

10-208

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DOCKET FILE COPY ORIGINAL

Mobility Fund Phase 1 - \$54.1009 Annual Reporting Data Collection Form	FCC Form Approved by OMB OMB 3060-1185 Avg. Burden Estimate per Respondent: 18 Hours
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<010> Study Area Code	448031
<015> Study Area Name	Texas 10, LLC
<020> Program Year	2014
<030> Contact Name: Person USAC should contact with questions about this data	Ana Bataille
<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@celloneration.com

ACCEPTED/FILED

JUL 31 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>	<input type="radio"/>	<input checked="" type="radio"/>
<041> Attach a description of the documents filed with the Form 481 reporting	<041>	<input type="text"/>	
<042> Cite the Study Area Code (SAC) for the Form 481 reporting	<042>	<input type="text"/>	
<043> Cite the date of the Form 481 reporting	<043>	<input type="text"/>	
<050> Carrier Contact Information <small>(has the contact info. changed since prior filing? Yes or No)</small>	<050>	<input type="radio"/>	<input checked="" type="radio"/>
<small>(If yes, complete the attached worksheet)</small>	<050>	<input type="text"/>	
<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>	<080>	<input type="radio"/>	<input checked="" type="radio"/>
<small>(If yes, complete the attached worksheet)</small>	<080>	<input type="text"/>	
<090> Project Update Information <small>(complete attached worksheet)</small>	<090>	<input checked="" type="checkbox"/>	
<100> Certifications			
<101> Reporting Carrier Certification <small>(complete attached certification)</small>	<101>	<input checked="" type="checkbox"/>	
<102> Agent Certification <small>(complete attached certification)</small>	<102>	<input type="checkbox"/>	

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements)

Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

No. of Copies rec'd 0
List ABCDE

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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	448031
<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

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 _____

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(060) Coverage and Performance Report

FCC Form 690
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<010>	Study Area Code	448031
<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

448031_CPRd_TX.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 Electron ic Shapefil es are uploade d (yes/no)	Certify that Drive Test Result s are upload ed (yes/n o)	Certify that Scattered Site Tests are uploaded (yes/no)
				-- See attached worksheet							

Percentage of Total
Population Reached by
Service

0

Percentage of Total
Road Miles covered
by Service

0

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(070) Urban Rate Comparability Certification Compliance

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<010> Study Area Code	448031
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<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

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 07/30/2014
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:	448031 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
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<010>	Study Area Code	448031
<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

<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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(090) Project Update Information	FCC Form 590 Approved by OMB OMB Control No. 3060-1185 Page 6 of 8
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<010>	Study Area Code	448031
<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

<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)	448031_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	✓	
<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	✓	

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(101) Certification - Reporting Carrier

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<010>	Study Area Code	448031
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<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 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 07/30/2014
Printed name of Authorized Officer:	Ana Bataille
Title or position of Authorized Officer:	Tax & Regulatory Mgr.
Telephone number of Authorized Officer:	6105356911 ext.
Study Area Code of Reporting Carrier:	448031 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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(102) Certification - Agent / Carrier

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 Approved by OMB
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<010>	Study Area Code	448031
<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	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent: _____	
Name of Reporting Carrier: _____	
Signature of Authorized Officer: _____	Date: _____
Printed name of Authorized Officer: _____	
Title or position of Authorized Officer: _____	
Telephone number of Authorized Officer: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for Mobility Fund Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for Mobility Fund recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: _____	
Name of Authorized Agent or Employee of Agent: _____	
Signature of Authorized Agent or Employee of Agent: _____	Date: _____
Printed name of Authorized Agent or Employee of Agent: _____	
Title or position of Authorized Agent or Employee of Agent: _____	
Telephone number of Authorized Agent or Employee of Agent: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
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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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	448031
<015> Study Area Name	Texas 10, LLC
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	Ana Bataille
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<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

<141>	<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	sabine	484039501002050	11	0	0	1.17	0.0	0.0	Yes	No	No
TX	sabine	484039501002179	9	0	0	0.55	0.0	0.0	No	No	No
TX	sabine	484039501002111	0	0	0	0.15	0.0	0.0	No	No	No
TX	sabine	484039501001023	0	0	0	0.49	0.0	0.0	No	No	No
TX	sabine	484039501002180	11	0	0	0.18	0.0	0.0	No	No	No
TX	sabine	484039501002141	7	0	0	1.56	0.0	0.0	No	No	No
TX	sabine	484039501002070	3	0	0	0.24	0.0	0.0	No	No	No
TX	sabine	484039501002090	15	0	0	0.26	0.0	0.0	No	No	No
TX	sabine	484039501002154	11	0	0	1.56	0.0	0.0	No	No	No
TX	sabine	484039501002038	29	0	0	2.56	0.0	0.0	No	No	No
TX	sabine	484039501002107	17	0	0	0.4	0.0	0.0	No	No	No
TX	sabine	484039501001007	0	0	0	0.93	0.0	0.0	No	No	No
TX	sabine	484039501002055	20	0	0	1.88	0.0	0.0	No	No	No
TX	sabine	484039501002008	0	0	0	0.64	0.0	0.0	No	No	No
TX	sabine	484039501002018	0	0	0	0.21	0.0	0.0	No	No	No
TX	sabine	484039501001084	3	0	0	0.13	0.0	0.0	No	No	No
TX	sabine	484039501002020	6	0	0	0.73	0.0	0.0	No	No	No
TX	sabine	484039501001027	42	0	0	7.95	0.0	0.0	No	No	No
TX	sabine	484039501002130	10	0	0	0.21	0.0	0.0	No	No	No
TX	sabine	484039501002145	0	0	0	0.48	0.0	0.0	No	No	No

Percentage of
Total Population
Reached by
Service

0

Percentage of Total
Road Miles covered
by Service

0

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(060) Coverage and Performance Report

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

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<039> Contact Email Address - Email Address of person identified in data line <030>	abataille@celloneration.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	sabine	484039501002036	0	0	0	0.14	0.0	0.0	No	No	No
	TX	sabine	484039501002148	3	0	0	0.34	0.0	0.0	No	No	No
	TX	sabine	484039501002077	2	0	0	0.63	0.0	0.0	No	No	No
	TX	sabine	484039501001009	16	0	0	2.29	0.0	0.0	No	No	No
	TX	sabine	484039501002065	26	0	0	3.76	0.0	0.0	No	No	No
	TX	sabine	484039501002087	5	0	0	0.3	0.0	0.0	No	No	No
	TX	sabine	484039501002129	3	0	0	0.28	0.0	0.0	No	No	No
	TX	sabine	484039501001060	0	0	0	0.03	0.0	0.0	No	No	No
	TX	sabine	484039501001075	0	0	0	0.17	0.0	0.0	No	No	No
	TX	sabine	484039501001062	0	0	0	0.03	0.0	0.0	No	No	No
	TX	sabine	484039501001048	39	0	0	3.16	0.0	0.0	No	No	No
	TX	sabine	484039501001073	5	0	0	0.41	0.0	0.0	No	No	No
	TX	sabine	484039501002125	8	0	0	0.29	0.0	0.0	No	No	No
	TX	sabine	484039501001004	146	0	0	3.84	0.0	0.0	No	No	No
	TX	sabine	484039501001028	0	0	0	0.4	0.0	0.0	No	No	No
	TX	sabine	484039501002166	0	0	0	2.03	0.0	0.0	No	No	No
	TX	sabine	484039501002092	0	0	0	0.07	0.0	0.0	No	No	No
	TX	sabine	484039501001080	6	0	0	0.23	0.0	0.0	No	No	No
	TX	sabine	484039501002165	0	0	0	0.36	0.0	0.0	No	No	No
	TX	sabine	484039501002016	4	0	0	0.78	0.0	0.0	No	No	No

Percentage of
Total Population
Reached by
Service

0

Percentage of Total
Road Miles covered
by Service

0

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(060) Coverage and Performance Report

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OMB Control No. 3060-1185

<010> Study Area Code	448031
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<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
<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	sabine	484039501001024	0	0	0	0.85	0.0	0.0	No	No	No
	TX	sabine	484039501002049	2	0	0	2.74	0.0	0.0	No	No	No
	TX	sabine	484039501002132	2	0	0	0.14	0.0	0.0	No	No	No
	TX	sabine	484039501002048	0	0	0	0.11	0.0	0.0	No	No	No
	TX	sabine	484039501002118	5	0	0	0.2	0.0	0.0	No	No	No
	TX	sabine	484039501002163	11	0	0	0.79	0.0	0.0	No	No	No
	TX	sabine	484039501002119	0	0	0	0.38	0.0	0.0	No	No	No
	TX	sabine	484039501002012	0	0	0	0.22	0.0	0.0	No	No	No
	TX	sabine	484039501002181	7	0	0	0.31	0.0	0.0	No	No	No
	TX	sabine	484039501002086	3	0	0	0.15	0.0	0.0	No	No	No
	TX	sabine	484039501002170	13	0	0	3.05	0.0	0.0	No	No	No
	TX	sabine	484039501002174	0	0	0	0.15	0.0	0.0	No	No	No
	TX	sabine	484039501002178	12	0	0	2.13	0.0	0.0	No	No	No
	TX	sabine	484039501002150	16	0	0	1.44	0.0	0.0	No	No	No
	TX	sabine	484039501002151	0	0	0	0.44	0.0	0.0	No	No	No
	TX	sabine	484039501001043	35	0	0	0.77	0.0	0.0	No	No	No
	TX	sabine	484039501001083	6	0	0	0.17	0.0	0.0	No	No	No
	TX	sabine	484039501001081	9	0	0	0.38	0.0	0.0	No	No	No
	TX	sabine	484039501002042	0	0	0	0.16	0.0	0.0	No	No	No
	TX	sabine	484039501002039	7	0	0	1.92	0.0	0.0	No	No	No

Percentage of Total Population Reached by Service

0

Percentage of Total Road Miles covered by Service

0

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(060) Coverage and Performance Report

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

<010> Study Area Code	448031
<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
<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	sabine	484039501001041	0	0	0	0.63	0.0	0.0	No	No	No
	TX	sabine	484039501001008	0	0	0	0.91	0.0	0.0	No	No	No
	TX	sabine	484039501001035	12	0	0	1.18	0.0	0.0	No	No	No
	TX	sabine	484039501001019	0	0	0	0.26	0.0	0.0	No	No	No
	TX	sabine	484039501002085	22	0	0	0.43	0.0	0.0	No	No	No
	TX	sabine	484039501002117	0	0	0	0.09	0.0	0.0	No	No	No
	TX	sabine	484039501001025	0	0	0	2.77	0.0	0.0	No	No	No
	TX	sabine	484039501002080	18	0	0	0.39	0.0	0.0	No	No	No
	TX	sabine	484039501001047	10	0	0	0.36	0.0	0.0	No	No	No
	TX	sabine	484039501002120	6	0	0	0.12	0.0	0.0	No	No	No
	TX	sabine	484039501001051	10	0	0	0.19	0.0	0.0	No	No	No
	TX	sabine	484039501002152	6	0	0	0.63	0.0	0.0	No	No	No
	TX	sabine	484039501002153	9	0	0	1.84	0.0	0.0	No	No	No
	TX	sabine	484039501002057	0	0	0	0.12	0.0	0.0	No	No	No
	TX	sabine	484039501002059	0	0	0	4.34	0.0	0.0	No	No	No
	TX	sabine	484039501002061	7	0	0	2.3	0.0	0.0	No	No	No
	TX	sabine	484039501001045	120	0	0	8.53	0.0	0.0	No	No	No
	TX	sabine	484039501002183	10	0	0	0.29	0.0	0.0	No	No	No
	TX	sabine	484039501002136	0	0	0	0.06	0.0	0.0	No	No	No
	TX	sabine	484039501002007	0	0	0	0.14	0.0	0.0	No	No	No

Percentage of
Total Population
Reached by
Service

0

Percentage of Total
Road Miles covered
by Service

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<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	sabine	484039501002022	1	0	0	0.61	0.0	0.0	No	No	No
	TX	sabine	484039501002173	4	0	0	0.09	0.0	0.0	No	No	No
	TX	sabine	484039501001030	19	0	0	13.78	0.0	0.0	No	No	No
	TX	sabine	484039501002142	2	0	0	0.16	0.0	0.0	No	No	No
	TX	sabine	484039501002121	5	0	0	0.17	0.0	0.0	No	No	No
	TX	sabine	484039501002072	1	0	0	0.2	0.0	0.0	No	No	No
	TX	sabine	484039501002071	9	0	0	0.28	0.0	0.0	No	No	No
	TX	sabine	484039501001058	1	0	0	0.57	0.0	0.0	No	No	No
	TX	sabine	484039501002076	6	0	0	0.19	0.0	0.0	No	No	No
	TX	sabine	484039501002184	18	0	0	0.28	0.0	0.0	No	No	No
	TX	sabine	484039501002127	4	0	0	0.09	0.0	0.0	No	No	No
	TX	sabine	484039501002167	8	0	0	1.94	0.0	0.0	No	No	No
	TX	sabine	484039501001064	31	0	0	2.23	0.0	0.0	No	No	No
	TX	sabine	484039501002024	17	0	0	6.51	0.0	0.0	No	No	No
	TX	sabine	484039501001037	1	0	0	1.93	0.0	0.0	No	No	No
	TX	sabine	484039501002043	2	0	0	0.89	0.0	0.0	No	No	No
	TX	sabine	484039501002115	0	0	0	0.18	0.0	0.0	No	No	No
	TX	sabine	484039501002161	0	0	0	0.24	0.0	0.0	No	No	No
	TX	sabine	484039501002171	2	0	0	0.09	0.0	0.0	No	No	No
	TX	sabine	484039501001029	0	0	0	0.5	0.0	0.0	No	No	No

Percentage of Total Population Reached by Service

0

Percentage of Total Road Miles covered by Service

0

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<039> Contact Email Address - Email Address of person identified in data line <030>	abataille@celloneration.com
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<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	sabine	484039501002056	2	0	0	0.17	0.0	0.0	No	No	No
	TX	sabine	484039501002074	6	0	0	0.17	0.0	0.0	No	No	No
	TX	sabine	484039501002172	0	0	0	0.08	0.0	0.0	No	No	No
	TX	sabine	484039501001012	34	0	0	9.38	0.0	0.0	No	No	No
	TX	sabine	484039501002091	14	0	0	0.56	0.0	0.0	No	No	No
	TX	sabine	484039501002147	16	0	0	4.52	0.0	0.0	No	No	No
	TX	sabine	484039501002164	0	0	0	0.38	0.0	0.0	No	No	No
	TX	sabine	484039501002123	8	0	0	0.18	0.0	0.0	No	No	No
	TX	sabine	484039501002044	25	0	0	2.09	0.0	0.0	No	No	No
	TX	sabine	484039501002084	16	0	0	0.19	0.0	0.0	No	No	No
	TX	sabine	484039501002177	3	0	0	0.22	0.0	0.0	No	No	No
	TX	sabine	484039501002104	4	0	0	0.1	0.0	0.0	No	No	No
	TX	sabine	484039501002063	4	0	0	0.32	0.0	0.0	No	No	No
	TX	sabine	484039501002053	9	0	0	3.39	0.0	0.0	No	No	No
	TX	sabine	484039501001032	37	0	0	6.03	0.0	0.0	No	No	No
	TX	sabine	484039501002082	0	0	0	0.12	0.0	0.0	No	No	No
	TX	sabine	484039501001003	0	0	0	0.19	0.0	0.0	No	No	No
	TX	sabine	484039501001011	23	0	0	4.37	0.0	0.0	No	No	No
	TX	sabine	484039501001054	0	0	0	0.12	0.0	0.0	No	No	No
	TX	sabine	484039501002054	9	0	0	1.09	0.0	0.0	No	No	No

Percentage of
Total Population
Reached by
Service

0

Percentage of Total
Road Miles covered
by Service

0

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<039>	Contact Email Address - Email Address of person identified in data line <030>	abataille@celloneration.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 (yes/no)
TX	sabine	484039501002149	6	0	0	0.7	0.0	0.0	No	No	No
TX	sabine	484039501002135	7	0	0	0.9	0.0	0.0	No	No	No
TX	sabine	484039501002134	8	0	0	0.32	0.0	0.0	No	No	No
TX	sabine	484039501002068	8	0	0	0.78	0.0	0.0	No	No	No
TX	sabine	484039501001072	8	0	0	4.66	0.0	0.0	No	No	No
TX	sabine	484039501002093	10	0	0	0.98	0.0	0.0	No	No	No
TX	sabine	484039501002027	0	0	0	0.77	0.0	0.0	No	No	No
TX	sabine	484039501002116	0	0	0	0.19	0.0	0.0	No	No	No
TX	sabine	484039501001036	12	0	0	4.79	0.0	0.0	No	No	No
TX	sabine	484039501001038	0	0	0	0.07	0.0	0.0	No	No	No
TX	sabine	484039501002005	2	0	0	0.44	0.0	0.0	No	No	No
TX	sabine	484039501002126	2	0	0	0.14	0.0	0.0	No	No	No
TX	sabine	484039501002155	0	0	0	0.29	0.0	0.0	No	No	No
TX	sabine	484039501001014	16	0	0	0.63	0.0	0.0	No	No	No
TX	sabine	484039501002128	64	0	0	2.99	0.0	0.0	No	No	No
TX	sabine	484039501001067	2	0	0	0.21	0.0	0.0	No	No	No
TX	sabine	484039501002156	10	0	0	1.0	0.0	0.0	No	No	No
TX	sabine	484039501002081	4	0	0	0.15	0.0	0.0	No	No	No
TX	sabine	484039501002139	23	0	0	0.72	0.0	0.0	No	No	No
TX	sabine	484039501001050	20	0	0	1.5	0.0	0.0	No	No	No

Percentage of Total Population Reached by Service

0

Percentage of Total Road Miles covered by Service

0

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<039> Contact Email Address - Email Address of person identified in data line <030>	abataille@celloneration.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	sabine	484039501002158	15	0	0	0.19	0.0	0.0	No	No	No
	TX	sabine	484039501002108	0	0	0	0.04	0.0	0.0	No	No	No
	TX	sabine	484039501002109	4	0	0	0.14	0.0	0.0	No	No	No
	TX	sabine	484039501002169	0	0	0	0.15	0.0	0.0	No	No	No
	TX	sabine	484039501002009	4	0	0	0.53	0.0	0.0	No	No	No
	TX	sabine	484039501001071	6	0	0	3.83	0.0	0.0	No	No	No
	TX	sabine	484039501002162	4	0	0	0.73	0.0	0.0	No	No	No
	TX	sabine	484039501001078	5	0	0	0.23	0.0	0.0	No	No	No
	TX	sabine	484039501002159	8	0	0	0.37	0.0	0.0	No	No	No
	TX	sabine	484039501001040	0	0	0	0.29	0.0	0.0	No	No	No
	TX	sabine	484039501001031	7	0	0	1.49	0.0	0.0	No	No	No
	TX	sabine	484039501001033	2	0	0	0.43	0.0	0.0	No	No	No
	TX	sabine	484039501001063	0	0	0	0.13	0.0	0.0	No	No	No
	TX	sabine	484039501001059	1	0	0	0.37	0.0	0.0	No	No	No
	TX	sabine	484039501001013	7	0	0	5.34	0.0	0.0	No	No	No
	TX	sabine	484039501002034	11	0	0	3.27	0.0	0.0	No	No	No
	TX	sabine	484039501002060	0	0	0	0.21	0.0	0.0	No	No	No
	TX	sabine	484039501002023	0	0	0	0.17	0.0	0.0	No	No	No
	TX	sabine	484039501002006	6	0	0	0.34	0.0	0.0	No	No	No
	TX	sabine	484039501001082	6	0	0	0.31	0.0	0.0	No	No	No

Percentage of Total Population Reached by Service

0

Percentage of Total Road Miles covered by Service

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<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	sabine	484039501001055	3	0	0	0.18	0.0	0.0	No	No	No
	TX	sabine	484039501002079	2	0	0	0.12	0.0	0.0	No	No	No
	TX	sabine	484039501002021	0	0	0	0.1	0.0	0.0	No	No	No
	TX	sabine	484039501001046	11	0	0	0.15	0.0	0.0	No	No	No
	TX	sabine	484039501001016	0	0	0	0.71	0.0	0.0	No	No	No
	TX	sabine	484039501002105	5	0	0	0.11	0.0	0.0	No	No	No
	TX	sabine	484039501001022	0	0	0	0.23	0.0	0.0	No	No	No
	TX	sabine	484039501002028	2	0	0	7.86	0.0	0.0	No	No	No
	TX	sabine	484039501002017	0	0	0	0.26	0.0	0.0	No	No	No
	TX	sabine	484039501002131	15	0	0	0.29	0.0	0.0	No	No	No
	TX	sabine	484039501002144	12	0	0	1.83	0.0	0.0	No	No	No
	TX	sabine	484039501002066	45	0	0	3.02	0.0	0.0	No	No	No
	TX	sabine	484039501002025	12	0	0	1.49	0.0	0.0	No	No	No
	TX	sabine	484039501002088	10	0	0	0.24	0.0	0.0	No	No	No
	TX	sabine	484039501001026	0	0	0	0.41	0.0	0.0	No	No	No
	TX	sabine	484039501002182	0	0	0	0.07	0.0	0.0	No	No	No
	TX	sabine	484039501002051	0	0	0	0.15	0.0	0.0	No	No	No
	TX	sabine	484039501001042	0	0	0	0.11	0.0	0.0	No	No	No
	TX	sabine	484039501002176	0	0	0	0.17	0.0	0.0	No	No	No
	TX	sabine	484039501001068	42	0	0	1.8	0.0	0.0	No	No	No

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	TX	sabine	484039501002101	19	0	0	0.29	0.0	0.0	No	No	No
	TX	sabine	484039501001066	0	0	0	0.44	0.0	0.0	No	No	No
	TX	sabine	484039501002089	31	0	0	0.6	0.0	0.0	No	No	No
	TX	sabine	484039501002033	5	0	0	0.74	0.0	0.0	No	No	No
	TX	sabine	484039501001074	26	0	0	0.44	0.0	0.0	No	No	No
	TX	sabine	484039501002100	0	0	0	0.02	0.0	0.0	No	No	No
	TX	sabine	484039501002113	1	0	0	0.18	0.0	0.0	No	No	No
	TX	sabine	484039501002099	36	0	0	0.71	0.0	0.0	No	No	No
	TX	sabine	484039501002030	28	0	0	7.19	0.0	0.0	No	No	No
	TX	sabine	484039501001065	0	0	0	0.41	0.0	0.0	No	No	No
	TX	sabine	484039501002146	17	0	0	2.4	0.0	0.0	No	No	No
	TX	sabine	484039501002058	19	0	0	3.34	0.0	0.0	No	No	No
	TX	sabine	484039501002032	6	0	0	1.5	0.0	0.0	No	No	No
	TX	sabine	484039501002013	0	0	0	0.2	0.0	0.0	No	No	No
	TX	sabine	484039501002035	0	0	0	0.18	0.0	0.0	No	No	No
	TX	sabine	484039501001057	18	0	0	1.57	0.0	0.0	No	No	No
	TX	sabine	484039501002143	10	0	0	2.03	0.0	0.0	No	No	No
	TX	sabine	484039501001020	0	0	0	0.87	0.0	0.0	No	No	No
	TX	sabine	484039501002003	96	0	0	6.18	0.0	0.0	No	No	No
	TX	sabine	484039501001021	3	0	0	2.12	0.0	0.0	No	No	No

Percentage of Total Population Reached by Service

0

Percentage of Total Road Miles covered by Service

0

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(060) Coverage and Performance Report

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

<010> Study Area Code	448031
<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
<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	sabine	484039501002029	0	0	0	1.43	0.0	0.0	No	No	No
	TX	sabine	484039501001053	41	0	0	3.2	0.0	0.0	No	No	No
	TX	sabine	484039501002015	2	0	0	0.11	0.0	0.0	No	No	No
	TX	sabine	484039501002046	0	0	0	0.17	0.0	0.0	No	No	No
	TX	sabine	484039501002045	17	0	0	2.71	0.0	0.0	No	No	No
	TX	sabine	484039501002122	3	0	0	0.17	0.0	0.0	No	No	No
	TX	sabine	484039501002073	4	0	0	0.08	0.0	0.0	No	No	No
	TX	sabine	484039501002052	5	0	0	1.4	0.0	0.0	No	No	No
	TX	sabine	484039501002175	0	0	0	0.18	0.0	0.0	No	No	No
	TX	sabine	484039501002168	18	0	0	4.62	0.0	0.0	No	No	No
	TX	sabine	484039501001052	6	0	0	1.69	0.0	0.0	No	No	No
	TX	sabine	484039501001039	15	0	0	1.55	0.0	0.0	No	No	No
	TX	sabine	484039501002014	0	0	0	0.22	0.0	0.0	No	No	No
	TX	sabine	484039501001070	4	0	0	0.13	0.0	0.0	No	No	No
	TX	sabine	484039501002062	27	0	0	4.22	0.0	0.0	No	No	No
	TX	sabine	484039501002011	0	0	0	0.42	0.0	0.0	No	No	No
	TX	sabine	484039501002004	7	0	0	0.26	0.0	0.0	No	No	No
	TX	sabine	484039501002114	0	0	0	0.44	0.0	0.0	No	No	No
	TX	sabine	484039501001000	0	0	0	0.08	0.0	0.0	No	No	No
	TX	sabine	484039501001005	1	0	0	1.89	0.0	0.0	No	No	No

Percentage of
Total Population
Reached by
Service

0

Percentage of Total
Road Miles covered
by Service

0

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(060) Coverage and Performance Report FCC Form 690
Approved by OMB
OMB Control No. 3060-1185

<010> Study Area Code 448031
 <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
 <140> Coverage and Performance Report Year 01/2013 - 12/2013

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TX	sabine	484039501002110	9	0	0	0.18	0.0	0.0	No	No	No
TX	sabine	484039501001049	0	0	0	0.11	0.0	0.0	No	No	No
TX	sabine	484039501002078	212	0	0	7.59	0.0	0.0	No	No	No
TX	sabine	484039501002138	0	0	0	0.47	0.0	0.0	No	No	No
TX	sabine	484039501002096	16	0	0	0.18	0.0	0.0	No	No	No
TX	sabine	484039501002040	22	0	0	3.22	0.0	0.0	No	No	No
TX	sabine	484039501001056	6	0	0	0.63	0.0	0.0	No	No	No
TX	sabine	484039501001015	1	0	0	0.33	0.0	0.0	No	No	No
TX	sabine	484039501001018	0	0	0	1.29	0.0	0.0	No	No	No
TX	sabine	484039501001034	0	0	0	0.22	0.0	0.0	No	No	No
TX	sabine	484039501001069	0	0	0	0.11	0.0	0.0	No	No	No
TX	sabine	484039501002160	3	0	0	0.09	0.0	0.0	No	No	No
TX	sabine	484039501002010	2	0	0	0.26	0.0	0.0	No	No	No
TX	sabine	484039501001077	11	0	0	0.21	0.0	0.0	No	No	No
TX	sabine	484039501002019	28	0	0	0.55	0.0	0.0	No	No	No
TX	sabine	484039501002075	2	0	0	0.2	0.0	0.0	No	No	No
TX	sabine	484039501002106	6	0	0	0.1	0.0	0.0	No	No	No
TX	sabine	484039501002041	0	0	0	0.09	0.0	0.0	No	No	No
TX	sabine	484039501002064	7	0	0	5.93	0.0	0.0	No	No	No
TX	sabine	484039501001076	2	0	0	0.15	0.0	0.0	No	No	No

Percentage of Total Population Reached by Service

0

Percentage of Total Road Miles covered by Service

0

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(060) Coverage and Performance Report

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	State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Electronic Shapefiles are uploaded (yes/no)	Certify that Drive Test Results are uploaded (yes/no)	Certify that Scattered Site Tests are uploaded (yes/no)
	TX	sabine	484039501002097	0	0	0	0.05	0.0	0.0	No	No	No
	TX	sabine	484039501001079	6	0	0	0.24	0.0	0.0	No	No	No
	TX	sabine	484039501002137	0	0	0	0.07	0.0	0.0	No	No	No
	TX	sabine	484039501002069	2	0	0	0.11	0.0	0.0	No	No	No
	TX	sabine	484039501001085	0	0	0	0.11	0.0	0.0	No	No	No
	TX	sabine	484039501002067	6	0	0	0.22	0.0	0.0	No	No	No
	TX	sabine	484039501002047	0	0	0	0.07	0.0	0.0	No	No	No
	TX	sabine	484039501002133	0	0	0	0.05	0.0	0.0	No	No	No
	TX	sabine	484039501002124	0	0	0	0.07	0.0	0.0	No	No	No
	TX	sabine	484039501001006	3	0	0	4.99	0.0	0.0	No	No	No
	TX	sabine	484039501001017	0	0	0	0.04	0.0	0.0	No	No	No
	TX	sabine	484039501002083	25	0	0	0.56	0.0	0.0	No	No	No
	TX	sabine	484039501002112	2	0	0	0.29	0.0	0.0	No	No	No
	TX	sabine	484039501002026	2	0	0	3.07	0.0	0.0	No	No	No
	TX	sabine	484039501001010	11	0	0	4.85	0.0	0.0	No	No	No
	TX	sabine	484039501002031	5	0	0	0.2	0.0	0.0	No	No	No
	TX	sabine	484039501002037	4	0	0	0.6	0.0	0.0	No	No	No
	TX	sabine	484039501001044	14	0	0	0.27	0.0	0.0	No	No	No

Percentage of Total Population Reached by Service

0

Percentage of Total Road Miles covered by Service

0

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FCC Form 690 - Construction Status

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

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Texas 10, LLC
Form 690
July 31, 2014

Project Status Description

Item: SAC 448031
County/State: Sabine, TX
Total Award Amount: \$280,639.98

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 capabilities.

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 six towers for broadband coverage. The status of the Company's efforts to upgrade each of these towers is as follows.

At four of the sites, the Company is negotiating with the lessors. When the lease spaces have 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.

At the other two sites, the Company has filed equipment modification documents with the lessors. Structural analyses will be conducted. Thereafter, the Company expects to receive lease modifications and lessor notices 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 configurations. 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.

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 award for support are noted. 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 Total</u>
T48403950100	Sabine, TX	\$ 280,640	\$ [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 Cost to Complete</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 Di</u>
Network Design	\$ [REDACTED]
Construction	\$ [REDACTED]
Deployment	\$ [REDACTED]
Maintenance	\$ [REDACTED]
Total	\$ [REDACTED]