
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356900 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	abataille@cellonenation.com

Reporting Carrier / Mobility Fund Phase 1 Winning Bidder

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

Contact Information

if same as above, indicate in this box

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

Authorized Agent Information

if no agent, indicate in this box

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

(060) Coverage and Performance Report

FCC Form 690
 Approved by OMB
 OMB Control No. 3060-1185
 Page 3 of 8

<010>	Study Area Code	448002
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Ana Bataille
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356900 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	abataille@cellonation.com
<140>	Coverage and Performance Report Year	01/2013 - 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)

<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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(070) Urban Rate Comparability Certification Compliance

FCC Form 690
Approved by OMB
Page 4 of 8

<010> Study Area Code	448002
<015> Study Area Name	Texas 10, LLC
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	Ana Bataille
<035> Contact Telephone Number - Number of person identified in data line <030>	6105356900 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	abataille@celloneration.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:	Texas 10, LLC
Signature of Authorized Officer:	CERTIFIED ONLINE Date:
Printed name of Authorized Officer:	Ana Bataille
Title or position of Authorized Officer:	Tax & Regulatory Mgr.
Telephone number of Authorized Officer:	6105356900 ext.
Study Area Code of Reporting Carrier:	448002 Filing Due Date for this form: 07/31/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to authorize an Agent to file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer or Employee:	Date:
Printed name of Authorized Officer or Employee:	
Title or position of Authorized Officer or Employee:	
Telephone number of Authorized Officer or Employee:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	
Name of Authorized Agent or Employee of Agent:	
Signature of Authorized Agent or Employee of Agent:	Date:
Printed name of Authorized Agent or Employee of Agent:	
Title or position of Authorized Agent or Employee of Agent:	
Telephone number of Authorized Agent or Employee of Agent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

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(080) Tribal Lands Reporting

FCC Form 690
 Approved by OMB
 OMB Control No. 3060-1185
 Page 5 of 8

<010>	Study Area Code	448002
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	[REDACTED]
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356900 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	abataille@cellonenation.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 sustaina	[]
<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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(090) Project Update Information

FCC Form 690
 Approved by OMB
 OMB Control No. 3060-1185
 Page 6 of 8

<010>	Study Area Code	448002
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Ana Bataille
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356900 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	abataille@cellloneation.com

<200>	Date Authorized to Receive Support	08/16/2013
<201>	Targeted Completion Date	08/16/2015
<202>	Total Mobility Fund Support Awarded	
<203>	Total Mobility Fund Support Disbursed	
<204>	Support Applied to Network Design	
<205>	Support Applied to Construction	
<206>	Support Applied to Deployment	
<207>	Support Applied to Maintenance	
<208>	Certify Network Will Support 3G Mobile Service (Yes / No)	<input type="radio"/> <input checked="" type="radio"/>
<209>	Certify Network will Support 4G Mobile Service (Yes / No)	<input type="radio"/> <input checked="" type="radio"/>
<210>	Actual Completion Date	
<211>	Project Status Description (attached)	448002_PSD_TX.pdf <i>{Name of PDF attached}</i>

Please check these boxes below to confirm that the attached PDF, on line 211, contains a project status pursuant to §54.1005(b)(2)(v). The information shall be submitted as appropriate.

<212>	Status of Network Deployment - Network Design	<input checked="" type="checkbox"/>
<213>	Status of Network Deployment - Construction	<input checked="" type="checkbox"/>
<214>	Status of Network Deployment - Deployment	<input checked="" type="checkbox"/>
<215>	Status of Network Deployment - Maintenance	<input checked="" type="checkbox"/>
<216>	Project Budget Status	<input checked="" type="checkbox"/>
<217>	Project Plan Status	<input checked="" type="checkbox"/>

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(101) Certification - Reporting Carrier

FCC Form 690
Approved by OMB
OMB Control No. 3060-1185
Page 7 of 8.

<010>	Study Area Code	448002
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Ana Bataille
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356900 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	abataille@cellonenation.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:	Texas 10, LLC
Signature of Authorized Officer:	CERTIFIED ONLINE Date
Printed name of Authorized Officer:	Ana Bataille
Title or position of Authorized Officer:	Tax & Regulatory Mgr.
Telephone number of Authorized Officer:	6105356900 ext.
Study Area Code of Reporting Carrier:	448002 Filing Due Date for this filing: 07/30/2014
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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(102) Certification - Agent / Carrier

FCC Form 690

Approved by OMB

OMB Control Number 3060-1130

Page 8 of 8

<010> Study Area Code	448002
<015> Study Area Name	Texas 10, LLC
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	Ana Bataille
<035> Contact Telephone Number - Number of person identified in data line <030>	6105356900 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	abataille@celloneration.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	
<p>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.</p>	
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: _____
<p><small>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.</small></p>	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for Mobility Fund Recipients on Behalf of Reporting Carrier	
<p>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.</p>	
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: _____
<p><small>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.</small></p>	

PUBLIC REFERENCE COPY

Attachments

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(060) Coverage and Performance Report

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

<010> Study Area Code	448002
<015> Study Area Name	Texas 10, LLC
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	Ana Bataille
<035> Contact Telephone Number - Number of person identified in data line <030>	6105356900 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	abataille@cellomenation.com
<140> Coverage and Performance Report Year	01/2013 - 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
TX	anderson	480019509021000	0	0	0	0.01	0.0	0.0	Yes		
TX	anderson	480019509021001	16	0	0	2.67	0.0	0.0	Yes		
TX	anderson	480019509021003	0	0	0	0.16	0.0	0.0	Yes		
TX	anderson	480019509021004	0	0	0	0.06	0.0	0.0	Yes		
TX	anderson	480019509021005	0	0	0	0.41	0.0	0.0	Yes		
TX	anderson	480019509021006	10	0	0	2.23	0.0	0.0	Yes		
TX	anderson	480019509021007	0	0	0	0.1	0.0	0.0	Yes		
TX	anderson	480019509021009	0	0	0	0.31	0.0	0.0	Yes		
TX	anderson	480019509021010	0	0	0	6.65	0.0	0.0	Yes		
TX	anderson	480019509021012	0	0	0	1.52	0.0	0.0	Yes		
TX	anderson	480019509021013	0	0	0	1.98	0.0	0.0	Yes		
TX	anderson	480019509021014	0	0	0	1.87	0.0	0.0	Yes		
TX	anderson	480019509021016	33	0	0	6.74	0.0	0.0	Yes		
TX	anderson	480019509021020	0	0	0	0.89	0.0	0.0	Yes		
TX	anderson	480019509021021	0	0	0	3.73	0.0	0.0	Yes		
TX	anderson	480019509021022	0	0	0	3.44	0.0	0.0	Yes		
TX	anderson	480019509021024	0	0	0	0.01	0.0	0.0	Yes		
TX	anderson	480019509021026	4	0	0	0.45	0.0	0.0	Yes		
TX	anderson	480019509021027	4	0	0	0.71	0.0	0.0	Yes		
TX	anderson	480019509021029	14	0	0	7.28	0.0	0.0	Yes		

Percentage of Total Population Reached by Service

0

Percentage of Total Road Miles covered by Service

0

PUBLIC REFERENCE COPY

(060) Coverage and Performance Report

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

<010> Study Area Code	448002
<015> Study Area Name	Texas 10, LLC
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	Ana Bataille
<035> Contact Telephone Number - Number of person identified in data line <030>	6105356900 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	abataille@cellnation.com
<140> Coverage and Performance Report Year	01/2013 - 12/2013

<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)
	TX	anderson	480019509021065	7	0	0	0.26	0.0	0.0	Yes		
	TX	anderson	480019509021068	5	0	0	1.14	0.0	0.0	Yes		
	TX	anderson	480019509021069	41	0	0	3.6	0.0	0.0	Yes		
	TX	anderson	480019509021070	0	0	0	0.05	0.0	0.0	Yes		
	TX	anderson	480019509021071	0	0	0	0.15	0.0	0.0	Yes		
	TX	anderson	480019509021072	4	0	0	0.29	0.0	0.0	Yes		
	TX	anderson	480019509021073	0	0	0	0.4	0.0	0.0	Yes		
	TX	anderson	480019509021074	2	0	0	0.7	0.0	0.0	Yes		
	TX	anderson	480019509021076	2	0	0	0.42	0.0	0.0	Yes		
	TX	anderson	480019509022062	0	0	0	1.32	0.0	0.0	Yes		
	TX	anderson	480019509022063	0	0	0	0.09	0.0	0.0	Yes		
	TX	anderson	480019509022064	1	0	0	2.35	0.0	0.0	Yes		
	TX	anderson	480019509022071	0	0	0	2.21	0.0	0.0	Yes		
	TX	anderson	480019509022072	0	0	0	1.6	0.0	0.0	Yes		
	TX	anderson	480019509022073	0	0	0	0.39	0.0	0.0	Yes		
	TX	anderson	480019509022074	0	0	0	2.08	0.0	0.0	Yes		
	TX	anderson	480019509022075	3	0	0	1.81	0.0	0.0	Yes		
	TX	anderson	480019509022076	0	0	0	0.84	0.0	0.0	Yes		
	TX	anderson	480019509022086	104	0	0	5.36	0.0	0.0	Yes		
	TX	anderson	480019509022088	4	0	0	0.83	0.0	0.0	Yes		

Percentage of Total Population Reached by Service

0

Percentage of Total Road Miles covered by Service

0

PUBLIC REFERENCE COPY

FCC Form 696 - Construction Status

Filer has not yet completed construction with respect to the SAC associated with this filing.

PUBLIC REFERENCE COPY
REDACTED – FOR PUBLIC INSPECTION

Texas 10, LLC
Form 690
July 31, 2014

Project Status Description

Item: SAC 448002
County/State: Anderson, TX
Total Award Amount: \$99,997.24

Project Description¹

Overview and Initial Statement

Texas 10, LLC d/b/a Cellular One (“Texas 10” or “the Company”) is a facilities-based provider of commercial mobile radio services doing business as Cellular One and providing cellular and PCS services to tens of thousands of subscribers in authorized service areas in Eastern Texas.

Mobility Fund Phase I support won by Texas 10 will expand and upgrade the Company’s existing GSM/EDGE system in the applicable census tracts in order to provide 3G or 4G broadband services. The Company is upgrading cell sites and adding sites in certain areas where the Company is already authorized by the Commission to use the same cellular frequencies, providing coverage to achieve optimum broadband service.

Network Description; Proposed Technology; Feasibility Demonstration

Summary; 3G/4G. The Company’s wireless network encompassing the census blocks for which it has been identified as the winning bidder currently uses GSM/EDGE technology to provide cellular services. The Company is upgrading to, at a minimum, [REDACTED] to provide service to at least seventy-five percent (75%) or more of the designated road miles, within the relevant area within two years from the date on which the Company was authorized to receive support, in certain areas.

Private Investment in Core Upgrades at [REDACTED] Switch. The Company is in large measure allocating its own funds to upgrade the network switching core that serves markets in the census blocks for which it has been identified as the winning bidder. The Company’s significant private investment in upgrading core technology components will enhance the benefits realized from its use of Mobility Fund Phase I support, because these components represent a material portion of the network upgrade to broadband capability. The Company’s major switching center in [REDACTED], is receiving these broadband enhancements.

Allocation of Support; Data Speeds; Technical Feasibility. The Company is upgrading its GSM/EDGE network to broadband at existing cell sites and implementing necessary transport enhancements, resulting in broadband coverage of the eligible areas of the census tract. The broadband technologies implemented will deliver the data speeds and transmission latencies specified in the Commission’s rules.²

¹/ Any material updates will be described by the Company in its reports filed for review by the Commission.

²/ See 47 C.F.R. 54.1006(a), (b).

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Texas 10, LLC
Form 690
July 31, 2014

Implementation of [REDACTED] over the available spectrum in these areas will allow the Company to meet its public interest obligations because these technologies and the available spectrum, coupled with the Company's performance plan and construction schedule estimates, will provide the necessary speeds, latencies, and coverage to comply with the Commission's rules and orders setting forth these obligations. The Company remains firmly committed to complying with all regulatory obligations associated with the support, including also, for example, obligations with regard to roaming and co-location in these areas.

Primary Suppliers/OEMs. In considering which equipment would work best for successful deployment of its broadband network, the Company has met with numerous vendors and considered their pricing proposals and terms. [REDACTED]

Project Management; Network Components; Network Design and Construction, Deployment, and Maintenance. The Company is managing the Mobility I broadband deployment project utilizing internal and external engineering resources as deemed appropriate. These engineers are providing radiofrequency (RF) planning and supervision, managing the equipment purchasing process, working with local service providers to secure necessary backhaul, and working with a tower services company to install equipment on towers.

In this particular tract, the Company intends to use two towers for broadband coverage. The status of the Company's efforts to upgrade each of these towers is as follows.

At one site, the Company has filed equipment modification documents with the lessor. A structural analysis will be conducted. Thereafter, the Company expects to receive a lease modification and a lessor notice to proceed. Work is proceeding on additional backhaul to increase capacity in order to handle broadband throughput. New base station equipment and antennas have been ordered to match the antenna configuration. Delivery is expected within six to eight weeks. Installation of equipment at the cell sites will occur in clusters. After all equipment and services have been delivered and installed, data and voice call testing and optimization will occur. When system testing has been completed successfully, the system will be launched for on-air commercial services.

At the other site, the Company is negotiating with the lessor. When the lease space has been secured, the Company will proceed with the assistance of third party service providers to install the necessary infrastructure; optimize, integrate, and tune the equipment; conduct final testing; and launch the services.

Maintenance of the network includes monthly, semiannual and annual maintenance reviews at each cell site. During these reviews, the Company's field technicians evaluate the condition of the dehydrator, generator, and external alarms; evaluate transmitting and receiving voltages and identify and rectify any line, radio, or counting errors; review generator readings, voice channel maintenance records, and any microwave received signal strength indications; sweep antennas and lines; and inspect any halon system at the site.

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Texas 10, LLC
Form 690
July 31, 2014

Budget; Timing

The following Project Budget sets forth current projections for the total budget as well as amounts budgeted for each phase of the project, and specifically relates the budget to the costs for the activities in this project plan.

Any funds required to complete the project that are not included in the [REDACTED] support are needed. Specifically, the Company is allocating its own funds, in the amount of approximately [REDACTED], to upgrade the network switching core that serves the markets involved, as well as for certain cell site upgrades. This significant private investment will enhance the benefits gained from the utilization of Mobility Fund Phase I support in upgrading the remainder of the network to broadband capability.

Project Budget:

<u>Census Tract</u>	<u>County/State</u>	<u>Award</u>	<u>Project Budget</u>
			<u>Total</u>
T48001950902	Anderson, TX	\$ 99,997	\$ [REDACTED]

The following list specifically relates the budget to the estimated costs for the activities in the project plan.

<u>Project Budget Detail</u>	<u>Est</u>
Network Design	\$ [REDACTED]
Construction	\$ [REDACTED]
Deployment	\$ [REDACTED]
Maintenance	\$ [REDACTED]
Total	\$ [REDACTED]

The following list specifically relates the expenditures to date to the activities in the project plan.

<u>Project Disbursement Detail</u>	<u>Amt Disbursed to Date</u>
Network Design	\$ [REDACTED]
Construction	\$ [REDACTED]
Deployment	\$ [REDACTED]
Maintenance	\$ [REDACTED]
Total	\$ [REDACTED]