

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

<b>(3)</b>		<b>(4)</b>	
Company Name:	<u>SAGEBRUSH CELLULAR, INC.</u>	a) Submission Date	<u>March 1, 2011</u>
Mailing Address:	<u>PO BOX 600</u> <u>SCOBAY, MT 59263-0600</u>	b) Data Month	<u>FEBRUARY</u>
Contact Name:	<u>AIMEE DIETRICH, CONTROLLER</u>	c) Type of filing (Check one):	Original <input checked="" type="checkbox"/> Revision <input type="checkbox"/>
Telephone Number:	<u>(406) 783-2200</u>	d) State Reporting	<u>NORTH DAKOTA</u>
Fax Number:	<u>(406) 783-5639</u>		
E-mail Address:			

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. *					\$ <u>-8</u> (9)
NOTE: (Do not include partials or pro rata amounts on lines 5 - 8 above)					
Total federal Lifeline support claimed (Sum of lines 5c, 6c, 7c, 8c & 9)					\$ <u>3</u> (10)

\* For multiple rates, use an average amount

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)

\* For multiple rates, use an average amount

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

ETC Payment (19)	
Total Lifeline \$ <u>3</u>	Total TLS \$ <u>0</u>
Total Link Up \$ <u>0</u>	
Total Dollars \$ <u>3</u>	

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