

Sagebrush
CELLULAR
d/b/a **Nemont**

October 14, 2013

North Dakota Public Service Commission
Darrell Nitschke, Executive Secretary
600 E. Boulevard, Dept. 408
Bismark, ND 58505-0480



RE: FCC Form 481 FCC Annual Reporting Requirements for High-Cost Recipients §54.313 & Low Income §54.422

Dear Sir,

Pursuant to 47 C.F.R. §54.313 and §54.422 of the Federal Communications Commission's rules, enclosed please find the 2013 FCC Form 481- annual reporting requirements and certifications for Sagebrush Cellular, Inc., SAC 389013.

Should you have any questions regarding this filing, please contact Twyla Holum via email at twyla.holum@nemont.coop or by phone at 1-800-636-6680.

Sincerely,

Twyla Holum
Regulatory Compliance Coordinator

Enclosures

4 PU-13-689 Filed 10/14/2013 Pages: 18
ETC Annual Report - FCC Form 481
Sagebrush Cellular, Inc.

FCC Form 481 - Carrier Annual Reporting Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	389013
<015> Study Area Name	Sagebrush Cellular, Inc.
<020> Program Year	2014
<030> Contact Name: Person USAC should contact with questions about this data	TWYLA HOLUM
<035> Contact Telephone Number: Number of the person identified in data line <030>	406-783-2264
<039> Contact Email Address: Email of the person identified in data line <030>	twyla.holum@nemont.coop

ANNUAL REPORTING FOR ALL CARRIERS	54.313	54.422
	Completion Required	Completion Required

			(check box when complete)	
<100> Service Quality Improvement Reporting	<i>(complete attached worksheet)</i>		<input type="checkbox"/>	<input type="checkbox"/>
<200> Outage Reporting (voice)	<i>(complete attached worksheet)</i>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210> <input checked="" type="checkbox"/> <-- check box if no outages to report				
<300> Unfulfilled Service Requests (voice)	<input style="width: 100px;" type="text" value="0"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<310> Detail on Attempts (voice)	<input style="width: 100px;" type="text"/>	<i>(attach descriptive document)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<320> Unfulfilled Service Requests (broadband)	<input style="width: 100px;" type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>
<330> Detail on Attempts (broadband)	<input style="width: 100px;" type="text"/>	<i>(attach descriptive document)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<400> Number of Complaints per 1,000 customers (voice)			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<410> Fixed	<input style="width: 100px;" type="text"/>			
<420> Mobile	<input style="width: 100px;" type="text" value="0.0"/>			
<430> Number of Complaints per 1,000 customers (broadband)			<input type="checkbox"/>	<input type="checkbox"/>
<440> Fixed	<input style="width: 100px;" type="text"/>			
<450> Mobile	<input style="width: 100px;" type="text"/>			
<500> Service Quality Standards & Consumer Protection Rules Compliance	<i>(check to indicate certification)</i>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510> <input style="width: 100px;" type="text" value="389013nd510"/>	<i>(attach descriptive document)</i>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600> Functionality in Emergency Situations	<i>(check to indicate certification)</i>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610> <input style="width: 100px;" type="text" value="389013nd610"/>	<i>(attach descriptive document)</i>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700> Company Price Offerings (voice)	<i>(complete attached worksheet)</i>		<input type="checkbox"/>	<input type="checkbox"/>
<710> Company Price Offerings (broadband)	<i>(complete attached worksheet)</i>		<input type="checkbox"/>	<input type="checkbox"/>
<800> Operating Companies and Affiliates	<i>(complete attached worksheet)</i>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)?	<input checked="" type="radio"/> <input type="radio"/>	<i>(if yes, complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<1000> Voice Services Rate Comparability	<i>(check to indicate certification)</i>		<input type="checkbox"/>	<input type="checkbox"/>
<1010> <input style="width: 100px;" type="text"/>	<i>(attach descriptive document)</i>		<input type="checkbox"/>	<input type="checkbox"/>
<1100> Terrestrial Backhaul (Y/N)?	<input type="radio"/> <input type="radio"/>	<i>(if not, check to indicate certification)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<1110>	<i>(complete attached worksheet)</i>		<input type="checkbox"/>	<input type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers	<i>(complete attached worksheet)</i>		<input type="checkbox"/>	<input checked="" type="checkbox"/>

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet
 Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	<i>(check to indicate certification)</i>		<input type="checkbox"/>	<input type="checkbox"/>
<2005>	<i>(complete attached worksheet)</i>		<input type="checkbox"/>	<input type="checkbox"/>

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000>	<i>(check to indicate certification)</i>		<input type="checkbox"/>	<input type="checkbox"/>
<3005>	<i>(complete attached worksheet)</i>		<input type="checkbox"/>	<input type="checkbox"/>

(100) Service Quality Improvement Reporting Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	389013
<015> Study Area Name	Sagebrush Cellular, Inc.
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	TWYLA HOLUM
<035> Contact Telephone Number - Number of person identified in data line <030>	406-783-2264
<039> Contact Email Address - Email Address of person identified in data line <030>	twyla.holum@nemont.coop

<110> Has your company received its ETC certification from the FCC?	(yes / no) <input type="radio"/> <input checked="" type="radio"/>
<111> If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes / no) <input type="radio"/> <input type="radio"/>

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Name of Attached Document (.pdf)

Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

- <113> Maps detailing progress towards meeting plan targets
- <114> Report how much universal service (USF) support was received
- <115> How (USF) was used to improve service quality
- <116> How (USF) was used to improve service coverage
- <117> How (USF) was used to improve service capacity
- <118> Provide an explanation of network improvement targets not met in the prior calendar year.

(900) Tribal Lands Reporting Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	389013
<015>	Study Area Name	Sagebrush Cellular, Inc.
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	TWYLA HOLUM
<035>	Contact Telephone Number - Number of person identified in data line <030>	406-783-2264
<039>	Contact Email Address - Email Address of person identified in data line <030>	twyla.holum@nemont.coop
<910>	Tribal Land(s) on which ETC Serves	Turtle Mountain Tribal allotted land

<920> Tribal Government Engagement Obligation

389013nd910

Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions;
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select (Yes,No, NA)
NA
NA
NA
NA
NA
NA
NA
NA
NA

**(1100) No Terrestrial Backhaul Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	389013
<015>	Study Area Name	Sagebrush Cellular, Inc.
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	TWYLA HOLUM
<035>	Contact Telephone Number - Number of person identified in data line <030>	406-783-2264
<039>	Contact Email Address - Email Address of person identified in data line <030>	twyla.holum@nemont.coop

<1120> Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G)

<1130> Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G)

(1200) Terms and Condition for Lifeline Customers Lifeline Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	389013
<015>	Study Area Name	Sagebrush Cellular, Inc.
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	TWYLA HOLUM
<035>	Contact Telephone Number - Number of person identified in data line <030>	406-783-2264
<039>	Contact Email Address - Email Address of person identified in data line <030>	twyla.holum@nemont.coop

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of attached document (.pdf)

<1220> Link to Public Website

HTTP nemont.net/telephone.assistance.php

"Please check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- <1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,
- <1222> Details on the number of minutes provided as part of the plan,
- <1223> Additional charges for toll calls, and rates for each such plan.

(2000) Price Cap Carrier Additional Documentation Data Collection Form <i>Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers</i>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	389013
<015>	Study Area Name	Sagebrush Cellular, Inc.
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	TWYLA HOLUM
<035>	Contact Telephone Number - Number of person identified in data line <030>	406-783-2264
<039>	Contact Email Address - Email Address of person identified in data line <030>	twyla.holum@nemont.cocp

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

- | | | |
|--------|--|--------------------------|
| <2010> | 2nd Year Certification (47 CFR § 54.313(b)(1)) | <input type="checkbox"/> |
| <2011> | 3rd Year Certification (47 CFR § 54.313(b)(2)) | <input type="checkbox"/> |

Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))

- | | | |
|--------|--|--------------------------|
| <2012> | 2013 Frozen Support Certification | <input type="checkbox"/> |
| <2013> | 2014 Frozen Support Certification | <input type="checkbox"/> |
| <2014> | 2015 Frozen Support Certification | <input type="checkbox"/> |
| <2015> | 2016 and future Frozen Support Certification | <input type="checkbox"/> |

Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))

- | | | |
|--------|---|--------------------------|
| <2016> | Certification Support Used to Build Broadband | <input type="checkbox"/> |
|--------|---|--------------------------|

Connect America Phase II Reporting (47 CFR § 54.313(e))

- | | | |
|--------|--|--------------------------|
| <2017> | 3rd year Broadband Service Certification | <input type="checkbox"/> |
| <2018> | 5th year Broadband Service Certification | <input type="checkbox"/> |
| <2019> | Interim Progress Certification | <input type="checkbox"/> |
| <2020> | Please check the box to confirm that the attached PDF , on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. | <input type="checkbox"/> |

- | | | |
|--------|--|--|
| <2021> | Interim Progress Community Anchor Institutions | Name of Attached Document Listing Required Information _____ |
|--------|--|--|

30001 Rate of Return Carrier Additional Documentation		OMB Control No. 3060-0885/OMB Control No. 3060-0810
Data Collection Form		10/13

<010> Study Area Code	389013
<015> Study Area Name	Sagebrush Cellular, Inc.
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	TWYLA HOLLUM
<035> Contact Telephone Number - Number of person identified in data line <030>	406-783-7264
<039> Contact Email Address - Email Address of person identified in data line <030>	twyla.holum@nemont.coop

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

Progress Report on 5 Year Plan

<p>(3010) Milestone Certification (47 CFR § 54.313(f)(1)(i)) Please check this box to confirm that the attached PDF, on line 3012, contains the required information pursuant to § 54.313 (f)(1)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.</p>	<p>Name of Attached Document Listing Required Information</p> <p><input type="checkbox"/></p>
<p>(3011) Community Anchor Institutions (47 CFR § 54.313(f)(1)(iii)) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2)) If yes, does your company file the RUS annual report Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires: Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers) PDF of Balance Sheet, Income Statement and Statement of Cash Flows</p>	<p>Name of Attached Document Listing Required Information</p> <p><input type="checkbox"/> (Yes/No) <input type="checkbox"/> (Yes/No)</p> <p><input type="checkbox"/> <input type="checkbox"/></p>
<p>(3012) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation (3013) If the response is no on line 3014, Is your company audited? If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains: Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications PDF of Balance Sheet, Income Statement and Statement of Cash Flows</p>	<p>Name of Attached Document Listing Required Information</p> <p><input type="checkbox"/> (Yes/No)</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p>(3014) Management letter issued by the independent certified public accountant that performed the company's financial audit. If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains: Copy of their financial statement which has been subject to review by an independent certified public accountant; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers, Underlying information subjected to a review by an independent certified public accountant Underlying information subjected to an officer certification</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p>(3015) PDF of Balance Sheet, Income Statement and Statement of Cash Flows (3016) Attach the worksheet listing required information</p>	<p>Name of Attached Document Listing Required Information</p> <p>_____</p>

**Certification - Reporting Carrier
Data Collection Form**

 FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

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<039>	Contact Email Address - Email Address of person identified in data line <030>	twyla.holum@nemont.coop

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 CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	Sagebrush Cellular, Inc.
Signature of Authorized Officer:	CERTIFIED ONLINE Date 10/07/2013
Printed name of Authorized Officer:	Remi Sun
Title or position of Authorized Officer:	CEO
Telephone number of Authorized Officer:	406.783.2358
Study Area Code of Reporting Carrier:	389013 Filing Due Date for this form: 10/15/2013
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

Annual Reporting for High-Cost Recipients
47 C.F.R. §54.313
Sagebrush Cellular, Inc.

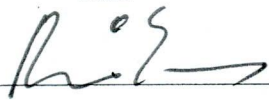
§54.313(a)(5) – COMPLIANCE WITH SERVICE QUALITY STANDARDS AND CONSUMER PROTECTION RULES

Service Quality Standards and Consumer Protection Rules Annual Certification for Voice and Broadband Service

Remi Sun	Chief Financial Officer	Sagebrush Cellular, Inc.
Printed Name of Officer	Title of Officer	Company Name

I am authorized to provide this certification on behalf of the Company. I hereby certify that, to the best of my knowledge, the Company is in compliance with consumer protection rules of the Federal Communications Commission and the Montana and North Dakota Public Utilities Commissions for voice service. At this time the Montana and North Dakota Public Utilities Commissions have not "adopted" the FCC QoS Standards. Sagebrush Cellular, Inc. complies with all FCC and Montana Public Service Commission protection rules and reporting requirements; as well as CTIA protection rules. These include; annual Do-Not-Call rules/notifications to subscribers, filing of Hearing Aid Compatibility Status Reports, Opt-Out letters sent annually to customers, filing of Annual RCCI certification for Accessibility, and new employee and annual employee/company CPNI/Red Flag Training and certification. An explanation of our CPNI practices and FAQ's, as well as other consumer protection information and where to file complaints can be found at www.nemont.net/consumer-info.php. CTIA compliance information can be found at www.nemont.net/wireless.php.

Executed on _____ 9/19/13 _____
Date

Signature _____  _____

Printed/Typed Name _____ Remi Sun _____

Annual Reporting for High-Cost Recipients
47 C.F.R. §54.313
Sagebrush Cellular, Inc.


§54.313(a)(6) – ABILITY TO FUNCTION IN EMERGENCY SITUATIONS

Ability to Function in Emergency Situations Annual Certification

<u>Remi Sun</u>	<u>Chief Financial Officer</u>	<u>Sagebrush Cellular, Inc.</u>
Printed Name of Officer	Title of Officer	Company Name

I am authorized to provide this certification on behalf of the Company. I hereby certify that, to the best of my knowledge, the Company is capable of functioning in emergency situations. The Company has a reasonable amount of back-up power to ensure functionality of voice services without an external power source. Buildings and Central Offices are equipped with UPS using battery backup and standalone generators. Cell sites are equipped with at least 8 hours of battery backup and plug in's for portable generators. The Company is able to reroute cellular traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations. Sagebrush Cellular, Inc. is fully protected for all cellular traffic which will fail over to the redundant path in case of an emergency or maintenance. All network transport is designed and installed in a redundant, geo diverse, ring architecture that will automatically fail over in case of a disruption in service.

Executed on _____ ^{9/20/13}
Date

Signature _____ 

Printed/Typed Name _____ Remi Sun

Annual Reporting for High-Cost Recipients
47 C.F.R. §54.313
Sagebrush Cellular, Inc.

§54.313(a)(9) – COMPLIANCE WITH TRIBAL OUTREACH AND LICENSING REQUIREMENTS

Sagebrush Cellular, Inc. (SCI), Study Area Code 389013, provides services to some Turtle Mountain Tribe allotted land in North Dakota. SCI requested a meeting to discuss additional requirements listed in the USF/ICC Transformation Order regarding Tribal Engagements; however, SCI has not received any responses from Turtle Mountain Tribal officials.