

FCC Form 497
July 2008 Edition

LIFELINE AND LINK UP WORKSHEET

Approved by OMB
3060-0819

Avg. Burden Est. per Respondent: 3.0 Hrs.

USAC Service Provider Identification Number (1) 143000729

Serving Area (2) 389013

<p>(3)</p> <p>Company Name: <u>SAGEBRUSH CELLULAR, INC.</u></p> <p>Mailing Address: <u>PO BOX 600</u> <u>SCOBEY, MT 59263-0600</u></p> <p>Contact Name: <u>AIMEE DIETRICH, FINANCE & ACCOUNTING SUPERVISOR</u></p> <p>Telephone Number: <u>(406) 783-2200</u></p> <p>Fax Number: <u>(406) 783-5639</u></p> <p>E-mail Address: _____</p>	<p>(4)</p> <p>a) Submission Date: <u>June 30, 2009</u></p> <p>b) Data Month: <u>JUNE</u></p> <p>c) Type of filing (Check one): Original <input checked="" type="checkbox"/> Revision <input type="checkbox"/></p> <p>d) State Reporting: <u>NORTH DAKOTA</u></p>
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Lifeline	# Lifeline Subscribers (a)	Lifeline Support/ Subscriber (b)*	Total Lifeline Support (c)
Tier 1 Low-Income Subscribers receiving federal Lifeline Support	(5) <u>1</u>	x \$ <u>6.50</u>	= \$ <u>7</u>
Tier 2 Low-Income Subscribers receiving federal Lifeline Support	(6) <u>1</u>	x \$ <u>1.75</u>	= \$ <u>2</u>
Tier 3 Low-Income Subscribers receiving federal Lifeline Support	(7) <u>1</u>	x \$ <u>1.75</u>	= \$ <u>2</u>
Tier 4 Low-Income Subscribers receiving federal Lifeline Support	(8) _____	x \$ _____	= \$ <u>0</u>
Check box to the right if partials or pro rata amounts are used. Indicate dollar amount, if applicable, on line 9. <input type="checkbox"/>			\$ <u>0</u> (9)
NOTE: (Do not include partials or pro rata amounts on lines 5 - 8 above)			Total federal Lifeline support claimed \$ <u>11</u> (10) (Sum of lines 5c, 6c, 7c, 8c & 9)

Link Up	Non-Tribal (a)	Tribal (b)	Total Link Up (c)
Number of Connections waived	(11) <u>0</u>	_____	_____
Charges waived per Connection*	(12) \$ <u>17.50</u> (\$30)	\$ <u>0.00</u> (\$100 max)	_____
Total Connection charges waived	(13) \$ <u>0</u>	\$ <u>0</u>	_____
Deferred Interest	(14) \$ <u>0</u>	\$ <u>0</u>	_____
Total Link Up dollars waived	(15) \$ <u>0</u>	\$ <u>0</u>	= \$ <u>0</u> (15c)

Toll-Limitation Services (TLS)			
Incremental cost of providing TLS	(16) \$ _____	Total TLS dollars claimed	\$ <u>0</u> (18)
Number of subscribers for whom TLS initiated	(17) _____		

ETC Payment (19)			
Total Lifeline \$	<u>11</u>	Total TLS	\$ <u>0</u>
Total Link Up \$	<u>0</u>		
Total Dollars			\$ <u>11</u>

If you have any questions, please call USAC at (866) 873(USF)-4727 Toll Free