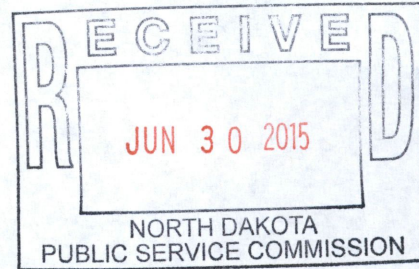


Sagebrush
CELLULAR
d/b/a **Nemont**



June 30, 2015

Mr. Darrell Nitschke
Executive Secretary
North Dakota Public Service Commission
600 East Boulevard Avenue, Dept 408
Bismarck, North Dakota 58505-0480

Re: Sagebrush Cellular, Inc.
FCC Form 481 filed pursuant to 47 CFR 54.313 and 47 CFR 54.422

Dear Mr. Nitschke:

Sagebrush Cellular, Inc. respectfully submits an original and one copy of it's 2015 FCC Form 481 to the PSC pursuant to 47 CFR 54.313 and 47 CFR 54.422 for Study Area Code 389013.

An electronic version of this filing has also been submitted via the Commission's website at ndpsc@nd.gov.

Should you have any questions regarding this filing, please contact me via electronic mail at msbarrows@juno.com or by telephone at 406-202-4203.

Sincerely,

Sandra Barrows

Sandra Barrows
Regulatory Consultant for
Sagebrush Cellular, Inc.

Enclosures

2 PU-15-66 Filed 06/30/2015 Pages: 23
Copy of FCC 47 CFR Section 54.313(h) Local Rate Floor Data & Collection
Sagebrush Cellular, Inc.

FOR PUBLIC INSPECTION

June 29, 2015

VIA OVERNIGHT DELIVERY

Marlene H. Dortch, Secretary
Federal Communications Commission
Office of the Secretary
445 12th Street, S.W.
Washington, DC 20554

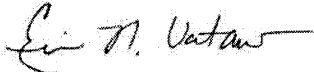
RE: **Submission of FCC Form 481 Pursuant to WC Docket(s) 14-58, 10-90 & 11-42**

Dear Ms. Dortch:

Sagebrush Cellular, Inc., a privately-held rate of return carrier receiving high cost support, has electronically submitted FCC Form 481 to the Commission in compliance with 47 C.F.R. §§ 54.313 and 54.422.

Please feel free to contact me with any questions regarding this particular matter.

Sincerely,



Eric N. Votaw, Senior Manager for
Moss Adams LLP

Enclosures

cc Mr. Charles Tyler, FCC Telecommunications Access Policy Division
Ms. Remi Sun – CFO Sagebrush Cellular

<010>	Study Area Code	389013
<015>	Study Area Name	Sagebrush Cellular, Inc.
<020>	Program Year	2016
<030>	Contact Name: Person USAC should contact with questions about this data	Eric N. Votaw
<035>	Contact Telephone Number: Number of the person identified in data line <030>	2099556116 ext.
<039>	Contact Email Address: Email of the person identified in data line <030>	eric.votaw@mossadams.com

ANNUAL REPORTING FOR ALL CARRIERS	54.313 Completion Required	54.422 Completion Required
--	----------------------------------	----------------------------------

			(check box when complete)	
<100>	Service Quality Improvement Reporting	<i>(complete attached worksheet)</i>	<input type="checkbox"/>	<input checked="" 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		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<300>	Unfulfilled Service Requests (voice)	<input type="text" value="0"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<310>	Detail on Attempts (voice)	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<i>(attach descriptive document)</i>				
<320>	Unfulfilled Service Requests (broadband)	<input type="text"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<330>	Detail on Attempts (broadband)	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<i>(attach descriptive document)</i>				
<400>	Number of Complaints per 1,000 customers (voice)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<410>	Fixed	<input type="text" value="0.0"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<420>	Mobile	<input type="text" value="0.0"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<430>	Number of Complaints per 1,000 customers (broadband)		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<440>	Fixed	<input type="text"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<450>	Mobile	<input type="text"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<500>	Service Quality Standards & Consumer Protection Rules Compliance	<i>(check to indicate certification)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510>	<input type="text" value="389013ND510.pdf"/>	<i>(attached 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 type="text" value="389013ND610.pdf"/>	<i>(attached descriptive document)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700>	Company Price Offerings (voice)	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<710>	Company Price Offerings (broadband)	<i>(complete attached worksheet)</i>	<input type="checkbox"/>	<input checked="" 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"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1000>	Voice Services Rate Comparability Certification	<input type="text" value="Not Applicable"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1010>	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>	<i>(attach descriptive document)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<1100>	Certify whether terrestrial backhaul options exist (Yes or No)	<input checked="" type="radio"/> <input type="radio"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1110>		<i>(complete attached worksheet)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<1200>	Terms and Condition for Lifeline Customers	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet		
<i>Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers</i>		
<2000>	<i>(check to indicate certification)</i>	<input type="checkbox"/>
<2005>	<i>(complete attached worksheet)</i>	<input type="checkbox"/>
Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet		
<3000>	<i>(check to indicate certification)</i>	<input type="checkbox"/>
<3005>	<i>(complete attached worksheet)</i>	<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

<010>	Study Area Code	389013
<015>	Study Area Name	Sagebrush Cellular, Inc.
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Eric N. Votaw
<035>	Contact Telephone Number - Number of person identified in data line <030>	2099556116 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	eric.votaw@mosadams.com

<110> Has your company received its ETC certification from the FCC? (yes / no)

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)

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

Please select the appropriate responses below (Yes, No, Not Applicable) to confirm that the attached document(s), 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 much (USF) was used to improve service quality and how support was used to improve service quality	
<116>	How much (USF) was used to improve service coverage and how support was used to improve service coverage	
<117>	How much (USF) was used to improve service capacity and how support was used to improve service capacity	
<118>	Provide an explanation of network improvement targets not met in the prior calendar year.	

**(800) Operating Companies
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 2016
 <030> Contact Name - Person USAC should contact regarding this data Eric N. Votaw
 <035> Contact Telephone Number - Number of person identified in data line <030> 2099556116 ext.
 <039> Contact Email Address - Email Address of person identified in data line <030> eric.votaw@mossadams.com

<810> Reporting Carrier Sagebrush Cellular, Inc.
 <811> Holding Company Nemont Telephone Cooperative, Inc.
 <812> Operating Company Sagebrush Cellular, Inc.

<813>	<a1>	<a2>	<a3>
	Affiliates	SAC	Doing Business As Company or Brand Designation

**(900) Tribal Lands 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 2016
 <030> Contact Name - Person USAC should contact regarding this data Eric N. Votaw
 <035> Contact Telephone Number - Number of person identified in data line <030> 2099556116 ext.
 <039> Contact Email Address - Email Address of person identified in data line <030> eric.votaw@mossadams.com

<910> Tribal Land(s) on which ETC Serves
 Turtle Mountain tribal allotted land

389013ND920.pdf
 Name of Attached Document

<920> Tribal Government Engagement Obligation

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

Select Yes or No or Not Applicable
Yes
Yes
Yes
Yes
Yes
Yes
Yes
Yes
Yes
Yes

- <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.

**(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	2016
<030>	Contact Name - Person USAC should contact regarding this data	Eric N. Votaw
<035>	Contact Telephone Number - Number of person identified in data line <030>	2099556116 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	eric.votaw@mossadams.com

<1120> Please confirm whether terrestrial backhaul options exist within the supported area pursuant to § 54.313(g) (Yes, No).

<1130> Please select the appropriate response (Yes, No, Not Applicable) 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).

**(1208) 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

<010> Study Area Code 389013
 <015> Study Area Name Sagebrush Cellular, Inc.
 <020> Program Year 2016
 <030> Contact Name - Person USAC should contact regarding this data Eric N. Votaw
 <035> Contact Telephone Number - Number of person identified in data line <030> 2099556116 ext.
 <039> Contact Email Address - Email Address of person identified in data line <030> eric.votaw@mossadams.com



<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220> Link to Public Website

HTTP nemont.net/ telephone.assistance.php

"Please check these boxes below to confirm that the attached document(s), 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

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

FCC Form 481

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

July 2013

<010> Study Area Code
 <015> Study Area Name
 <020> Program Year
 <030> Contact Name - Person USAC should contact regarding this data
 <035> Contact Telephone Number - Number of person identified in data line <030>
 <039> Contact Email Address - Email Address of person identified in data line <030>

J89013

Sagebrush Cellular, Inc.

2016

ERIC N. VOTAW

20999999101@exl.

eric.votaw@rossadams.com

Select the appropriate responses below (Yes, No, Not Applicable) 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)i)
- <2011a> 3rd Year Certification (47 CFR § 54.313(b)(1)ii)
- <2011b> Attachment (47 CFR § 54.313(b)(1)iii)

Name of Attached Document(s) Listing Required Information

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

- <2012> 2013 Frozen Support Calculation (47 CFR § 54.313(c)(1))
- <2013> 2014 Frozen Support Calculation (47 CFR § 54.313(c)(2))
- <2014> 2015 Frozen Support Calculation (47 CFR § 54.313(c)(3))
- <2015> 2016 and future Frozen Support Calculation (47 CFR § 54.313(c)(4))

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

Certification Support Used to Build Broadband

- <2016> Certification Support Used to Build Broadband
- <2017> Connect America Phase II Reporting (47 CFR § 54.313(e))
- <2018> 3rd year Broadband Service Certification
- <2019> 5th year Broadband Service Certification
- <2019> Interim Progress Certification

Please check the box to confirm that the attached document(s), 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.

Name of Attached Document(s) Listing Required Information

- <2021> Interim Progress Community Anchor Institutions

(3000) Rates Of Return Carrier Additional Documentation
 Data Collection Form

FCC Form 481
 OMB Control No. 3060-0966/OMB Control No. 3060-0819
 July 2013

<010> Study Area Code 389013
 <015> Study Area Name Sagebrush Cellular, Inc.
 <020> Program Year 2016
 <030> Contact Name - Person USAC should contact regarding this data Eric N. Votaw
 <035> Contact Telephone Number - Number of person identified in data line <030> 20929556116 ext.
 <039> Contact Email Address - Email Address of person identified in data line <030> eric.votaw@mossadams.com

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(f)) 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.

(3010) Progress Report on 5 Year Plan
 Milestone Certification (47 CFR § 54.313(f)(1)(ii))

Name of Attached Document Listing Required Information

(3011) Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313(f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

(3012) Community Anchor Institutions (47 CFR § 54.313(f)(1)(iii))

Name of Attached Document Listing Required Information

(3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))

Name of Attached Document Listing Required Information (Yes/No)
 (Yes/No)

(3014) If yes, does your company file the RUS annual report

Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

(3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)

(3016) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

Name of Attached Document Listing Required Information

(3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation

Name of Attached Document Listing Required Information (Yes/No)
 (Yes/No)

(3018) 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

(3019) Either a copy of their audited financial statements; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications

(3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

(3021) Management letter and audit opinion 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:

(3022) 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,

(3023) Underlying information subjected to a review by an independent certified public accountant

(3024) Underlying information subjected to an officer certification.

(3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

Name of Attached Document Listing Required Information

(3026) Attach the worksheet listing required information

(3000) Rate Of Return Carrier Additional Documentation (Continued)

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	2016
<030>	Contact Name - Person USAC should contact regarding this data	Eric N. Votaw
<035>	Contact Telephone Number - Number of person identified in data line <030>	209956316 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	eric.votaw@mosesdams.com

Financial Data Summary

(3027) Revenue	
(3028) Operating Expenses	
(3029) Net Income	
(3030) Telephone Plant In Service(TPIS)	
(3031) Total Assets	
(3032) Total Debt	
(3033) Total Equity	
(3034) Dividends	

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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<010>	Study Area Code	389013
<015>	Study Area Name	Sagebrush Cellular, Inc.
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Eric N. Votaw
<035>	Contact Telephone Number - Number of person identified in data line <030>	2099556116 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	eric.votaw@mossadams.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 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:	
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.	

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0926/OMB Control No. 3060-0819 July 2013
---	--

<010> Study Area Code	389013
<015> Study Area Name	Sagebrush Cellular, Inc.
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Eric N. Votaw
<035> Contact Telephone Number - Number of person identified in data line <030>	2099556116 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	eric.votaw@mossadams.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 CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) <u>Moss Adams, LLP</u> 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:	Moss Adams, LLP
Name of Reporting Carrier:	Sagebrush Cellular, Inc.
Signature of Authorized Officer:	CERTIFIED ONLINE Date: 06/29/2015
Printed name of Authorized Officer:	Remi Sun
Title or position of Authorized Officer:	CFO
Telephone number of Authorized Officer:	4067832358 ext.
Study Area Code of Reporting Carrier:	389013 Filing Due Date for this form: 07/01/2015
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 CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support 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:	Sagebrush Cellular, Inc.
Name of Authorized Agent or Employee of Agent:	Moss Adams, LLP
Signature of Authorized Agent or Employee of Agent:	CERTIFIED ONLINE Date: 06/29/2015
Printed name of Authorized Agent or Employee of Agent:	Eric N. Votaw
Title or position of Authorized Agent or Employee of Agent:	Senior Manager
Telephone number of Authorized Agent or Employee of Agent:	2099556116 ext.
Study Area Code of Reporting Carrier:	389013 Filing Due Date for this form: 07/01/2015
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

Voice Network

Sagebrush Cellular, Inc. 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.

Broadband Network

Pursuant to 47 C.F.R. § 54.313(a)(5) and or 47 C.F.R. § 54.422(b)(3) Sagebrush Cellular, Inc. is in compliance with applicable FCC Service Quality Standards and Consumer Protection Rules. Sagebrush Cellular, Inc. trains staff on applicable rules for broadband services issues on an annual basis. In addition Sagebrush Cellular, Inc. has placed on its website at www.nemont.net its network practices and policies regarding Open Internet Policy.

Sagebrush Cellular, Inc. also outlines its rates, terms, and conditions under which Sagebrush Cellular, Inc. offers Broadband service in NECA Tariff #5 to Internet Service Providers ("ISP"). The Tariff explains customer rights and obligations, customer service, dispute resolution, deposits, billing and payment options, disconnection of service as well as cancellation of service options. Public inspection of NECA Tariff #5 can be found on NECA's website. Retail DSL rates, terms, and conditions for retail services are provided by the ISP.

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

Voice Network

Sagebrush Cellular, Inc. 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.

Broadband Network

Sagebrush Cellular, Inc. 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.

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