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January 29, 2015



North Dakota Public Service Commission
600 East Boulevard, Dept. 408
Bismarck, ND 58505-0480

RE: Docket WC 14-171 Proceeding 11-42- FCC Form 555
Sagebrush Cellular, Inc. SAC 389013

Dear Commissioners:

Enclosed for filing in accordance with the FCC USF/ICC/Low Income Required Reporting, in the above-referenced proceeding, is the Certification for Sagebrush Cellular, Inc. SAC-389013. I have also sent an electronic copy of this Certification via email to ndpsc@nd.gov.

If you have any questions or concerns about this Certification, please contact me at 209-955-6103 or via email at Lorrie.Bernstein@mossadams.com.

Sincerely,

A handwritten signature in cursive script that reads "Lorrie Bernstein".

Lorrie Bernstein
For Moss Adams LLP

LB:cb

Enclosure

cc: Remi Sun (Via Email)

Annual Lifeline Eligible Telecommunications Carrier Certification Form

All carriers must complete all or portions of all sections
Form must be submitted to USAC and filed with the Federal Communications Commission

IMPORTANT: PLEASE READ INSTRUCTIONS FIRST

Deadline: January 31st (Annually)

389013	
Study Area Code (SAC)	
<i>(An Eligible Telecommunications Carrier (ETC) must provide a certification form for each SAC through which it provides Lifeline service).</i>	
North Dakota	Sagebrush Cellular, Inc.
State	ETC Name
Nemont	N/A
DBA, Marketing or Other Branding Name	Holding Company Name
<i>(If same as ETC name, list "N/A" Do <u>not</u> leave blank)</i>	<i>(If same as ETC name, list "N/A" Do not leave blank)</i>

Does the reporting company have affiliated ETCs? Yes No

Provide a list of all ETCs that are affiliated with the reporting ETC, using page 4 and additional sheets if necessary. Affiliation shall be determined in accordance with Section 3(2) of the Communications Act. That Section defines "affiliate" as "a person that (directly or indirectly) owns or controls, is owned or controlled by, or is under common ownership or control with, another person." 47 U.S.C. § 153(2). See also 47 C.F.R. § 76.1200.

Affiliated ETC's SAC	Affiliated ETC's Name

For purposes of this filing, an officer is an occupant of a position listed in the article of incorporation, articles of formation, or other similar legal document. An officer is a person who occupies a position specified in the corporate by-laws (or partnership agreement), and would typically be president, vice president for operations, vice president for finance, comptroller, treasurer, or a comparable position. If the filer is a sole proprietorship, the owner must sign the certification.

Section 1: Initial Certification *All ETCs must complete this section*

I certify that the company listed above has certification procedures in place to:

- A) Review income and program-based eligibility documentation prior to enrolling a consumer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline; and/or
- B) Confirm consumer eligibility by relying upon access to a state database and/or notice of eligibility from the state Lifeline administrator prior to enrolling a consumer in the Lifeline program.

I am an officer of the company named above. I am authorized to make this certification for the Study Area Code listed above.

Initial h

Section 2: Annual Recertification

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

A	B	C	D	E = (A - B - C - D)
Number of subscribers claimed on February FCC Form 497 of current Form 555 calendar year <i>(February data month)</i>	Number of lines claimed on February FCC Form 497 of current Form 555 calendar year provided to wireline resellers	Number of subscribers claimed on the February FCC Form 497 that were <u>initially</u> enrolled in the current Form 555 calendar year <i>(These subscribers did not have Lifeline service prior to January 1 of the current 555 calendar year.)</i>	Number of subscribers de-enrolled <u>prior</u> to recertification attempt by either the ETC, a state administrator, access to an eligibility database, or by USAC	Number of subscribers ETC is responsible for recertifying for current Form 555 calendar year
3	0	0	0	3

Recertification Results:

F	G	H = (F-G)	I	J = (H+I)
Number of subscribers ETC contacted directly to recertify eligibility through attestation	Number of subscribers responding to ETC contact	Number of non-responding subscribers	Number of subscribers responding that they are no longer eligible <i>(This should be a subset of Block G.)</i>	Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of non-response or response of ineligibility from ETC recertification attempt
3	3	0	0	0

K	L
Number of subscribers whose eligibility was reviewed by state administrator, ETC access to eligibility database, or by USAC	Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of finding of ineligibility by state administrator, ETC access to eligibility database, or USAC
0	0

Note: If any subscriber was reviewed by an ETC accessing a state database or by a state administrator and subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in Blocks F through J as appropriate and not in Blocks K and L. As a result, all subscribers subject to recertification who were not de-enrolled prior to the recertification attempt must be accounted for in Block F or Block K.

The total of Block F and Block K should equal the number reported in Block E.

Certification:

Based on the data entered above, initial the certification(s) below that apply. Both Certification A and B may apply depending on the recertification procedures in place for the SAC reporting on this form. If Certification C applies, neither Certification A nor B may apply.

A.) I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. Results are provided in the chart above in Blocks F through J. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial h

AND/OR

B.) I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on: (List database or name of administrator here). Results are provided in the chart above in Blocks K through L. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial _____

OR

C.) I certify that my company did not claim federal low income support for any Lifeline subscribers for the February Form 497 data month for the current Form 555 calendar year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial _____

Section 3: De-enroll Percentage

Using the data entered in Section 2, complete the chart below to find the percentage of subscribers de-enrolled for this ETC.

$M = (F+K)$	$N = (J+L)$	$O = ((N \div M) * 100)$
Number of subscribers that the ETC attempted to recertify directly <u>or</u> through a state administrator, ETC access to a state database, or by USAC <i>(This should equal the number reported in Block E)</i>	Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of non-response or ineligibility	Percentage of subscribers de-enrolled or scheduled to be de-enrolled as a result of ineligibility or non-response
3	0	0%

Section 4: Pre-Paid ETCs

All ETCs must complete the appropriate check-box; pre-paid ETCs must complete all of Section 4. Pre-paid ETCs generally do not assess or collect a monthly fee from their Lifeline subscribers. ETCs that only assess a fee but do not collect such fees are pre-paid ETCs and must complete the chart below.


Is the ETC Pre-Paid? Yes No

If Yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	Q
Month	Subscribers De-Enrolled for Non-Usage
January	
February	
March	
April	
May	
June	
July	
August	
September	
October	
November	
December	
Total Subscribers	

Signature Block

By signing below, I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code (SAC) listed above.

Signed, 

 Signature of Officer
 remi.sun@nemont.coop

 Email Address of Officer
 Lorrie Bernstein

 Person Completing This Certification Form

Remi Sun/Chief Financial Officer
 Printed Name and Title of Officer
 1/27/2015

 Date
 (406)783-2358

 Contact Phone Number

Lorrie Bernstein

From: Lorrie Bernstein
Sent: Friday, January 30, 2015 1:18 PM
To: 'LiVerifications@usac.org'
Cc: Remi Sun ; Jodie Richardson (jodie.richardson@nemont.coop); Char Bucklin ; Choua Her
Subject: Sagebrush Cellular Inc ND Form 555 due January 31 2015
Attachments: SAC 389013 Sagebrush Cellular ND Final Form 555 due Jan 31 2015.pdf

Hello USAC;

Here is Sagebrush Cellular ND SAC 389013 Form 555 due January 31, 2015.

Thank you and have a great weekend

Lorrie Bernstein | MOSS ADAMS LLP
Senior Manager
Technology Group-Communications & Media

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Your submission has been accepted

**ECFS Filing Receipt -
Confirmation
number:
2015130447723**

Proceeding

Name Subject
14-171 Lifeline Compliance Filings

Contact Info

Name of Filer: Sagebrush Cellular, Inc. ND
Email Address: remi.sun@nemont.coop

Address

Address Line 1: PO BOX 600
City: SCOBEY
State: MONTANA
Zip: 59263

Details

Type of Filing: SUBMISSION FOR THE RECORD
Report Number: Form 555 SAC 389013

Document
(s)

File Name	Custom Description	Size
SAC 389013 Sagebrush Cellular ND Final Form 555 due Jan 31 2015.pdf	FORM 555	248 KB

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