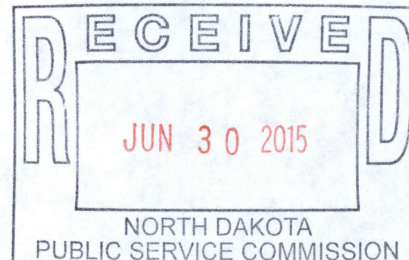


Sagebrush
CELLULAR
d/b/a **Nemont**

June 30th, 2015

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



RE: Sagebrush Cellular, Inc. – FCC Mobility Fund Form 690
Compliance with 47 CFR 54.1009

Dear Mr. Nitschke:

Sagebrush Cellular, Inc. respectfully submits an original and one copy of its FCC Mobility Fund form 690 for Study Area Codes 388001, 388002, 388003, 388004, 388005, and 388006 to the PSC pursuant to 47 CFR 54.1009.

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

1 PU-15-549 Filed 06/30/2015 Pages: 117
Form 690 - Copy of FCC Mobility Fund
Sagebrush Cellular, Inc.

Monte R. Lee and Company

LYNN R. MERRILL, P.E.
STEVE GUEST, P.E.
GARY G. BEIKMANN, Manager

CONSULTING ENGINEERS
100 NW 63rd. STREET, SUITE 100
OKLAHOMA CITY, OKLAHOMA 73116
PHONE: 405-842-2405
FAX: 405-848-8018
e-mail: mrl@mrleng.com
Website: www.mrleng.com

June 29, 2015

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

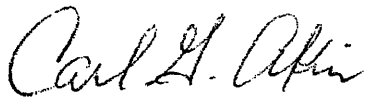
VIA ECFS Filing

Re: Sagebrush Cellular, Inc. FCC Form 690 Annual Report, WT Docket No. 10-208

Dear Ms. Dortch.

Attached is a copy of the Sagebrush Cellular, Inc. 2015 Mobility Fund Phase I Annual Report ("Form 690") for Study Area Code ("SAC") 388001, census tract T38023954500. This report was filed electronically with the Universal Service Administration Company ("USAC").

Respectfully submitted,



Carl G. Akin
Consultant for Sagebrush Cellular, Inc.

CGA/jj

<010> Study Area Code	388001
<015> Study Area Name	Sagebrush Cellular, Inc.
<020> Program Year	2015
<030> Contact Name: Person USAC should contact with questions about this data	Remi Sun
<035> Contact Telephone Number: Number of the person identified in data line <030>	4067832200 ext.
<039> Contact Email: Email of the person identified in data line <030>	remi.sun@nemont.coop

(check box when complete)

<040> Has the information required pursuant to §54.1009 been provided with a Form 481 filing (Y/N)		<040>	<input type="radio"/> <input checked="" type="radio"/>
<041> Attach a description of the documents filed with the Form 481 reporting		<041>	
<042> Cite the Study Area Code (SAC) for the Form 481 reporting		<042>	
<050> <u>Carrier Contact Information</u>	<i>(complete attached worksheet)</i>	<050>	<input checked="" type="checkbox"/>
<060> <u>Coverage and Performance Report</u>	<i>(complete attached worksheet)</i>	<060>	<input checked="" type="checkbox"/>
<070> <u>Urban Rate Comparability Certification</u>	<i>(complete attached certification)</i>	<070>	<input type="checkbox"/>
<080> <u>Tribal Lands Reporting (y/n?)</u>	<i>(Does this study area cover tribal lands? Yes or No)</i>		<input type="radio"/> <input checked="" type="radio"/>
	<i>(If yes, complete the attached worksheet)</i>	<080>	<input type="checkbox"/>
<090> <u>Project Update Information</u>	<i>(complete attached worksheet)</i>	<090>	<input checked="" type="checkbox"/>
<100> <u>Certifications</u>			
<101> Reporting Carrier Certification	<i>(complete attached certification)</i>	<101>	<input type="checkbox"/>
<102> Agent Certification	<i>(complete attached certification)</i>	<102>	<input checked="" type="checkbox"/>

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements)

Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

<010>	Study Area Code	388001
<015>	Study Area Name	Sagebrush Cellular, Inc.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Remi Sun
<035>	Contact Telephone Number - Number of person identified in data line <030>	4067832200 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	remi.sun@nemont.coop

Reporting Carrier / Mobility Fund Phase 1 Winning Bidder

<110>	FCC Registration Number	0001608645
<111>	Filing Carrier Name	Sagebrush Cellular, Inc.
<112>	Winning Bidder Carrier Name	Sagebrush Cellular, Inc.
<113>	Street Address (or PO Box)	61 Hwy 13 South / PO Box 600
<114>	City	Scobey
<115>	State	MT
<116>	Zip-Code	59263-0600
<117>	Telephone Number	4067832200 ext.
<118>	Fax Number	4067835276
<119>	Email Address	remi.sun@nemont.coop

Contact Information

if same as above, indicate in this box



<120>	Name (First, MI, Last, Suffix)	Remi Sun
<121>	Filing Carrier Name	Sagebrush Cellular, Inc.
<122>	Street Address (or PO Box)	61 Hwy 13 South / PO Box 600
<123>	City	Scobey
<124>	State	MT
<125>	Zip-Code	59263-0600
<126>	Telephone Number	4067832200 ext.
<127>	Fax Number	4067835276
<128>	Email Address	remi.sun@nemont.coop

Authorized Agent Information

if no agent, indicate in this box



<130>	Name (First, MI, Last, Suffix)	Carl G Akin
<131>	Company	Monte R. Lee & Company
<132>	Street Address (or PO Box)	100 NW 63rd, Ste 100
<133>	City	Oklahoma City
<134>	State	OK
<135>	Zip-Code	73116
<136>	Telephone Number	4058422405 ext.
<137>	Fax Number	4058488018
<138>	Email Address	cakin@mrleng.com

<010> Study Area Code	388001
<015> Study Area Name	Sagebrush Cellular, Inc.
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Remi Sun
<035> Contact Telephone Number - Number of person identified in data line <030>	4067832200 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	remi.sun@nemont.coop

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

Certification of Officer or Employee as to Compliance with 47 CFR §54.1009(a)(4)

I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), 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.

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to authorize an Agent to file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier

I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported 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: _____

Name of Reporting Carrier: Sagebrush Cellular, Inc.

Signature of Authorized Officer or Employee: _____ Date: _____

Printed name of Authorized Officer or Employee: _____

Title or position of Authorized Officer or Employee: _____

Telephone number of Authorized Officer or Employee: _____

Study Area Code of Reporting Carrier: 388001 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 Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier

I, as agent for the reporting carrier, certify that I am authorized to submit the certification 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: Monte R. Lee & Company

Signature of Authorized Agent or Employee of Agent: _____ Date: 06/25/2015

Printed name of Authorized Agent or Employee of Agent: Carl G Akin

Title or position of Authorized Agent or Employee of Agent: Staff Consultant

Telephone number of Authorized Agent or Employee of Agent: 4058422405 ext.

Study Area Code of Reporting Carrier: 388001 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.

<010>	Study Area Code	388001
<015>	Study Area Name	Sagebrush Cellular, Inc.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Remi Sun
<035>	Contact Telephone Number - Number of person identified in data line <030>	4067832200 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	remi.sun@nemont.coop

<142> State _____

<143> County _____

<144> Tribal Land(s) on which ETC Serves _____

<145> Tribal Government Engagement Obligation

Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes, No, Not Applicable) for each of these boxes to confirm the status described on the attached PDF, on line 145, demonstrates coordination with the Tribal government pursuant to § 54.1004 includes:

- <146> Needs assessment and deployment planning with a focus on Tribal community anchor institutions;
- <147> Feasibility and sustainability planning;
- <148> Marketing services in a culturally sensitive manner;
- <149> Compliance with Rights of way processes
- <150> Compliance with Land Use permitting requirements
- <151> Compliance with Facilities Siting rules
- <152> Compliance with Environmental Review processes
- <153> Compliance with Cultural Preservation review processes
- <154> Compliance with Tribal Business and Licensing requirements.

Select (Yes, No, Not Applicable)

<010> Study Area Code	388001
<015> Study Area Name	Sagebrush Cellular, Inc.
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Remi Sun
<035> Contact Telephone Number - Number of person identified in data line <030>	4067832200 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	remi.sun@nemont.coop

<200> Date Authorized to Receive Support	06/20/2013
<201> Targeted Completion Date	06/21/2015
<202> Total Mobility Fund Support Awarded	782380.00
<203> Total Mobility Fund Support Disbursed	260793.33

<210> Actual Completion Date

<211> Project Status Description (attached)
(Name of PDF attached)

Please check these boxes below to confirm that the attached PDF, on line 211, contains a project status pursuant to §54.1005(b)(2)(v). The information shall be submitted as appropriate.

<212> Status of Network Deployment - Network Design	<input checked="" type="checkbox"/>
<213> Status of Network Deployment - Construction	<input checked="" type="checkbox"/>
<214> Status of Network Deployment - Deployment	<input checked="" type="checkbox"/>
<215> Status of Network Deployment - Maintenance	<input checked="" type="checkbox"/>
<216> Project Budget Status	<input checked="" type="checkbox"/>
<217> Project Plan Status	<input checked="" type="checkbox"/>

<218> Certify Network will Support 3G/4G Mobile Service (Yes / No)

<010>	Study Area Code	388001
<015>	Study Area Name	Sagebrush Cellular, Inc.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Remi Sun
<035>	Contact Telephone Number - Number of person identified in data line <030>	4067832200 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	remi.sun@nemont.coop

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for Mobility Fund Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund 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.	

<010> Study Area Code	388001
<015> Study Area Name	Sagebrush Cellular, Inc.
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Remi Sun
<035> Contact Telephone Number - Number of person identified in data line <030>	4067832200 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	remi.sun@nemont.coop

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File for Mobility Fund Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ 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 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: _____	
Name of Reporting Carrier: Sagebrush Cellular, Inc.	
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: 388001	Filing Due Date for this form: 07/01/2015
<small>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.</small>	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File for Mobility Fund Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the reports for Mobility Fund 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: Monte R. Lee & Company	
Signature of Authorized Agent or Employee of Agent: _____	Date: 06/25/2015
Printed name of Authorized Agent or Employee of Agent: Carl G Akin	
Title or position of Authorized Agent or Employee of Agent: Staff Consultant	
Telephone number of Authorized Agent or Employee of Agent: 4058422405 ext.	
Study Area Code of Reporting Carrier: 388001	Filing Due Date for this form: 07/01/2015
<small>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.</small>	

Attachments

<010> Study Area Code 388001
 <015> Study Area Name Sagebrush Cellular, Inc.
 <020> Program Year 2015
 <030> Contact Name - Person USAC should contact regarding this data Remi Sun
 <035> Contact Telephone Number - Number of person identified in data line <030> 4067832200 ext.
 <039> Contact Email Address - Email Address of person identified in data line <030> remi.sun@nemont.coop
 <140> Coverage and Performance Report Year 01/2014 - 06/2015

<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<c1>	<c2>	<c3>	<d>
State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performance data is uploaded (yes/no)
ND	Divide	380239545001146	5	0	0	17.01	14.2	14.2	Yes
ND	Divide	380239545001151	0	0	0	0.53	0.53	0.53	Yes
ND	Divide	380239545001153	0	0	0	5.02	0.0	0.0	Yes
ND	Divide	380239545001155	3	0	0	4.87	4.87	4.87	Yes
ND	Divide	380239545001157	0	0	0	0.09	0.09	0.09	Yes
ND	Divide	380239545001158	0	0	0	2.66	2.66	2.66	Yes
ND	Divide	380239545001160	0	0	0	1.47	1.47	1.47	Yes
ND	Divide	380239545001164	0	0	0	3.2	1.51	1.51	Yes
ND	Divide	380239545001167	0	0	0	0.04	0.0	0.0	Yes
ND	Divide	380239545001176	0	0	0	4.14	4.14	4.14	Yes
ND	Divide	380239545001194	0	0	0	2.22	2.22	2.22	Yes
ND	Divide	380239545001202	0	0	0	5.46	5.46	5.46	Yes
ND	Divide	380239545001217	0	0	0	4.2	4.2	4.2	Yes
ND	Divide	380239545001218	3	0	0	2.46	2.0	2.0	Yes
ND	Divide	380239545001219	0	0	0	3.82	3.82	3.82	Yes
ND	Divide	380239545001226	0	0	0	2.32	2.32	2.32	Yes
ND	Divide	380239545001228	0	0	0	2.14	2.14	2.14	Yes
ND	Divide	380239545001229	0	0	0	3.04	3.04	3.04	Yes
ND	Divide	380239545001230	0	0	0	0.07	0.07	0.07	Yes
ND	Divide	380239545001231	0	0	0	0.1	0.1	0.1	Yes

Percentage of Total Population Reached by Service

Percentage of Total Road Miles covered by Service

<010> Study Area Code	388001
<015> Study Area Name	Sagebrush Cellular, Inc.
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Remi Sun
<035> Contact Telephone Number - Number of person identified in data line <030>	4067832200 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	remi.sun@nemont.coop
<140> Coverage and Performance Report Year	01/2014 - 06/2015

<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<c1>	<c2>	<c3>	<d>
State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performance data is uploaded (yes/no)
ND	Divide	380239545001234	4	0	0	6.19	6.19	6.19	Yes
ND	Divide	380239545001235	0	0	0	7.33	7.33	7.33	Yes
ND	Divide	380239545001236	0	0	0	0.13	0.0	0.0	Yes
ND	Divide	380239545001288	0	0	0	0.1	0.1	0.1	Yes
ND	Divide	380239545001289	0	0	0	2.41	2.41	2.41	Yes
ND	Divide	380239545001290	0	0	0	0.07	0.07	0.07	Yes
ND	Divide	380239545001291	1	0	0	4.8	4.8	4.8	Yes
ND	Divide	380239545001293	2	0	0	4.95	4.95	4.95	Yes
ND	Divide	380239545001294	0	0	0	4.17	4.17	4.17	Yes
ND	Divide	380239545001295	1	0	0	3.06	3.06	3.06	Yes
ND	Divide	380239545001298	0	0	0	0.14	0.0	0.0	Yes
ND	Divide	380239545001305	0	0	0	1.93	1.93	1.93	Yes
ND	Divide	380239545001306	0	0	0	0.05	0.05	0.05	Yes
ND	Divide	380239545001309	5	0	0	2.95	2.95	2.95	Yes
ND	Divide	380239545001312	0	0	0	0.17	0.17	0.17	Yes
ND	Divide	380239545001320	0	0	0	4.51	4.51	4.51	Yes
ND	Divide	380239545001321	0	0	0	0.05	0.0	0.0	Yes
ND	Divide	380239545001322	2	0	0	5.52	5.52	5.52	Yes
ND	Divide	380239545001327	0	0	0	1.56	1.56	1.56	Yes
ND	Divide	380239545001328	0	0	0	0.05	0.0	0.0	Yes

Percentage of Total Population Reached by Service

0

Percentage of Total Road Miles covered by Service

94

(060) Coverage and Performance Report

FCC Form 690
Approved by OMB
OMB Control No. 3060-1185

<010> Study Area Code	388001
<015> Study Area Name	Sagebrush Cellular, Inc.
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Remi Sun
<035> Contact Telephone Number - Number of person identified in data line <030>	4067832200 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	remi.sun@nemont.coop
<140> Coverage and Performance Report Year	01/2014 - 06/2015

<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<c1>	<c2>	<c3>	<d>
State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performance data is uploaded (yes/no)
ND	Divide	380239545001329	0	0	0	3.82	3.82	3.82	Yes
ND	Divide	380239545001330	0	0	0	1.06	0.0	0.0	Yes
ND	Divide	380239545001332	0	0	0	1.06	0.0	0.0	Yes
ND	Divide	380239545001333	0	0	0	4.04	4.04	4.04	Yes
ND	Divide	380239545001337	0	0	0	2.46	2.46	2.46	Yes
ND	Divide	380239545001338	0	0	0	0.13	0.03	0.03	Yes
ND	Divide	380239545001340	0	0	0	2.44	2.44	2.44	Yes
ND	Divide	380239545001341	0	0	0	6.57	6.57	6.57	Yes
ND	Divide	380239545001342	0	0	0	1.95	1.95	1.95	Yes
ND	Divide	380239545001351	0	0	0	1.47	1.47	1.47	Yes
ND	Divide	380239545001352	0	0	0	1.6	1.6	1.6	Yes
ND	Divide	380239545001388	0	0	0	0.39	0.0	0.0	Yes
ND	Divide	380239545001389	0	0	0	0.14	0.0	0.0	Yes
ND	Divide	380239545001413	0	0	0	1.99	1.99	1.99	Yes
ND	Divide	380239545001414	0	0	0	2.45	2.45	2.45	Yes
ND	Divide	380239545001415	0	0	0	2.17	2.17	2.17	Yes
ND	Divide	380239545001416	0	0	0	3.59	3.59	3.59	Yes
ND	Divide	380239545001417	0	0	0	1.95	1.95	1.95	Yes
ND	Divide	380239545001420	0	0	0	2.33	2.33	2.33	Yes
ND	Divide	380239545001421	0	0	0	1.72	1.72	1.72	Yes

Percentage of Total Population Reached by Service

0

Percentage of Total Road Miles covered by Service

94

<010> Study Area Code	388001
<015> Study Area Name	Sagebrush Cellular, Inc.
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Remi Sun
<035> Contact Telephone Number - Number of person identified in data line <030>	4067832200 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	remi.sun@nemont.coop
<140> Coverage and Performance Report Year	01/2014 - 06/2015

<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<c1>	<c2>	<c3>	<d>
State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performance data is uploaded (yes/no)
ND	Divide	380239545001422	0	0	0	1.88	1.88	1.88	Yes
ND	Divide	380239545001423	0	0	0	0.46	0.46	0.46	Yes
ND	Divide	380239545001424	2	0	0	3.23	3.23	3.23	Yes
ND	Divide	380239545001425	0	0	0	1.83	1.83	1.83	Yes
ND	Divide	380239545001426	0	0	0	1.95	1.95	1.95	Yes
ND	Divide	380239545001427	0	0	0	1.52	1.52	1.52	Yes
ND	Divide	380239545001428	0	0	0	1.52	1.52	1.52	Yes
ND	Divide	380239545001430	2	0	0	2.91	2.91	2.91	Yes
ND	Divide	380239545001437	0	0	0	3.13	3.13	3.13	Yes
ND	Divide	380239545001444	0	0	0	0.15	0.15	0.15	Yes
ND	Divide	380239545001451	0	0	0	2.2	2.2	2.2	Yes
ND	Divide	380239545001459	0	0	0	2.91	2.91	2.91	Yes
ND	Divide	380239545001460	0	0	0	0.59	0.59	0.59	Yes
ND	Divide	380239545001461	0	0	0	8.42	8.42	8.42	Yes
ND	Divide	380239545001462	0	0	0	1.03	1.03	1.03	Yes
ND	Divide	380239545001463	0	0	0	0.23	0.23	0.23	Yes
ND	Divide	380239545001464	0	0	0	0.07	0.07	0.07	Yes
ND	Divide	380239545001465	4	0	0	3.22	3.22	3.22	Yes
ND	Divide	380239545001466	2	0	0	2.68	2.68	2.68	Yes
ND	Divide	380239545001467	0	0	0	4.69	4.69	4.69	Yes

Percentage of Total Population Reached by Service

0

Percentage of Total Road Miles covered by Service

94

(060) Coverage and Performance Report

FCC Form 690
 Approved by OMB
 OMB Control No. 3060-1185

<010> Study Area Code	388001
<015> Study Area Name	Sagebrush Cellular, Inc.
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Remi Sun
<035> Contact Telephone Number - Number of person identified in data line <030>	4067832200 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	remi.sun@nemont.coop
<140> Coverage and Performance Report Year	01/2014 - 06/2015

<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<c1>	<c2>	<c3>	<d>
State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performance data is uploaded (yes/no)
ND	Divide	380239545001468	0	0	0	3.87	3.87	3.87	Yes
ND	Divide	380239545001469	0	0	0	0.59	0.59	0.59	Yes
ND	Divide	380239545001470	0	0	0	2.59	2.59	2.59	Yes
ND	Divide	380239545001471	0	0	0	0.07	0.07	0.07	Yes
ND	Divide	380239545001472	0	0	0	4.68	4.68	4.68	Yes
ND	Divide	380239545001473	0	0	0	5.89	5.89	5.89	Yes
ND	Divide	380239545001474	0	0	0	1.43	1.43	1.43	Yes
ND	Divide	380239545001475	0	0	0	0.97	0.97	0.97	Yes
ND	Divide	380239545001476	0	0	0	1.48	1.48	1.48	Yes
ND	Divide	380239545001478	3	0	0	2.65	2.65	2.65	Yes
ND	Divide	380239545001479	0	0	0	2.84	2.84	2.84	Yes
ND	Divide	380239545001481	0	0	0	2.05	2.05	2.05	Yes
ND	Divide	380239545001482	0	0	0	0.54	0.54	0.54	Yes
ND	Divide	380239545001495	2	0	0	3.51	3.51	3.51	Yes
ND	Divide	380239545001497	0	0	0	3.76	3.76	3.76	Yes
ND	Divide	380239545001499	0	0	0	9.32	9.32	9.32	Yes
ND	Divide	380239545001500	0	0	0	0.57	0.57	0.57	Yes
ND	Divide	380239545001501	3	0	0	3.5	3.5	3.5	Yes
ND	Divide	380239545001503	0	0	0	2.51	2.51	2.51	Yes
ND	Divide	380239545001520	0	0	0	5.68	5.68	5.68	Yes

Percentage of Total Population Reached by Service

0

Percentage of Total Road Miles covered by Service

94

<010> Study Area Code 388001
 <015> Study Area Name Sagebrush Cellular, Inc.
 <020> Program Year 2015
 <030> Contact Name - Person USAC should contact regarding this data Remi Sun
 <035> Contact Telephone Number - Number of person identified in data line <030> 4067832200 ext.
 <039> Contact Email Address - Email Address of person identified in data line <030> remi.sun@nemont.coop
 <140> Coverage and Performance Report Year 01/2014 - 06/2015

<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<c1>	<c2>	<c3>	<d>
State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performance data is uploaded (yes/no)
ND	Divide	380239545001521	0	0	0	0.33	0.33	0.33	Yes
ND	Divide	380239545001528	0	0	0	0.98	0.98	0.98	Yes
ND	Divide	380239545001530	0	0	0	3.84	3.84	3.84	Yes
ND	Divide	380239545001557	0	0	0	4.54	4.54	4.54	Yes
ND	Divide	380239545001558	0	0	0	1.95	1.95	1.95	Yes
ND	Divide	380239545001559	0	0	0	0.03	0.03	0.03	Yes
ND	Divide	380239545001560	2	0	0	4.6	4.6	4.6	Yes
ND	Divide	380239545001561	0	0	0	3.59	3.59	3.59	Yes
ND	Divide	380239545001562	7	0	0	4.6	4.6	4.6	Yes
ND	Divide	380239545001563	0	0	0	0.05	0.05	0.05	Yes
ND	Divide	380239545001564	0	0	0	2.75	2.75	2.75	Yes
ND	Divide	380239545001609	0	0	0	1.83	1.83	1.83	Yes
ND	Divide	380239545001610	0	0	0	0.09	0.09	0.09	Yes
ND	Divide	380239545001611	0	0	0	1.89	1.89	1.89	Yes
ND	Divide	380239545001612	0	0	0	0.11	0.11	0.11	Yes
ND	Divide	380239545001613	0	0	0	0.08	0.08	0.08	Yes
ND	Divide	380239545001614	0	0	0	0.1	0.1	0.1	Yes
ND	Divide	380239545001615	2	0	0	1.81	1.81	1.81	Yes
ND	Divide	380239545001616	0	0	0	2.12	2.12	2.12	Yes
ND	Divide	380239545001617	0	0	0	0.09	0.09	0.09	Yes

Percentage of Total Population Reached by Service

0

Percentage of Total Road Miles covered by Service

94

<010> Study Area Code 388001
 <015> Study Area Name Sagebrush Cellular, Inc.
 <020> Program Year 2015
 <030> Contact Name - Person USAC should contact regarding this data Remi Sun
 <035> Contact Telephone Number - Number of person identified in data line <030> 4067832200 ext.
 <039> Contact Email Address - Email Address of person identified in data line <030> remi.sun@nemont.coop
 <140> Coverage and Performance Report Year 01/2014 - 06/2015

<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<c1>	<c2>	<c3>	<d>
State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performance data is uploaded (yes/no)
ND	Divide	380239545001696	3	0	0	3.75	0.0	0.0	Yes
ND	Divide	380239545001702	0	0	0	0.18	0.0	0.0	Yes
ND	Divide	380239545001703	0	0	0	0.06	0.0	0.0	Yes
ND	Divide	380239545001774	0	0	0	0.03	0.0	0.0	Yes
ND	Divide	380239545001776	0	0	0	4.75	0.0	0.0	Yes
ND	Divide	380239545001779	0	0	0	0.13	0.0	0.0	Yes
ND	Divide	380239545001799	0	0	0	1.95	0.0	0.0	Yes
ND	Divide	380239545001879	0	0	0	4.61	4.61	4.61	Yes
ND	Divide	380239545001880	0	0	0	2.97	2.97	2.97	Yes
ND	Divide	380239545001881	0	0	0	0.26	0.26	0.26	Yes
ND	Divide	380239545001882	0	0	0	0.15	0.15	0.15	Yes
ND	Divide	380239545001883	0	0	0	1.92	1.92	1.92	Yes
ND	Divide	380239545001884	0	0	0	0.12	0.12	0.12	Yes
ND	Divide	380239545001888	5	0	0	4.96	4.96	4.96	Yes
ND	Divide	380239545001889	0	0	0	2.98	2.25	2.25	Yes
ND	Divide	380239545001890	0	0	0	2.27	2.27	2.27	Yes
ND	Divide	380239545001891	0	0	0	2.21	2.21	2.21	Yes
ND	Divide	380239545001892	2	0	0	0.13	0.13	0.13	Yes
ND	Divide	380239545001893	2	0	0	2.21	2.21	2.21	Yes
ND	Divide	380239545001894	0	0	0	5.31	5.31	5.31	Yes

Percentage of Total Population Reached by Service

0

Percentage of Total Road Miles covered by Service

94

(060) Coverage and Performance Report

FCC Form 690
Approved by OMB
OMB Control No. 3060-1185

<010> Study Area Code	388001
<015> Study Area Name	Sagebrush Cellular, Inc.
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Remi Sun
<035> Contact Telephone Number - Number of person identified in data line <030>	4067832200 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	remi.sun@nemont.coop
<140> Coverage and Performance Report Year	01/2014 - 06/2015

<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<c1>	<c2>	<c3>	<d>
State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performance data is uploaded (yes/no)
ND	Divide	380239545001895	2	0	0	2.21	2.21	2.21	Yes
ND	Divide	380239545001896	2	0	0	3.36	3.36	3.36	Yes
ND	Divide	380239545001897	4	0	0	3.18	3.18	3.18	Yes
ND	Divide	380239545001898	0	0	0	3.12	3.12	3.12	Yes
ND	Divide	380239545001899	2	0	0	7.25	7.25	7.25	Yes
ND	Divide	380239545001900	9	0	0	7.3	7.3	7.3	Yes
ND	Divide	380239545001901	0	0	0	1.95	1.95	1.95	Yes
ND	Divide	380239545001902	0	0	0	0.03	0.03	0.03	Yes
ND	Divide	380239545001903	3	0	0	5.68	5.68	5.68	Yes
ND	Divide	380239545001904	0	0	0	0.21	0.21	0.21	Yes
ND	Divide	380239545001905	0	0	0	0.11	0.11	0.11	Yes
ND	Divide	380239545001923	0	0	0	1.87	1.87	1.87	Yes
ND	Divide	380239545001930	0	0	0	4.84	4.84	4.84	Yes
ND	Divide	380239545001942	2	0	0	4.83	4.83	4.83	Yes
ND	Divide	380239545001959	0	0	0	3.35	3.35	3.35	Yes
ND	Divide	380239545001965	6	0	0	2.66	2.66	2.66	Yes
ND	Divide	380239545001973	0	0	0	0.17	0.17	0.17	Yes
ND	Divide	380239545001976	0	0	0	0.08	0.08	0.08	Yes
ND	Divide	380239545001978	0	0	0	1.21	1.21	1.21	Yes

Percentage of Total Population Reached by Service

0

Percentage of Total Road Miles covered by Service

94

**SAC 388001 DIVIDE COUNTY, ND
SAGEBRUSH CELLULAR, INC.
PROJECT STATUS DESCRIPTION**

**AWARD DATE 6/20/2013
TARGETED COMPLETION DATE 6/21/2015**

1. Network Deployment Status

Status - Network Design (includes RF Design and Site Development)

- | | |
|--------------------------|------------------|
| 1. Finding a Site | Completed |
| 2. Site Acquisition | Completed |
| 3. Drafting RFPs | Completed |
| 4. Posting RFPs | Completed |
| 5. Selecting Vendors | Completed |
| 6. Negotiating Contracts | Completed |

Status – Construction

- | | |
|------------------------|------------------|
| 7. Site Prep Work | Completed |
| 8. Power to Site | Completed |
| 9. Build-out of Site | Completed |
| 10. Equipment Building | Completed |
| 11. Final Site Work | Completed |

Status – Deployment

- | | |
|---------------------------|------------------|
| 12. Microwave Electronics | Completed |
| 13. Cell Site Electronics | Completed |
| 14. Drive Testing | Completed |
| 15. Network Optimization | Completed |

Status – Maintenance

- | | |
|--|----------------|
| 16. Beginning of Scheduled Maintenance | Pending |
|--|----------------|

2. Project Budget Status

Sagebrush Cellular, Inc. bid \$782,380.00 for Tract T38023954500 in Divide County.

Bidder	Item Name	State	County	Road Miles	Total Bid Amount	SAC
Sagebrush Cellular, Inc.	T38023954500	ND	Divide	391.19	\$782,380.00	388001

The planned budget submitted for project area SAC 388001 and the funds currently used as of December 31, 2013 are shown in the following table.

SAC	Network Design	Construction	Deployment	Maintenance
388001	\$62,486.00	\$415,480.00	\$195,296.00	\$31,167.00
Used	\$107,556.19	\$645,337.12	\$322,668.56	\$0.00

3. Description of Overall Plan

Sagebrush Cellular, Inc. (Sagebrush) operates a Code Division Multiple Access (CDMA) voice and data network in northeastern Montana and northwestern North Dakota. All of the 84 existing sites are Third Generation (3G) Evolution Data-Optimized (EVDO). The unserved areas won in the Federal Communications Commission (FCC or Commission) Mobility Fund Phase I Auction represent holes in Sagebrush's existing network coverage. The new base stations to be added as a result of Mobility Fund support will be full-scale, three-sector base stations, backhauled via microwave into the existing network, and supplemented with omnidirectional repeaters working off of both existing and new sites.

Initial design planning for 75% coverage of the unserved road miles in the 18 Census Tracts won in Auction 901 requires 19 new sites and three omnidirectional repeaters. The network implementation will incorporate EVDO which provides wireless broadband access to mobile devices. From the new tower sites, traffic will be backhauled by microwave or fiber to existing towers or to the network.

Sagebrush already has a 3G CDMA Core and Switch in Glasgow, Montana. Internet traffic is routed over redundant fiber from Glasgow to Billings. Long distance traffic from the Glasgow switch is routed to three separate Session Initiation Protocol (SIP) Voice-Over-IP (VoIP) carriers. One of those SIP providers is in Billings while the other two carriers are accessed over the Internet. All E911 traffic terminates to Public Safety Answering Points (PSAPs) using Time Division Multiplexing (TDM) trunks. All tandem traffic is sent over existing TDM circuits.

There are two (2) existing sites to be upgraded and four (4) sites to be built in SAC 388001. There is one (1) existing and two (2) sites to be built outside of the bounds that will provide service to SAC 388001.

4. Project Plan Status

Based on the proposed Planned Milestones the Sagebrush Cellular, Inc. 901 project is on schedule.

AWARD DATE 6/20/2013

TARGETED COMPLETION DATE 6/21/2015

The following table shows the original submitted schedule (**Proposed**) with the revised schedule based on the award date (**Updated**) and the current Status

Planned Milestones	Proposed	Updated	Status
Start Date of Network Design	1/2/2013	6/20/2013	Completed
End Date of Network Design	1/17/2013	7/5/2013	Completed
Start Date for Drafting and Posting RFPs	1/2/2013	6/20/2013	Completed
End Date for Drafting and Posting RFPs	2/12/2013	7/31/2013	Completed
Start Date for Selecting Vendors	2/13/2013	8/1/2013	Completed
End Date for Selecting Vendors	3/5/2013	8/21/2013	Completed
Start Date for Negotiating Contracts	3/6/2013	8/22/2013	Completed
End Date for Negotiating Contracts	3/26/2013	9/11/2013	Completed
Start Date for Construction	4/1/2013	9/17/2013	Completed
End Date for Construction	6/16/2014	10/9/2014	Completed

Monte R. Lee and Company

LYNN R. MERRILL, P.E.
STEVE GUEST, P.E.
GARY G. BEIKMANN, Manager

CONSULTING ENGINEERS
100 NW 63rd. STREET, SUITE 100
OKLAHOMA CITY, OKLAHOMA 73116
PHONE: 405-842-2405
FAX: 405-848-8018
e-mail: mrl@mrleng.com
Website: www.mrleng.com

June 29, 2015

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

VIA ECFS Filing

Re: Sagebrush Cellular, Inc. FCC Form 690 Annual Report, WT Docket No. 10-208

Dear Ms. Dortch.

Attached is a copy of the Sagebrush Cellular, Inc. 2015 Mobility Fund Phase I Annual Report ("Form 690") for Study Area Code ("SAC") 388002, census tract T38023954500-4345. This report was filed electronically with the Universal Service Administration Company ("USAC").

Respectfully submitted,



Carl G. Akin
Consultant for Sagebrush Cellular, Inc.

CGA/jj

<010> Study Area Code	388002
<015> Study Area Name	Sagebrush Cellular, Inc.
<020> Program Year	2015
<030> Contact Name: Person USAC should contact with questions about this data	Remi Sun
<035> Contact Telephone Number: Number of the person identified in data line <030>	4067832200 ext.
<039> Contact Email: Email of the person identified in data line <030>	remi.sun@nemont.coop

(check box when complete)

<040> Has the information required pursuant to §54.1009 been provided with a Form 481 filing (Y/N)	<040>	<input type="radio"/> <input checked="" type="radio"/>
<041> Attach a description of the documents filed with the Form 481 reporting	<041>	<input type="text"/>
<042> Cite the Study Area Code (SAC) for the Form 481 reporting	<042>	<input type="text"/>
<050> <u>Carrier Contact Information</u> (complete attached worksheet)	<050>	<input checked="" type="checkbox"/>
<060> <u>Coverage and Performance Report</u> (complete attached worksheet)	<060>	<input checked="" type="checkbox"/>
<070> <u>Urban Rate Comparability Certification</u> (complete attached certification)	<070>	<input type="checkbox"/>
<080> <u>Tribal Lands Reporting (y/n?)</u> (Does this study area cover tribal lands? Yes or No) (If yes, complete the attached worksheet)	<080>	<input checked="" type="radio"/> <input type="radio"/>
<090> <u>Project Update Information</u> (complete attached worksheet)	<090>	<input checked="" type="checkbox"/>
<100> <u>Certifications</u>		
<101> Reporting Carrier Certification (complete attached certification)	<101>	<input type="checkbox"/>
<102> Agent Certification (complete attached certification)	<102>	<input checked="" type="checkbox"/>

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements)

Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

<010>	Study Area Code	388002
<015>	Study Area Name	Sagebrush Cellular, Inc.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Remi Sun
<035>	Contact Telephone Number - Number of person identified in data line <030>	4067832200 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	remi.sun@nemont.coop

Reporting Carrier / Mobility Fund Phase 1 Winning Bidder

<110>	FCC Registration Number	0001608645
<111>	Filing Carrier Name	Sagebrush Cellular, Inc.
<112>	Winning Bidder Carrier Name	Sagebrush Cellular, Inc.
<113>	Street Address (or PO Box)	61 Hwy 13 South / PO Box 600
<114>	City	Scobey
<115>	State	MT
<116>	Zip-Code	59263-0600
<117>	Telephone Number	4067832200 ext.
<118>	Fax Number	4067835276
<119>	Email Address	remi.sun@nemont.coop

Contact Information

if same as above, indicate in this box



<120>	Name (First, MI, Last, Suffix)	Remi Sun
<121>	Filing Carrier Name	Sagebrush Cellular, Inc.
<122>	Street Address (or PO Box)	61 Hwy 13 South / PO Box 600
<123>	City	Scobey
<124>	State	MT
<125>	Zip-Code	59263-0600
<126>	Telephone Number	4067832200 ext.
<127>	Fax Number	4067835276
<128>	Email Address	remi.sun@nemont.coop

Authorized Agent Information

if no agent, indicate in this box



<130>	Name (First, MI, Last, Suffix)	Carl G Akin
<131>	Company	Monte R. Lee & Company
<132>	Street Address (or PO Box)	100 NW 63rd
<133>	City	Oklahoma City
<134>	State	OK
<135>	Zip-Code	73116
<136>	Telephone Number	4058422405 ext.
<137>	Fax Number	4058488018
<138>	Email Address	cakin@mrleng.com

<010> Study Area Code	388002
<015> Study Area Name	Sagebrush Cellular, Inc.
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Remi Sun
<035> Contact Telephone Number - Number of person identified in data line <030>	4067832200 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	remi.sun@nemont.coop

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

Certification of Officer or Employee as to Compliance with 47 CFR §54.1009(a)(4)	
I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), 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:
<small>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.</small>	

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to authorize an Agent to file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported 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:	
Name of Reporting Carrier:	Sagebrush Cellular, Inc.
Signature of Authorized Officer or Employee:	Date:
Printed name of Authorized Officer or Employee:	
Title or position of Authorized Officer or Employee:	
Telephone number of Authorized Officer or Employee:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form: 07/01/2015
<small>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.</small>	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the certification 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:	Monte R. Lee & Company
Signature of Authorized Agent or Employee of Agent:	Date: 06/26/2015
Printed name of Authorized Agent or Employee of Agent:	Carl G Akin
Title or position of Authorized Agent or Employee of Agent:	Staff Consultant
Telephone number of Authorized Agent or Employee of Agent:	4058422405 ext.
Study Area Code of Reporting Carrier:	Filing Due Date for this form: 07/01/2015
<small>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.</small>	

<010>	Study Area Code	388002
<015>	Study Area Name	Sagebrush Cellular, Inc.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Remi Sun
<035>	Contact Telephone Number - Number of person identified in data line <030>	4067832200 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	remi.sun@nemont.coop

<142> State MT

Divide

<143> County _____

Turtle Mountain

<144> Tribal Land(s) on which ETC Serves _____

388002_TLRa5_ND.pdf

<145> Tribal Government Engagement Obligation

Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes, No, Not Applicable) for each of these boxes to confirm the status described on the attached PDF, on line 145, demonstrates coordination with the Tribal government pursuant to § 54.1004 includes:

Select (Yes, No, Not Applicable)	
<146> Needs assessment and deployment planning with a focus on Tribal community anchor institutions;	Not Applicable
<147> Feasibility and sustainability planning;	Not Applicable
<148> Marketing services in a culturally sensitive manner;	Yes
<149> Compliance with Rights of way processes	Yes
<150> Compliance with Land Use permitting requirements	Yes
<151> Compliance with Facilities Siting rules	Yes
<152> Compliance with Environmental Review processes	Yes
<153> Compliance with Cultural Preservation review processes	Yes
<154> Compliance with Tribal Business and Licensing requirements.	Not Applicable

<010> Study Area Code	388002
<015> Study Area Name	Sagebrush Cellular, Inc.
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Remi Sun
<035> Contact Telephone Number - Number of person identified in data line <030>	4067832200 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	remi.sun@nemont.coop

<200> Date Authorized to Receive Support	06/20/2013
<201> Targeted Completion Date	06/21/2015
<202> Total Mobility Fund Support Awarded	440.00
<203> Total Mobility Fund Support Disbursed	146.67

<210> Actual Completion Date

<211> Project Status Description (attached)
(Name of PDF attached)

Please check these boxes below to confirm that the attached PDF, on line 211, contains a project status pursuant to §54.1005(b)(2)(v). The information shall be submitted as appropriate.

<212> Status of Network Deployment - Network Design	<input checked="" type="checkbox"/>
<213> Status of Network Deployment - Construction	<input checked="" type="checkbox"/>
<214> Status of Network Deployment - Deployment	<input checked="" type="checkbox"/>
<215> Status of Network Deployment - Maintenance	<input checked="" type="checkbox"/>
<216> Project Budget Status	<input checked="" type="checkbox"/>
<217> Project Plan Status	<input checked="" type="checkbox"/>

<218> Certify Network will Support 3G/4G Mobile Service (Yes / No)

<010>	Study Area Code	388002
<015>	Study Area Name	Sagebrush Cellular, Inc.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Remi Sun
<035>	Contact Telephone Number - Number of person identified in data line <030>	4067832200 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	remi.sun@nemont.coop

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for Mobility Fund Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund 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:
<small>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.</small>	

(102) Certification - Agent / Carrier

FCC Form 690
 Approved by OMB
 OMB Control No. 3060-1185
 Page 8 of 8

<010> Study Area Code	388002
<015> Study Area Name	Sagebrush Cellular, Inc.
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Remi Sun
<035> Contact Telephone Number - Number of person identified in data line <030>	4067832200 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	remi.sun@nemont.coop

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File for Mobility Fund Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ 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 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: _____	
Name of Reporting Carrier: Sagebrush Cellular, Inc.	
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: 388002	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 for Mobility Fund Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the reports for Mobility Fund 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: Monte R. Lee & Company	
Signature of Authorized Agent or Employee of Agent: _____	Date: 06/26/2015
Printed name of Authorized Agent or Employee of Agent: Carl G Akin	
Title or position of Authorized Agent or Employee of Agent: Staff Consultant	
Telephone number of Authorized Agent or Employee of Agent: 4058422405 ext.	
Study Area Code of Reporting Carrier: 388002	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

**SAC 388002 DIVIDE COUNTY, ND
SAGEBRUSH CELLULAR, INC.
PROJECT STATUS DESCRIPTION**

**AWARD DATE 6/20/2013
TARGETED COMPLETION DATE 6/21/2015**

1. Network Deployment Status

Status - Network Design (includes RF Design and Site Development)

- | | |
|--------------------------|------------------|
| 1. Finding a Site | Completed |
| 2. Site Acquisition | Completed |
| 3. Drafting RFPs | Completed |
| 4. Posting RFPs | Completed |
| 5. Selecting Vendors | Completed |
| 6. Negotiating Contracts | Completed |

Status – Construction

- | | |
|------------------------|------------------|
| 7. Site Prep Work | Completed |
| 8. Power to Site | Completed |
| 9. Build-out of Site | Completed |
| 10. Equipment Building | Completed |
| 11. Final Site Work | Completed |

Status – Deployment

- | | |
|---------------------------|------------------|
| 12. Microwave Electronics | Completed |
| 13. Cell Site Electronics | Completed |
| 14. Drive Testing | Completed |
| 15. Network Optimization | Completed |

Status – Maintenance

- | | |
|--|----------------|
| 16. Beginning of Scheduled Maintenance | Pending |
|--|----------------|

2. Project Budget Status

Sagebrush Cellular, Inc. bid \$440.00 for Tract T38023954500-4345 in Divide County.

Bidder	Item Name	State	County	Road Miles	Total Bid Amount	SAC
Sagebrush Cellular, Inc.	T38023954500-4345	ND	Divide	0.22	\$440	388002

The planned budget submitted for project area SAC 388002 and the funds currently used as of December 31, 2013 are shown in the following table.

SAC	Network Design	Construction	Deployment	Maintenance
388002	\$11,027.00	\$73,320.00	\$34,464.00	\$5,500.00

3. Description of Overall Plan

Sagebrush Cellular, Inc. (Sagebrush) operates a Code Division Multiple Access (CDMA) voice and data network in northeastern Montana and northwestern North Dakota. All of the 84 existing sites are Third Generation (3G) Evolution Data-Optimized (EVDO). The unserved areas won in the Federal Communications Commission (FCC or Commission) Mobility Fund Phase I Auction represent holes in Sagebrush's existing network coverage. The new base stations to be added as a result of Mobility Fund support will be full-scale, three-sector base stations, backhauled via microwave into the existing network, and supplemented with omnidirectional repeaters working off of both existing and new sites.

Initial design planning for 75% coverage of the unserved road miles in the 18 Census Tracts won in Auction 901 requires 19 new sites and three omnidirectional repeaters. The network implementation will incorporate EVDO which provides wireless broadband access to mobile devices. From the new tower sites, traffic will be backhauled by microwave or fiber to existing towers or to the network.

Sagebrush already has a 3G CDMA Core and Switch in Glasgow, Montana. Internet traffic is routed over redundant fiber from Glasgow to Billings. Long distance traffic from the Glasgow switch is routed to three separate Session Initiation Protocol (SIP) Voice-Over-IP (VoIP) carriers. One of those SIP providers is in Billings while the other two carriers are accessed over the Internet. All E911 traffic terminates to Public Safety Answering Points (PSAPs) using Time Division Multiplexing (TDM) trunks. All tandem traffic is sent over existing TDM circuits.

There are two (2) existing sites to be upgraded and four (4) sites to be built in SAC 388002. There is one (1) existing and two (2) sites to be built outside of the bounds that will provide service to SAC 388002.

4. Project Plan Status

Based on the proposed Planned Milestones the Sagebrush Cellular, Inc. 901 project is on schedule.

AWARD DATE 6/20/2013

TARGETED COMPLETION DATE 6/21/2015

The following table shows the original submitted schedule (**Proposed**) with the revised schedule based on the award date (**Updated**) and the current Status

Planned Milestones	Proposed	Updated	Status
Start Date of Network Design	1/2/2013	6/20/2013	Completed
End Date of Network Design	1/17/2013	7/5/2013	Completed
Start Date for Drafting and Posting RFPs	1/2/2013	6/20/2013	Completed
End Date for Drafting and Posting RFPs	2/12/2013	7/31/2013	Completed
Start Date for Selecting Vendors	2/13/2013	8/1/2013	Completed
End Date for Selecting Vendors	3/5/2013	8/21/2013	Completed
Start Date for Negotiating Contracts	3/6/2013	8/22/2013	Completed
End Date for Negotiating Contracts	3/26/2013	9/11/2013	Completed
Start Date for Construction	4/1/2013	9/17/2013	Completed
End Date for Construction	6/16/2014	10/9/2014	Completed

**Annual Reporting for Mobility Phase I Recipients
47 C.F.R. §54.1009
Sagebrush Cellular, Inc.**

§54.1009(a)(5) - COMPLIANCE WITH TRIBAL ENGAGEMENT

Sagebrush Cellular, Inc., Study Area Code 388002, provides services to some Turtle Mountain tribal allotted land in North Dakota. Sagebrush Cellular, Inc. has requested meetings to discuss additional requirements regarding Tribal Engagements; however, Sagebrush Cellular, Inc. has not received any responses from Turtle Mountain Tribal officials.

Monte R. Lee and Company

LYNN R. MERRILL, P.E.
STEVE GUEST, P.E.
GARY G. BEIKMANN, Manager

CONSULTING ENGINEERS
100 NW 63rd. STREET, SUITE 100
OKLAHOMA CITY, OKLAHOMA 73116
PHONE: 405-842-2405
FAX: 405-848-8018
e-mail: mrl@mrleng.com
Website: www.mrleng.com

June 29, 2015

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

VIA ECFS Filing

Re: Sagebrush Cellular, Inc. FCC Form 690 Annual Report, WT Docket No. 10-208

Dear Ms. Dortch.

Attached is a copy of the Sagebrush Cellular, Inc. 2015 Mobility Fund Phase I Annual Report ("Form 690") for Study Area Code ("SAC") 388003, census tract T38105953400. This report was filed electronically with the Universal Service Administration Company ("USAC").

Respectfully submitted,



Carl G. Akin
Consultant for Sagebrush Cellular, Inc.

CGA/jj

<010> Study Area Code	388003
<015> Study Area Name	Sagebrush Cellular, Inc.
<020> Program Year	2015
<030> Contact Name: Person USAC should contact with questions about this data	Remi Sun
<035> Contact Telephone Number: Number of the person identified in data line <030>	4067832200 ext.
<039> Contact Email: Email of the person identified in data line <030>	remi.sun@nemont.coop

(check box when complete)

<040> Has the information required pursuant to §54.1009 been provided with a Form 481 filing (Y/N)	<040>	<input type="radio"/>	<input checked="" type="radio"/>	
<041> Attach a description of the documents filed with the Form 481 reporting	<041>			
<042> Cite the Study Area Code (SAC) for the Form 481 reporting	<042>			
<050> <u>Carrier Contact Information</u>	<i>(complete attached worksheet)</i>	<050>	<input checked="" type="checkbox"/>	
<060> <u>Coverage and Performance Report</u>	<i>(complete attached worksheet)</i>	<060>	<input checked="" type="checkbox"/>	
<070> <u>Urban Rate Comparability Certification</u>	<i>(complete attached certification)</i>	<070>	<input type="checkbox"/>	
<080> <u>Tribal Lands Reporting (y/n?)</u>	<i>(Does this study area cover tribal lands? Yes or No)</i>	<080>	<input type="radio"/>	<input checked="" type="radio"/>
	<i>(If yes, complete the attached worksheet)</i>	<080>	<input type="checkbox"/>	
<090> <u>Project Update Information</u>	<i>(complete attached worksheet)</i>	<090>	<input checked="" type="checkbox"/>	
<100> <u>Certifications</u>				
<101> Reporting Carrier Certification	<i>(complete attached certification)</i>	<101>	<input type="checkbox"/>	
<102> Agent Certification	<i>(complete attached certification)</i>	<102>	<input checked="" type="checkbox"/>	

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements)

Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

<010>	Study Area Code	388003
<015>	Study Area Name	Sagebrush Cellular, Inc.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Remi Sun
<035>	Contact Telephone Number - Number of person identified in data line <030>	4067832200 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	remi.sun@nemont.coop

Reporting Carrier / Mobility Fund Phase 1 Winning Bidder

<110>	FCC Registration Number	0001608645
<111>	Filing Carrier Name	Sagebrush Cellular, Inc.
<112>	Winning Bidder Carrier Name	Sagebrush Cellular, Inc.
<113>	Street Address (or PO Box)	61 Hwy 13 South / PO Box 600
<114>	City	Scobey
<115>	State	MT
<116>	Zip-Code	59263-0600
<117>	Telephone Number	4067832200 ext.
<118>	Fax Number	4067835276
<119>	Email Address	remi.sun@nemont.coop

Contact Information

if same as above, indicate in this box



<120>	Name (First, MI, Last, Suffix)	Remi Sun
<121>	Filing Carrier Name	Sagebrush Cellular, Inc.
<122>	Street Address (or PO Box)	61 Hwy 13 South / PO Box 600
<123>	City	Scobey
<124>	State	MT
<125>	Zip-Code	59263-0600
<126>	Telephone Number	4067832200 ext.
<127>	Fax Number	4067835276
<128>	Email Address	remi.sun@nemont.coop

Authorized Agent Information

if no agent, indicate in this box



<130>	Name (First, MI, Last, Suffix)	Carl G Akin
<131>	Company	Monte R. Lee & Company
<132>	Street Address (or PO Box)	100 NW 63rd, Ste 100
<133>	City	Oklahoma City
<134>	State	OK
<135>	Zip-Code	73116
<136>	Telephone Number	4058422405 ext.
<137>	Fax Number	4058488018
<138>	Email Address	cakin@mrleng.com

<010> Study Area Code	388003
<015> Study Area Name	Sagebrush Cellular, Inc.
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Remi Sun
<035> Contact Telephone Number - Number of person identified in data line <030>	4067832200 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	remi.sun@nemont.coop

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

Certification of Officer or Employee as to Compliance with 47 CFR §54.1009(a)(4)	
I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), 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.	

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to authorize an Agent to file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported 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:	
Name of Reporting Carrier:	Sagebrush Cellular, Inc.
Signature of Authorized Officer or Employee:	Date:
Printed name of Authorized Officer or Employee:	
Title or position of Authorized Officer or Employee:	
Telephone number of Authorized Officer or Employee:	
Study Area Code of Reporting Carrier: 388003	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 Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the certification 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: Monte R. Lee & Company	
Signature of Authorized Agent or Employee of Agent:	Date: 06/26/2015
Printed name of Authorized Agent or Employee of Agent: Carl G Akin	
Title or position of Authorized Agent or Employee of Agent: Staff Consultant	
Telephone number of Authorized Agent or Employee of Agent: 4058422405 ext.	
Study Area Code of Reporting Carrier: 388003	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.	

<010>	Study Area Code	388003
<015>	Study Area Name	Sagebrush Cellular, Inc.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Remi Sun
<035>	Contact Telephone Number - Number of person identified in data line <030>	4067832200 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	remi.sun@nemont.coop

<142> State _____

<143> County _____

<144> Tribal Land(s) on which ETC Serves _____

<145> Tribal Government Engagement Obligation

Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes, No, Not Applicable) for each of these boxes to confirm the status described on the attached PDF, on line 145, demonstrates coordination with the Tribal government pursuant to § 54.1004 includes:

- <146> Needs assessment and deployment planning with a focus on Tribal community anchor institutions;
- <147> Feasibility and sustainability planning;
- <148> Marketing services in a culturally sensitive manner;
- <149> Compliance with Rights of way processes
- <150> Compliance with Land Use permitting requirements
- <151> Compliance with Facilities Siting rules
- <152> Compliance with Environmental Review processes
- <153> Compliance with Cultural Preservation review processes
- <154> Compliance with Tribal Business and Licensing requirements.

Select (Yes, No, Not Applicable)

<010> Study Area Code	388003
<015> Study Area Name	Sagebrush Cellular, Inc.
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Remi Sun
<035> Contact Telephone Number - Number of person identified in data line <030>	4067832200 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	remi.sun@nemont.coop

<200> Date Authorized to Receive Support	06/20/2013
<201> Targeted Completion Date	06/21/2015
<202> Total Mobility Fund Support Awarded	197260.00
<203> Total Mobility Fund Support Disbursed	65753.33

<210> Actual Completion Date

<211> Project Status Description (attached)
(Name of PDF attached)

Please check these boxes below to confirm that the attached PDF, on line 211, contains a project status pursuant to §54.1005(b)(2)(v). The information shall be submitted as appropriate.

<212> Status of Network Deployment - Network Design	<input checked="" type="checkbox"/>
<213> Status of Network Deployment - Construction	<input checked="" type="checkbox"/>
<214> Status of Network Deployment - Deployment	<input checked="" type="checkbox"/>
<215> Status of Network Deployment - Maintenance	<input checked="" type="checkbox"/>
<216> Project Budget Status	<input checked="" type="checkbox"/>
<217> Project Plan Status	<input checked="" type="checkbox"/>

<218> Certify Network will Support 3G/4G Mobile Service (Yes / No)

<010>	Study Area Code	388003
<015>	Study Area Name	Sagebrush Cellular, Inc.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Remi Sun
<035>	Contact Telephone Number - Number of person identified in data line <030>	4067832200 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	remi.sun@nemont.coop

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for Mobility Fund Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund 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:
<small>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.</small>	

<010> Study Area Code	388003
<015> Study Area Name	Sagebrush Cellular, Inc.
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Remi Sun
<035> Contact Telephone Number - Number of person identified in data line <030>	4067832200 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	remi.sun@nemont.coop

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File for Mobility Fund Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ 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 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: _____	
Name of Reporting Carrier: Sagebrush Cellular, Inc.	
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: 388003	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 for Mobility Fund Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the reports for Mobility Fund 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: Monte R. Lee & Company	
Signature of Authorized Agent or Employee of Agent: _____	Date: 06/26/2015
Printed name of Authorized Agent or Employee of Agent: Carl G Akin	
Title or position of Authorized Agent or Employee of Agent: Staff Consultant	
Telephone number of Authorized Agent or Employee of Agent: 4058422405 ext.	
Study Area Code of Reporting Carrier: 388003	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

(060) Coverage and Performance Report

FCC Form 690
 Approved by OMB
 OMB Control No. 3060-1185

<010> Study Area Code	388003
<015> Study Area Name	Sagebrush Cellular, Inc.
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Remi Sun
<035> Contact Telephone Number - Number of person identified in data line <030>	4067832200 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	remi.sun@nemont.coop
<140> Coverage and Performance Report Year	01/2014 - 12/2014

<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<c1>	<c2>	<c3>	<d>
State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performance data is uploaded (yes/no)
ND	Williams	381059534001063	0	0	0	6.07	6.07	6.07	Yes
ND	Williams	381059534001064	0	0	0	3.62	3.62	3.62	Yes
ND	Williams	381059534001065	0	0	0	0.2	0.2	0.2	Yes
ND	Williams	381059534001066	1	0	0	0.72	0.72	0.72	Yes
ND	Williams	381059534001067	0	0	0	0.06	0.06	0.06	Yes
ND	Williams	381059534001265	0	0	0	3.19	3.19	3.19	Yes
ND	Williams	381059534001266	0	0	0	0.8	0.8	0.8	Yes
ND	Williams	381059534001267	0	0	0	1.45	1.45	1.45	Yes
ND	Williams	381059534001268	2	0	0	2.3	2.3	2.3	Yes
ND	Williams	381059534001269	0	0	0	0.05	0.05	0.05	Yes
ND	Williams	381059534001270	0	0	0	1.83	1.83	1.83	Yes
ND	Williams	381059534001271	0	0	0	0.7	0.7	0.7	Yes
ND	Williams	381059534001272	0	0	0	0.03	0.03	0.03	Yes
ND	Williams	381059534001273	0	0	0	0.12	0.12	0.12	Yes
ND	Williams	381059534001274	0	0	0	0.38	0.38	0.38	Yes
ND	Williams	381059534001330	0	0	0	0.97	0.97	0.97	Yes
ND	Williams	381059534001331	2	0	0	2.22	2.22	2.22	Yes
ND	Williams	381059534001332	0	0	0	0.11	0.11	0.11	Yes
ND	Williams	381059534001333	2	0	0	2.47	2.47	2.47	Yes
ND	Williams	381059534001334	0	0	0	0.04	0.04	0.04	Yes

Percentage of Total Population Reached by Service

0

Percentage of Total Road Miles covered by Service

100

<010> Study Area Code	388003
<015> Study Area Name	Sagebrush Cellular, Inc.
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Remi Sun
<035> Contact Telephone Number - Number of person identified in data line <030>	4067832200 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	remi.sun@nemont.coop
<140> Coverage and Performance Report Year	01/2014 - 12/2014

<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<c1>	<c2>	<c3>	<d>
State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performance data is uploaded (yes/no)
ND	Williams	381059534001335	7	0	0	2.65	2.65	2.65	Yes
ND	Williams	381059534001336	0	0	0	0.39	0.39	0.39	Yes
ND	Williams	381059534001337	0	0	0	0.24	0.24	0.24	Yes
ND	Williams	381059534001338	3	0	0	1.17	1.17	1.17	Yes
ND	Williams	381059534001339	0	0	0	0.11	0.11	0.11	Yes
ND	Williams	381059534001340	1	0	0	0.24	0.24	0.24	Yes
ND	Williams	381059534001341	6	0	0	0.13	0.13	0.13	Yes
ND	Williams	381059534001342	1	0	0	0.11	0.11	0.11	Yes
ND	Williams	381059534001343	0	0	0	1.19	1.19	1.19	Yes
ND	Williams	381059534001344	0	0	0	1.8	1.8	1.8	Yes
ND	Williams	381059534001345	0	0	0	1.64	1.64	1.64	Yes
ND	Williams	381059534001346	2	0	0	0.08	0.08	0.08	Yes
ND	Williams	381059534001349	2	0	0	1.5	1.5	1.5	Yes
ND	Williams	381059534001351	0	0	0	0.16	0.16	0.16	Yes
ND	Williams	381059534001361	1	0	0	0.07	0.07	0.07	Yes
ND	Williams	381059534001362	0	0	0	0.07	0.07	0.07	Yes
ND	Williams	381059534001363	0	0	0	0.07	0.07	0.07	Yes
ND	Williams	381059534001364	6	0	0	3.18	3.18	3.18	Yes
ND	Williams	381059534001365	0	0	0	0.07	0.07	0.07	Yes
ND	Williams	381059534001366	0	0	0	0.65	0.65	0.65	Yes

Percentage of Total Population Reached by Service

0

Percentage of Total Road Miles covered by Service

100

(060) Coverage and Performance Report

FCC Form 690
Approved by OMB
OMB Control No. 3060-1185

<010> Study Area Code	388003
<015> Study Area Name	Sagebrush Cellular, Inc.
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Remi Sun
<035> Contact Telephone Number - Number of person identified in data line <030>	4067832200 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	remi.sun@nemont.coop
<140> Coverage and Performance Report Year	01/2014 - 12/2014

<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<c1>	<c2>	<c3>	<d>
State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performance data is uploaded (yes/no)
ND	Williams	381059534001436	0	0	0	3.0	3.0	3.0	Yes
ND	Williams	381059534001437	0	0	0	2.03	2.03	2.03	Yes
ND	Williams	381059534001438	0	0	0	2.1	2.1	2.1	Yes
ND	Williams	381059534001439	0	0	0	2.57	2.57	2.57	Yes
ND	Williams	381059534001440	0	0	0	1.95	1.95	1.95	Yes
ND	Williams	381059534001441	0	0	0	4.11	4.11	4.11	Yes
ND	Williams	381059534001446	1	0	0	3.05	3.05	3.05	Yes
ND	Williams	381059534001447	0	0	0	0.67	0.67	0.67	Yes
ND	Williams	381059534001448	1	0	0	2.05	2.05	2.05	Yes
ND	Williams	381059534001449	0	0	0	1.69	1.69	1.69	Yes
ND	Williams	381059534001450	2	0	0	6.62	6.62	6.62	Yes
ND	Williams	381059534001452	0	0	0	0.9	0.9	0.9	Yes
ND	Williams	381059534001453	0	0	0	0.22	0.22	0.22	Yes
ND	Williams	381059534001508	0	0	0	4.86	4.86	4.86	Yes
ND	Williams	381059534001512	0	0	0	0.86	0.86	0.86	Yes
ND	Williams	381059534001513	3	0	0	3.79	3.79	3.79	Yes
ND	Williams	381059534001514	2	0	0	1.53	1.53	1.53	Yes
ND	Williams	381059534001516	0	0	0	0.97	0.97	0.97	Yes
ND	Williams	381059534001517	0	0	0	1.33	1.33	1.33	Yes
ND	Williams	381059534001518	0	0	0	0.96	0.96	0.96	Yes

Percentage of Total Population Reached by Service

0

Percentage of Total Road Miles covered by Service

100

<010> Study Area Code 388003
 <015> Study Area Name Sagebrush Cellular, Inc.
 <020> Program Year 2015
 <030> Contact Name - Person USAC should contact regarding this data Remi Sun
 <035> Contact Telephone Number - Number of person identified in data line <030> 4067832200 ext.
 <039> Contact Email Address - Email Address of person identified in data line <030> remi.sun@nemont.coop
 <140> Coverage and Performance Report Year 01/2014 - 12/2014

State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performance data is uploaded (yes/no)
ND	Williams	381059534001523	0	0	0	1.21	1.21	1.21	Yes
ND	Williams	381059534001524	0	0	0	0.19	0.19	0.19	Yes
ND	Williams	381059534001525	0	0	0	2.33	2.33	2.33	Yes
ND	Williams	381059534001526	0	0	0	0.07	0.07	0.07	Yes
ND	Williams	381059534001532	0	0	0	1.41	1.41	1.41	Yes
ND	Williams	381059534001533	3	0	0	0.07	0.07	0.07	Yes
ND	Williams	381059534001534	0	0	0	0.12	0.12	0.12	Yes
ND	Williams	381059534001535	0	0	0	0.35	0.35	0.35	Yes
ND	Williams	381059534001536	0	0	0	0.08	0.08	0.08	Yes
ND	Williams	381059534001537	0	0	0	2.15	2.15	2.15	Yes
ND	Williams	381059534001538	0	0	0	0.44	0.44	0.44	Yes
ND	Williams	381059534001539	0	0	0	0.13	0.13	0.13	Yes
ND	Williams	381059534001817	0	0	0	0.19	0.19	0.19	Yes
ND	Williams	381059534001818	0	0	0	0.16	0.16	0.16	Yes
ND	Williams	381059534001819	0	0	0	0.05	0.05	0.05	Yes
ND	Williams	381059534001820	0	0	0	0.04	0.04	0.04	Yes
ND	Williams	381059534001821	0	0	0	0.05	0.05	0.05	Yes
ND	Williams	381059534001822	0	0	0	1.44	1.44	1.44	Yes
ND	Williams	381059534001823	0	0	0	0.04	0.04	0.04	Yes

Percentage of Total Population Reached by Service

0

Percentage of Total Road Miles covered by Service

100

**SAC 388003 WILLIAMS COUNTY, ND
SAGEBRUSH CELLULAR, INC.
PROJECT STATUS DESCRIPTION**

**AWARD DATE 6/20/2013
TARGETED COMPLETION DATE 6/21/2015**

1. Network Deployment Status

Status - Network Design (includes RF Design and Site Development)

- | | |
|--------------------------|------------------|
| 1. Finding a Site | Completed |
| 2. Site Acquisition | Completed |
| 3. Drafting RFPs | Completed |
| 4. Posting RFPs | Completed |
| 5. Selecting Vendors | Completed |
| 6. Negotiating Contracts | Completed |

Status – Construction

- | | |
|------------------------|------------------|
| 7. Site Prep Work | Completed |
| 8. Power to Site | Completed |
| 9. Build-out of Site | Completed |
| 10. Equipment Building | Completed |
| 11. Final Site Work | Completed |

Status – Deployment

- | | |
|---------------------------|------------------|
| 12. Microwave Electronics | Completed |
| 13. Cell Site Electronics | Completed |
| 14. Drive Testing | Completed |
| 15. Network Optimization | Completed |

Status – Maintenance

- | | |
|--|----------------|
| 16. Beginning of Scheduled Maintenance | Pending |
|--|----------------|

2. Project Budget Status

Sagebrush Cellular, Inc. bid \$197,260.00 for Tract T38105953400 in Williams County.

Bidder	Item Name	State	County	Road Miles	Total Bid Amount	SAC
Sagebrush Cellular, Inc.	T38105953400	ND	Williams	14.61	\$197,260.00	388003

The planned budget submitted for project area SAC 388003 and the funds currently used as of December 31, 2013 are shown in the following table.

SAC	Network Design	Construction	Deployment	Maintenance
388003	\$25,730.00	\$171,080.00	\$80,416.00	\$12,833.00

3. Description of Overall Plan

Sagebrush Cellular, Inc. (Sagebrush) operates a Code Division Multiple Access (CDMA) voice and data network in northeastern Montana and northwestern North Dakota. All of the 84 existing sites are Third Generation (3G) Evolution Data-Optimized (EVDO). The unserved areas won in the Federal Communications Commission (FCC or Commission) Mobility Fund Phase I Auction represent holes in Sagebrush's existing network coverage. The new base stations to be added as a result of Mobility Fund support will be full-scale, three-sector base stations, backhauled via microwave into the existing network, and supplemented with omnidirectional repeaters working off of both existing and new sites.

Initial design planning for 75% coverage of the unserved road miles in the 18 Census Tracts won in Auction 901 requires 19 new sites and three omnidirectional repeaters. The network implementation will incorporate EVDO which provides wireless broadband access to mobile devices. From the new tower sites, traffic will be backhauled by microwave or fiber to existing towers or to the network.

Sagebrush already has a 3G CDMA Core and Switch in Glasgow, Montana. Internet traffic is routed over redundant fiber from Glasgow to Billings. Long distance traffic from the Glasgow switch is routed to three separate Session Initiation Protocol (SIP) Voice-Over-IP (VoIP) carriers. One of those SIP providers is in Billings while the other two carriers are accessed over the Internet. All E911 traffic terminates to Public Safety Answering Points (PSAPs) using Time Division Multiplexing (TDM) trunks. All tandem traffic is sent over existing TDM circuits.

There is one (1) existing site to be upgraded inside SAC 388003. There are two (2) existing and one (1) site to be built outside of the bounds that will provide service to SAC 388003.

4. Project Plan Status

Based on the proposed Planned Milestones the Sagebrush Cellular, Inc. 901 project is on schedule.

AWARD DATE 6/20/2013

TARGETED COMPLETION DATE 6/21/2015

The following table shows the original submitted schedule (**Proposed**) with the revised schedule based on the award date (**Updated**) and the current Status

Planned Milestones	Proposed	Updated	Status
Start Date of Network Design	1/2/2013	6/20/2013	Completed
End Date of Network Design	1/17/2013	7/5/2013	Completed
Start Date for Drafting and Posting RFPs	1/2/2013	6/20/2013	Completed
End Date for Drafting and Posting RFPs	2/12/2013	7/31/2013	Completed
Start Date for Selecting Vendors	2/13/2013	8/1/2013	Completed
End Date for Selecting Vendors	3/5/2013	8/21/2013	Completed
Start Date for Negotiating Contracts	3/6/2013	8/22/2013	Completed
End Date for Negotiating Contracts	3/26/2013	9/11/2013	Completed
Start Date for Construction	4/1/2013	9/17/2013	Completed
End Date for Construction	6/16/2014	10/9/2014	Completed

Monte R. Lee and Company

LYNN R. MERRILL, P.E.
STEVE GUEST, P.E.
GARY G. BEIKMANN, Manager

CONSULTING ENGINEERS
100 NW 63rd. STREET, SUITE 100
OKLAHOMA CITY, OKLAHOMA 73116
PHONE: 405-842-2405
FAX: 405-848-8018
e-mail: mrl@mrleng.com
Website: www.mrleng.com

June 29, 2015

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

VIA ECFS Filing

Re: Sagebrush Cellular, Inc. FCC Form 690 Annual Report, WT Docket No. 10-208

Dear Ms. Dortch.

Attached is a copy of the Sagebrush Cellular, Inc. 2015 Mobility Fund Phase I Annual Report ("Form 690") for Study Area Code ("SAC") 388004, census tract T38105953500. This report was filed electronically with the Universal Service Administration Company ("USAC").

Respectfully submitted,



Carl G. Akin
Consultant for Sagebrush Cellular, Inc.

CGA/jj

<010> Study Area Code	388004
<015> Study Area Name	Sagebrush Cellular, Inc.
<020> Program Year	2015
<030> Contact Name: Person USAC should contact with questions about this data	Remi Sun
<035> Contact Telephone Number: Number of the person identified in data line <030>	4067832200 ext.
<039> Contact Email: Email of the person identified in data line <030>	remi.sun@nemont.coop

(check box when complete)

<040> Has the information required pursuant to §54.1009 been provided with a Form 481 filing (Y/N)		<040> <input type="radio"/> <input checked="" type="radio"/>
<041> Attach a description of the documents filed with the Form 481 reporting	<041>	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>
<042> Cite the Study Area Code (SAC) for the Form 481 reporting	<042>	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>
<050> <u>Carrier Contact Information</u> (complete attached worksheet)	<050>	<input checked="" type="checkbox"/>
<060> <u>Coverage and Performance Report</u> (complete attached worksheet)	<060>	<input checked="" type="checkbox"/>
<070> <u>Urban Rate Comparability Certification</u> (complete attached certification)	<070>	<input type="checkbox"/>
<080> <u>Tribal Lands Reporting (y/n?)</u> (Does this study area cover tribal lands? Yes or No)	<080>	<input type="radio"/> <input checked="" type="radio"/>
(If yes, complete the attached worksheet)	<080>	<input type="checkbox"/>
<090> <u>Project Update Information</u> (complete attached worksheet)	<090>	<input checked="" type="checkbox"/>
<100> <u>Certifications</u>	<101>	<input type="checkbox"/>
<101> Reporting Carrier Certification (complete attached certification)	<101>	<input type="checkbox"/>
<102> Agent Certification (complete attached certification)	<102>	<input checked="" type="checkbox"/>

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements)

Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

<010> Study Area Code 388004
 <015> Study Area Name Sagebrush Cellular, Inc.
 <020> Program Year 2015
 <030> Contact Name - Person USAC should contact regarding this data Remi Sun
 <035> Contact Telephone Number - Number of person identified in data line <030> 4067832200 ext.
 <039> Contact Email Address - Email Address of person identified in data line <030> remi.sun@nemont.coop

Reporting Carrier / Mobility Fund Phase 1 Winning Bidder

<110> FCC Registration Number 0001608645
 <111> Filing Carrier Name Sagebrush Cellular, Inc.
 <112> Winning Bidder Carrier Name Sagebrush Cellular, Inc.
 <113> Street Address (or PO Box) 61 Hwy 13 South / PO Box 600
 <114> City Scobey
 <115> State MT
 <116> Zip-Code 59263-0600
 <117> Telephone Number 4067832200 ext.
 <118> Fax Number 4067835276
 <119> Email Address remi.sun@nemont.coop

Contact Information

if same as above, indicate in this box



<120> Name (First, MI, Last, Suffix) Remi Sun
 <121> Filing Carrier Name Sagebrush Cellular, Inc.
 <122> Street Address (or PO Box) 61 Hwy 13 South / PO Box 600
 <123> City Scobey
 <124> State MT
 <125> Zip-Code 59263-0600
 <126> Telephone Number 4067832200 ext.
 <127> Fax Number 4067835276
 <128> Email Address remi.sun@nemont.coop

Authorized Agent Information

if no agent, indicate in this box



<130> Name (First, MI, Last, Suffix) Carl G Akin
 <131> Company Monte R. Lee & Company
 <132> Street Address (or PO Box) 100 NW 63rd, Ste 100
 <133> City Oklahoma City
 <134> State OK
 <135> Zip-Code 73116
 <136> Telephone Number 4058422405 ext.
 <137> Fax Number 4058488018
 <138> Email Address cakin@mrleng.com

<010> Study Area Code	388004
<015> Study Area Name	Sagebrush Cellular, Inc.
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Remi Sun
<035> Contact Telephone Number - Number of person identified in data line <030>	4067832200 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	remi.sun@nemont.coop

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

Certification of Officer or Employee as to Compliance with 47 CFR §54.1009(a)(4)	
I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), 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.	

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to authorize an Agent to file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported 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:	
Name of Reporting Carrier:	Sagebrush Cellular, Inc.
Signature of Authorized Officer or Employee:	Date:
Printed name of Authorized Officer or Employee:	
Title or position of Authorized Officer or Employee:	
Telephone number of Authorized Officer or Employee:	
Study Area Code of Reporting Carrier: 388004	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 Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the certification 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: Monte R. Lee & Company	
Signature of Authorized Agent or Employee of Agent:	Date: 06/26/2015
Printed name of Authorized Agent or Employee of Agent: Carl G Akin	
Title or position of Authorized Agent or Employee of Agent: Staff Consultant	
Telephone number of Authorized Agent or Employee of Agent: 4058422405 ext.	
Study Area Code of Reporting Carrier: 388004	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.	

<010>	Study Area Code	388004
<015>	Study Area Name	Sagebrush Cellular, Inc.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Remi Sun
<035>	Contact Telephone Number - Number of person identified in data line <030>	4067832200 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	remi.sun@nemont.coop

<142> State _____

<143> County _____

<144> Tribal Land(s) on which ETC Serves _____

<145> Tribal Government Engagement Obligation

Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes, No, Not Applicable) for each of these boxes to confirm the status described on the attached PDF, on line 145, demonstrates coordination with the Tribal government pursuant to § 54.1004 includes:

- <146> Needs assessment and deployment planning with a focus on Tribal community anchor institutions;
- <147> Feasibility and sustainability planning;
- <148> Marketing services in a culturally sensitive manner;
- <149> Compliance with Rights of way processes
- <150> Compliance with Land Use permitting requirements
- <151> Compliance with Facilities Siting rules
- <152> Compliance with Environmental Review processes
- <153> Compliance with Cultural Preservation review processes
- <154> Compliance with Tribal Business and Licensing requirements.

Select (Yes, No, Not Applicable)

<010> Study Area Code	388004
<015> Study Area Name	Sagebrush Cellular, Inc.
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Remi Sun
<035> Contact Telephone Number - Number of person identified in data line <030>	4067832200 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	remi.sun@nemont.coop

<200> Date Authorized to Receive Support	06/20/2013
<201> Targeted Completion Date	06/21/2015
<202> Total Mobility Fund Support Awarded	269600.00
<203> Total Mobility Fund Support Disbursed	89866.67

<210> Actual Completion Date

<211> Project Status Description (attached)
(Name of PDF attached)

Please check these boxes below to confirm that the attached PDF, on line 211, contains a project status pursuant to §54.1005(b)(2)(v). The information shall be submitted as appropriate.

<212> Status of Network Deployment - Network Design	<input checked="" type="checkbox"/>
<213> Status of Network Deployment - Construction	<input checked="" type="checkbox"/>
<214> Status of Network Deployment - Deployment	<input checked="" type="checkbox"/>
<215> Status of Network Deployment - Maintenance	<input checked="" type="checkbox"/>
<216> Project Budget Status	<input checked="" type="checkbox"/>
<217> Project Plan Status	<input checked="" type="checkbox"/>

<218> Certify Network will Support 3G/4G Mobile Service (Yes / No)

<010>	Study Area Code	388004
<015>	Study Area Name	Sagebrush Cellular, Inc.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Remi Sun
<035>	Contact Telephone Number - Number of person identified in data line <030>	4067832200 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	remi.sun@nemont.coop

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for Mobility Fund Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund 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:
<small>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.</small>	

<010> Study Area Code	388004
<015> Study Area Name	Sagebrush Cellular, Inc.
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Remi Sun
<035> Contact Telephone Number - Number of person identified in data line <030>	4067832200 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	remi.sun@nemont.coop

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File for Mobility Fund Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ 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 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: _____	
Name of Reporting Carrier: Sagebrush Cellular, Inc.	
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: 388004	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 for Mobility Fund Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the reports for Mobility Fund 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: Monte R. Lee & Company	
Signature of Authorized Agent or Employee of Agent: _____	Date: 06/26/2015
Printed name of Authorized Agent or Employee of Agent: Carl G Akin	
Title or position of Authorized Agent or Employee of Agent: Staff Consultant	
Telephone number of Authorized Agent or Employee of Agent: 4058422405 ext.	
Study Area Code of Reporting Carrier: 388004	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

(60) Coverage and Performance Report

FCC Form 690
Approved by OMB
OMB Control No. 3060-1185

<010> Study Area Code	388004
<015> Study Area Name	Sagebrush Cellular, Inc.
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Remi Sun
<035> Contact Telephone Number - Number of person identified in data line <030>	4067832200 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	remi.sun@nemont.coop
<140> Coverage and Performance Report Year	01/2014 - 12/2014

<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<c1>	<c2>	<c3>	<d>
State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performance data is uploaded (yes/no)
ND	Williams	381059535001000	0	0	0	3.79	3.79	3.79	Yes
ND	Williams	381059535001013	0	0	0	3.66	3.66	3.66	Yes
ND	Williams	381059535001114	0	0	0	0.4	0.0	0.0	Yes
ND	Williams	381059535001154	0	0	0	6.5	6.5	6.5	Yes
ND	Williams	381059535001156	0	0	0	0.98	0.98	0.98	Yes
ND	Williams	381059535001157	0	0	0	0.1	0.1	0.1	Yes
ND	Williams	381059535001158	0	0	0	0.09	0.09	0.09	Yes
ND	Williams	381059535001159	0	0	0	1.61	1.61	1.61	Yes
ND	Williams	381059535001160	0	0	0	1.69	1.69	1.69	Yes
ND	Williams	381059535001164	0	0	0	2.06	2.06	2.06	Yes
ND	Williams	381059535001165	0	0	0	1.88	1.88	1.88	Yes
ND	Williams	381059535001167	0	0	0	0.62	0.62	0.62	Yes
ND	Williams	381059535001168	6	0	0	0.25	0.25	0.25	Yes
ND	Williams	381059535001169	0	0	0	1.97	1.97	1.97	Yes
ND	Williams	381059535001170	0	0	0	0.87	0.87	0.87	Yes
ND	Williams	381059535001171	0	0	0	0.49	0.49	0.49	Yes
ND	Williams	381059535001172	1	0	0	1.52	1.52	1.52	Yes
ND	Williams	381059535001173	0	0	0	0.09	0.09	0.09	Yes
ND	Williams	381059535001174	0	0	0	1.95	1.95	1.95	Yes
ND	Williams	381059535001244	0	0	0	3.3	3.3	3.3	Yes

Percentage of Total Population Reached by Service

0

Percentage of Total Road Miles covered by Service

99

<010> Study Area Code 388004
 <015> Study Area Name Sagebrush Cellular, Inc.
 <020> Program Year 2015
 <030> Contact Name - Person USAC should contact regarding this data Remi Sun
 <035> Contact Telephone Number - Number of person identified in data line <030> 4067832200 ext.
 <039> Contact Email Address - Email Address of person identified in data line <030> remi.sun@nemont.coop
 <140> Coverage and Performance Report Year 01/2014 - 12/2014

<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<c1>	<c2>	<c3>	<d>
State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performance data is uploaded (yes/no)
ND	Williams	381059535001245	0	0	0	1.03	1.03	1.03	Yes
ND	Williams	381059535001247	0	0	0	1.72	1.72	1.72	Yes
ND	Williams	381059535001248	0	0	0	1.71	1.71	1.71	Yes
ND	Williams	381059535001249	0	0	0	1.41	1.41	1.41	Yes
ND	Williams	381059535001250	0	0	0	1.09	1.09	1.09	Yes
ND	Williams	381059535001251	0	0	0	3.88	3.88	3.88	Yes
ND	Williams	381059535001252	0	0	0	1.72	1.72	1.72	Yes
ND	Williams	381059535001253	0	0	0	0.5	0.5	0.5	Yes
ND	Williams	381059535001278	0	0	0	2.95	2.95	2.95	Yes
ND	Williams	381059535001279	0	0	0	0.13	0.13	0.13	Yes
ND	Williams	381059535001280	0	0	0	1.12	1.12	1.12	Yes
ND	Williams	381059535001282	0	0	0	0.2	0.2	0.2	Yes
ND	Williams	381059535001288	0	0	0	2.0	2.0	2.0	Yes
ND	Williams	381059535001299	0	0	0	1.21	1.21	1.21	Yes
ND	Williams	381059535001307	0	0	0	0.07	0.07	0.07	Yes
ND	Williams	381059535001308	0	0	0	0.47	0.47	0.47	Yes
ND	Williams	381059535001312	0	0	0	1.88	1.88	1.88	Yes
ND	Williams	381059535001313	0	0	0	0.05	0.05	0.05	Yes
ND	Williams	381059535001316	0	0	0	0.1	0.1	0.1	Yes
ND	Williams	381059535001323	0	0	0	1.74	1.74	1.74	Yes

Percentage of Total Population Reached by Service

0

Percentage of Total Road Miles covered by Service

99

(060) Coverage and Performance Report

FCC Form 630
Approved by OMB
OMB Control No. 3060-1185

<010> Study Area Code 388004
 <015> Study Area Name Sagebrush Cellular, Inc.
 <020> Program Year 2015
 <030> Contact Name - Person USAC should contact regarding this data Remi Sun
 <035> Contact Telephone Number - Number of person identified in data line <030> 4067832200 ext.
 <039> Contact Email Address - Email Address of person identified in data line <030> remi.sun@nemont.coop
 <140> Coverage and Performance Report Year 01/2014 - 12/2014

<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<c1>	<c2>	<c3>	<d>
State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performance data is uploaded (yes/no)
ND	Williams	381059535001327	0	0	0	3.05	3.05	3.05	Yes
ND	Williams	381059535001328	0	0	0	0.12	0.12	0.12	Yes
ND	Williams	381059535001329	0	0	0	1.95	1.95	1.95	Yes
ND	Williams	381059535001349	0	0	0	4.71	4.71	4.71	Yes
ND	Williams	381059535001359	0	0	0	0.16	0.16	0.16	Yes
ND	Williams	381059535001360	0	0	0	1.94	1.94	1.94	Yes
ND	Williams	381059535001362	0	0	0	2.6	2.6	2.6	Yes
ND	Williams	381059535001365	0	0	0	1.46	1.46	1.46	Yes
ND	Williams	381059535001380	2	0	0	3.99	3.99	3.99	Yes
ND	Williams	381059535001381	2	0	0	5.34	5.34	5.34	Yes
ND	Williams	381059535001387	0	0	0	1.47	1.47	1.47	Yes
ND	Williams	381059535001388	0	0	0	1.73	1.73	1.73	Yes
ND	Williams	381059535001389	0	0	0	0.65	0.65	0.65	Yes
ND	Williams	381059535001390	1	0	0	4.33	4.33	4.33	Yes
ND	Williams	381059535001391	0	0	0	0.15	0.15	0.15	Yes
ND	Williams	381059535001392	5	0	0	1.83	1.83	1.83	Yes
ND	Williams	381059535001393	0	0	0	0.59	0.59	0.59	Yes
ND	Williams	381059535001420	0	0	0	2.6	2.6	2.6	Yes
ND	Williams	381059535001423	0	0	0	0.15	0.15	0.15	Yes
ND	Williams	381059535001431	0	0	0	2.37	2.37	2.37	Yes

Percentage of Total Population Reached by Service

0

Percentage of Total Road Miles covered by Service

99

<010> Study Area Code	388004
<015> Study Area Name	Sagebrush Cellular, Inc.
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Remi Sun
<035> Contact Telephone Number - Number of person identified in data line <030>	4067832200 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	remi.sun@nemont.coop
<140> Coverage and Performance Report Year	01/2014 - 12/2014

<e1>	<e2>	<e3>	<b1>	<b2>	<b3>	<e1>	<e2>	<e5>	<d>
State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performance data is uploaded (yes/no)
ND	Williams	381059535001542	0	0	0	0.05	0.0	0.0	Yes
ND	Williams	381059535001590	0	0	0	0.05	0.05	0.05	Yes
ND	Williams	381059535001592	2	0	0	0.06	0.06	0.06	Yes
ND	Williams	381059535001596	6	0	0	4.17	3.09	3.09	Yes
ND	Williams	381059535001598	0	0	0	3.31	3.31	3.31	Yes
ND	Williams	381059535001599	0	0	0	0.08	0.08	0.08	Yes
ND	Williams	381059535001610	0	0	0	2.4	2.4	2.4	Yes
ND	Williams	381059535001611	5	0	0	2.68	2.68	2.68	Yes
ND	Williams	381059535001612	0	0	0	0.12	0.12	0.12	Yes
ND	Williams	381059535001613	0	0	0	0.08	0.08	0.08	Yes
ND	Williams	381059535001614	0	0	0	1.35	1.35	1.35	Yes
ND	Williams	381059535001615	3	0	0	0.21	0.21	0.21	Yes
ND	Williams	381059535001616	0	0	0	1.46	1.46	1.46	Yes
ND	Williams	381059535001617	1	0	0	1.6	1.6	1.6	Yes
ND	Williams	381059535001618	0	0	0	0.04	0.04	0.04	Yes
ND	Williams	381059535001620	0	0	0	2.17	2.17	2.17	Yes
ND	Williams	381059535001621	0	0	0	2.04	2.04	2.04	Yes
ND	Williams	381059535001622	0	0	0	2.41	2.41	2.41	Yes
ND	Williams	381059535001623	0	0	0	3.05	3.05	3.05	Yes
ND	Williams	381059535001624	0	0	0	0.06	0.0	0.0	Yes

Percentage of Total Population Reached by Service

0

Percentage of Total Road Miles covered by Service

99

**SAC 388004 WILLIAMS COUNTY, ND
SAGEBRUSH CELLULAR, INC.
PROJECT STATUS DESCRIPTION**

**AWARD DATE 6/20/2013
TARGETED COMPLETION DATE 6/21/2015**

1. Network Deployment Status

Status - Network Design (includes RF Design and Site Development)

- | | |
|--------------------------|------------------|
| 1. Finding a Site | Completed |
| 2. Site Acquisition | Completed |
| 3. Drafting RFPs | Completed |
| 4. Posting RFPs | Completed |
| 5. Selecting Vendors | Completed |
| 6. Negotiating Contracts | Completed |

Status – Construction

- | | |
|------------------------|------------------|
| 7. Site Prep Work | Completed |
| 8. Power to Site | Completed |
| 9. Build-out of Site | Completed |
| 10. Equipment Building | Completed |
| 11. Final Site Work | Completed |

Status – Deployment

- | | |
|---------------------------|------------------|
| 12. Microwave Electronics | Completed |
| 13. Cell Site Electronics | Completed |
| 14. Drive Testing | Completed |
| 15. Network Optimization | Completed |

Status – Maintenance

- | | |
|--|----------------|
| 16. Beginning of Scheduled Maintenance | Pending |
|--|----------------|

2. Project Budget Status

Sagebrush Cellular, Inc. bid \$269,600.00 for Tract T38105953500 in Williams County.

Bidder	Item Name	State	County	Road Miles	Total Bid Amount	SAC
Sagebrush Cellular, Inc.	T38105953500	ND	Williams	134.8	\$269,600.00	388004

The planned budget submitted for project area SAC 388004 are shown in the following table.

SAC	Network Design	Construction	Deployment	Maintenance
388004	\$33,081.00	\$219,960.00	\$130,392.00	\$16,500.00

3. Description of Overall Plan

Sagebrush Cellular, Inc. (Sagebrush) operates a Code Division Multiple Access (CDMA) voice and data network in northeastern Montana and northwestern North Dakota. All of the 84 existing sites are Third Generation (3G) Evolution Data-Optimized (EVDO). The unserved areas won in the Federal Communications Commission (FCC or Commission) Mobility Fund Phase I Auction represent holes in Sagebrush's existing network coverage. The new base stations to be added as a result of Mobility Fund support will be full-scale, three-sector base stations, backhauled via microwave into the existing network, and supplemented with omnidirectional repeaters working off of both existing and new sites.

Initial design planning for 75% coverage of the unserved road miles in the 18 Census Tracts won in Auction 901 requires 19 new sites and three omnidirectional repeaters. The network implementation will incorporate EVDO which provides wireless broadband access to mobile devices. From the new tower sites, traffic will be backhauled by microwave or fiber to existing towers or to the network.

Sagebrush already has a 3G CDMA Core and Switch in Glasgow, Montana. Internet traffic is routed over redundant fiber from Glasgow to Billings. Long distance traffic from the Glasgow switch is routed to three separate Session Initiation Protocol (SIP) Voice-Over-IP (VoIP) carriers. One of those SIP providers is in Billings while the other two carriers are accessed over the Internet. All E911 traffic terminates to Public Safety Answering Points (PSAPs) using Time Division Multiplexing (TDM) trunks. All tandem traffic is sent over existing TDM circuits.

There is one (1) existing and one (1) site to be built inside of SAC 388004. There are three (3) existing and one (1) site to be built outside of the bounds that will serve SAC 388004.

4. Project Plan Status

Based on the proposed Planned Milestones the Sagebrush Cellular, Inc. 901 project is on schedule.

AWARD DATE 6/20/2013

TARGETED COMPLETION DATE 6/21/2015

The following table shows the original submitted schedule (**Proposed**) with the revised schedule based on the award date (**Updated**) and the current Status

Planned Milestones	Proposed	Updated	Status
Start Date of Network Design	1/2/2013	6/20/2013	Completed
End Date of Network Design	1/17/2013	7/5/2013	Completed
Start Date for Drafting and Posting RFPs	1/2/2013	6/20/2013	Completed
End Date for Drafting and Posting RFPs	2/12/2013	7/31/2013	Completed
Start Date for Selecting Vendors	2/13/2013	8/1/2013	Completed
End Date for Selecting Vendors	3/5/2013	8/21/2013	Completed
Start Date for Negotiating Contracts	3/6/2013	8/22/2013	Completed
End Date for Negotiating Contracts	3/26/2013	9/11/2013	Completed
Start Date for Construction	4/1/2013	9/17/2013	Completed
End Date for Construction	6/16/2014	10/6/2014	Completed

Monte R. Lee and Company

LYNN R. MERRILL, P.E.
STEVE GUEST, P.E.
GARY G. BEIKMANN, Manager

CONSULTING ENGINEERS
100 NW 63rd. STREET, SUITE 100
OKLAHOMA CITY, OKLAHOMA 73116
PHONE: 405-842-2405
FAX: 405-848-8018
e-mail: mrl@mrleng.com
Website: www.mrleng.com

June 29, 2015

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

VIA ECFS Filing

Re: Sagebrush Cellular, Inc. FCC Form 690 Annual Report, WT Docket No. 10-208

Dear Ms. Dortch.

Attached is a copy of the Sagebrush Cellular, Inc. 2015 Mobility Fund Phase I Annual Report ("Form 690") for Study Area Code ("SAC") 388005, census tract T38105953500-4345. This report was filed electronically with the Universal Service Administration Company ("USAC").

Respectfully submitted,



Carl G. Akin
Consultant for Sagebrush Cellular, Inc.

CGA/jj

<010> Study Area Code	388005
<015> Study Area Name	Sagebrush Cellular, Inc.
<020> Program Year	2015
<030> Contact Name: Person USAC should contact with questions about this data	Remi Sun
<035> Contact Telephone Number: Number of the person identified in data line <030>	4067832200 ext.
<039> Contact Email: Email of the person identified in data line <030>	remi.sun@nemont.coop

(check box when complete)

<040> Has the information required pursuant to §54.1009 been provided with a Form 481 filing (Y/N)	<040>	<input type="radio"/>	<input checked="" type="radio"/>	
<041> Attach a description of the documents filed with the Form 481 reporting	<041>			
<042> Cite the Study Area Code (SAC) for the Form 481 reporting	<042>			
<050> <u>Carrier Contact Information</u> (complete attached worksheet)	<050>	<input checked="" type="checkbox"/>		
<060> <u>Coverage and Performance Report</u> (complete attached worksheet)	<060>	<input checked="" type="checkbox"/>		
<070> <u>Urban Rate Comparability Certification</u> (complete attached certification)	<070>	<input type="checkbox"/>		
<080> <u>Tribal Lands Reporting (y/n?)</u> (Does this study area cover tribal lands? Yes or No)	<080>	<input checked="" type="radio"/>	<input type="radio"/>	
(If yes, complete the attached worksheet)	<080>	<input checked="" type="checkbox"/>		
<090> <u>Project Update Information</u> (complete attached worksheet)	<090>	<input checked="" type="checkbox"/>		
<100> <u>Certifications</u>				
<101> Reporting Carrier Certification (complete attached certification)	<101>	<input type="checkbox"/>		
<102> Agent Certification (complete attached certification)	<102>	<input checked="" type="checkbox"/>		

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements)

Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

<010> Study Area Code 388005
 <015> Study Area Name Sagebrush Cellular, Inc.
 <020> Program Year 2015
 <030> Contact Name - Person USAC should contact regarding this data Remi Sun
 <035> Contact Telephone Number - Number of person identified in data line <030> 4067832200 ext.
 <039> Contact Email Address - Email Address of person identified in data line <030> remi.sun@nemont.coop

Reporting Carrier / Mobility Fund Phase 1 Winning Bidder

<110> FCC Registration Number 0001608645
 <111> Filing Carrier Name Sagebrush Cellular, Inc.
 <112> Winning Bidder Carrier Name Sagebrush Cellular, Inc.
 <113> Street Address (or PO Box) 61 Hwy 13 South / PO Box 600
 <114> City Scobey
 <115> State MT
 <116> Zip-Code 59263-0600
 <117> Telephone Number 4067832200 ext.
 <118> Fax Number 4067835276
 <119> Email Address remi.sun@nemont.coop

Contact Information

if same as above, indicate in this box



<120> Name (First, MI, Last, Suffix) Remi Sun
 <121> Filing Carrier Name Sagebrush Cellular, Inc.
 <122> Street Address (or PO Box) 61 Hwy 13 South / PO Box 600
 <123> City Scobey
 <124> State MT
 <125> Zip-Code 59263-0600
 <126> Telephone Number 4067832200 ext.
 <127> Fax Number 4067835276
 <128> Email Address remi.sun@nemont.coop

Authorized Agent Information

if no agent, indicate in this box



<130> Name (First, MI, Last, Suffix) Carl G Akin
 <131> Company Monte R. Lee & Company
 <132> Street Address (or PO Box) 100 NW 63rd, Ste 100
 <133> City Oklahoma City
 <134> State OK
 <135> Zip-Code 73116
 <136> Telephone Number 4058422405 ext.
 <137> Fax Number 4058488018
 <138> Email Address cakin@mrleng.com

<010>	Study Area Code	388005
<015>	Study Area Name	Sagebrush Cellular, Inc.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Remi Sun
<035>	Contact Telephone Number - Number of person identified in data line <030>	4067832200 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	remi.sun@nemont.coop

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

Certification of Officer or Employee as to Compliance with 47 CFR §54.1009(a)(4)	
I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), 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.	

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to authorize an Agent to file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported 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:	
Name of Reporting Carrier:	Sagebrush Cellular, Inc.
Signature of Authorized Officer or Employee:	Date:
Printed name of Authorized Officer or Employee:	
Title or position of Authorized Officer or Employee:	
Telephone number of Authorized Officer or Employee:	
Study Area Code of Reporting Carrier: 388005	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 Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the certification 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: Monte R. Lee & Company	
Signature of Authorized Agent or Employee of Agent:	Date: 06/26/2015
Printed name of Authorized Agent or Employee of Agent: Carl G Akin	
Title or position of Authorized Agent or Employee of Agent: Staff Consultant	
Telephone number of Authorized Agent or Employee of Agent: 4058422405 ext.	
Study Area Code of Reporting Carrier: 388005	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.	

<010>	Study Area Code	388005
<015>	Study Area Name	Sagebrush Cellular, Inc.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Remi Sun
<035>	Contact Telephone Number - Number of person identified in data line <030>	4067832200 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	remi.sun@nemont.coop

<142> State MT

Williams

<143> County _____

Turtle Mountain

<144> Tribal Land(s) on which ETC Serves _____

388005_TLRa5_ND.pdf

<145> Tribal Government Engagement Obligation

Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes, No, Not Applicable) for each of these boxes to confirm the status described on the attached PDF, on line 145, demonstrates coordination with the Tribal government pursuant to § 54.1004 includes:

- <146> Needs assessment and deployment planning with a focus on Tribal community anchor institutions;
- <147> Feasibility and sustainability planning;
- <148> Marketing services in a culturally sensitive manner;
- <149> Compliance with Rights of way processes
- <150> Compliance with Land Use permitting requirements
- <151> Compliance with Facilities Siting rules
- <152> Compliance with Environmental Review processes
- <153> Compliance with Cultural Preservation review processes
- <154> Compliance with Tribal Business and Licensing requirements.

Select (Yes, No, Not Applicable)
Not Applicable
Not Applicable
Yes
Yes
Yes
Yes
Yes
Yes
Yes

<010> Study Area Code	388005
<015> Study Area Name	Sagebrush Cellular, Inc.
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Remi Sun
<035> Contact Telephone Number - Number of person identified in data line <030>	4067832200 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	remi.sun@nemont.coop

<200> Date Authorized to Receive Support	06/20/2013
<201> Targeted Completion Date	06/21/2015
<202> Total Mobility Fund Support Awarded	980.00
<203> Total Mobility Fund Support Disbursed	326.67

<210> Actual Completion Date

<211> Project Status Description (attached)
 {Name of PDF attached}

Please check these boxes below to confirm that the attached PDF, on line 211, contains a project status pursuant to §54.1005(b)(2)(v). The information shall be submitted as appropriate.

<212> Status of Network Deployment - Network Design	<input checked="" type="checkbox"/>
<213> Status of Network Deployment - Construction	<input checked="" type="checkbox"/>
<214> Status of Network Deployment - Deployment	<input checked="" type="checkbox"/>
<215> Status of Network Deployment - Maintenance	<input checked="" type="checkbox"/>
<216> Project Budget Status	<input checked="" type="checkbox"/>
<217> Project Plan Status	<input checked="" type="checkbox"/>

<218> Certify Network will Support 3G/4G Mobile Service (Yes / No)

<010>	Study Area Code	388005
<015>	Study Area Name	Sagebrush Cellular, Inc.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Remi Sun
<035>	Contact Telephone Number - Number of person identified in data line <030>	4067832200 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	remi.sun@nemont.coop

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for Mobility Fund Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund 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:
<small>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.</small>	

<010> Study Area Code	388005
<015> Study Area Name	Sagebrush Cellular, Inc.
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Remi Sun
<035> Contact Telephone Number - Number of person identified in data line <030>	4067832200 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	remi.sun@nemont.coop

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File for Mobility Fund Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ 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 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: _____	
Name of Reporting Carrier: Sagebrush Cellular, Inc.	
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: 388005	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 for Mobility Fund Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the reports for Mobility Fund 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: Monte R. Lee & Company	
Signature of Authorized Agent or Employee of Agent: _____	Date: 06/26/2015
Printed name of Authorized Agent or Employee of Agent: Carl G Akin	
Title or position of Authorized Agent or Employee of Agent: Staff Consultant	
Telephone number of Authorized Agent or Employee of Agent: 4058422405 ext.	
Study Area Code of Reporting Carrier: 388005	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

**SAC 388005 WILLIAMS COUNTY, ND
SAGEBRUSH CELLULAR, INC.
PROJECT STATUS DESCRIPTION**

**AWARD DATE 6/20/2013
TARGETED COMPLETION DATE 6/21/2015**

1. Network Deployment Status

Status - Network Design (includes RF Design and Site Development)

- | | |
|--------------------------|------------------|
| 1. Finding a Site | Completed |
| 2. Site Acquisition | Completed |
| 3. Drafting RFPs | Completed |
| 4. Posting RFPs | Completed |
| 5. Selecting Vendors | Completed |
| 6. Negotiating Contracts | Completed |

Status – Construction

- | | |
|------------------------|------------------|
| 7. Site Prep Work | Completed |
| 8. Power to Site | Completed |
| 9. Build-out of Site | Completed |
| 10. Equipment Building | Completed |
| 11. Final Site Work | Completed |

Status – Deployment

- | | |
|---------------------------|------------------|
| 12. Microwave Electronics | Completed |
| 13. Cell Site Electronics | Completed |
| 14. Drive Testing | Completed |
| 15. Network Optimization | Completed |

Status – Maintenance

- | | |
|--|----------------|
| 16. Beginning of Scheduled Maintenance | Pending |
|--|----------------|

2. Project Budget Status

Sagebrush Cellular, Inc. bid \$980.00 for Tract T38105953500-4345 in Williams County.

Bidder	Item Name	State	County	Road Miles	Total Bid Amount	SAC
Sagebrush Cellular, Inc.	T38105953500-4345	ND	Williams	0.49	\$980.00	388005

The planned budget submitted for project area SAC 388005 and the funds currently used as of December 31, 2013 are shown in the following table.

SAC	Network Design	Construction	Deployment	Maintenance
388005	\$7,351.00	\$48,880.00	\$22,976.00	\$3,667.00

3. Description of Overall Plan

Sagebrush Cellular, Inc. (Sagebrush) operates a Code Division Multiple Access (CDMA) voice and data network in northeastern Montana and northwestern North Dakota. All of the 84 existing sites are Third Generation (3G) Evolution Data-Optimized (EVDO). The unserved areas won in the Federal Communications Commission (FCC or Commission) Mobility Fund Phase I Auction represent holes in Sagebrush's existing network coverage. The new base stations to be added as a result of Mobility Fund support will be full-scale, three-sector base stations, backhauled via microwave into the existing network, and supplemented with omnidirectional repeaters working off of both existing and new sites.

Initial design planning for 75% coverage of the unserved road miles in the 18 Census Tracts won in Auction 901 requires 19 new sites and three omnidirectional repeaters. The network implementation will incorporate EVDO which provides wireless broadband access to mobile devices. From the new tower sites, traffic will be backhauled by microwave or fiber to existing towers or to the network.

Sagebrush already has a 3G CDMA Core and Switch in Glasgow, Montana. Internet traffic is routed over redundant fiber from Glasgow to Billings. Long distance traffic from the Glasgow switch is routed to three separate Session Initiation Protocol (SIP) Voice-Over-IP (VoIP) carriers. One of those SIP providers is in Billings while the other two carriers are accessed over the Internet. All E911 traffic terminates to Public Safety Answering Points (PSAPs) using Time Division Multiplexing (TDM) trunks. All tandem traffic is sent over existing TDM circuits.

There is one (1) existing and one (1) site to be built inside of SAC 388005. There are three (3) existing and one (1) site to be built outside of the bounds that will serve SAC 388005.

4. Project Plan Status

Based on the proposed Planned Milestones the Sagebrush Cellular, Inc. 901 project is on schedule.

AWARD DATE 6/20/2013

TARGETED COMPLETION DATE 6/21/2015

The following table shows the original submitted schedule (**Proposed**) with the revised schedule based on the award date (**Updated**) and the current Status

Planned Milestones	Proposed	Updated	Status
Start Date of Network Design	1/2/2013	6/20/2013	Completed
End Date of Network Design	1/17/2013	7/5/2013	Completed
Start Date for Drafting and Posting RFPs	1/2/2013	6/20/2013	Completed
End Date for Drafting and Posting RFPs	2/12/2013	7/31/2013	Completed
Start Date for Selecting Vendors	2/13/2013	8/1/2013	Completed
End Date for Selecting Vendors	3/5/2013	8/21/2013	Completed
Start Date for Negotiating Contracts	3/6/2013	8/22/2013	Completed
End Date for Negotiating Contracts	3/26/2013	9/11/2013	Completed
Start Date for Construction	4/1/2013	9/17/2013	Completed
End Date for Construction	6/16/2014	10/9/2014	Completed

**Annual Reporting for Mobility Phase I Recipients
47 C.F.R. §54.1009
Sagebrush Cellular, Inc.**

§54.1009(a)(5) - COMPLIANCE WITH TRIBAL ENGAGEMENT

Sagebrush Cellular, Inc., Study Area Code 388005, provides services to some Turtle Mountain tribal allotted land in North Dakota. Sagebrush Cellular, Inc. has requested meetings to discuss additional requirements regarding Tribal Engagements; however, Sagebrush Cellular, Inc. has not received any responses from Turtle Mountain Tribal officials.

Monte R. Lee and Company

LYNN R. MERRILL, P.E.
STEVE GUEST, P.E.
GARY G. BEIKMANN, Manager

CONSULTING ENGINEERS
100 NW 63rd. STREET, SUITE 100
OKLAHOMA CITY, OKLAHOMA 73116
PHONE: 405-842-2405
FAX: 405-848-8018
e-mail: mrl@mrleng.com
Website: www.mrleng.com

June 29, 2015

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

VIA ECFS Filing

Re: Sagebrush Cellular, Inc. FCC Form 690 Annual Report, WT Docket No. 10-208

Dear Ms. Dortch.

Attached is a copy of the Sagebrush Cellular, Inc. 2015 Mobility Fund Phase I Annual Report ("Form 690") for Study Area Code ("SAC") 388006, census tract T38105953600. This report was filed electronically with the Universal Service Administration Company ("USAC").

Respectfully submitted,



Carl G. Akin
Consultant for Sagebrush Cellular, Inc.

CGA/jj

<010> Study Area Code	388006
<015> Study Area Name	Sagebrush Cellular, Inc.
<020> Program Year	2015
<030> Contact Name: Person USAC should contact with questions about this data	Remi Sun
<035> Contact Telephone Number: Number of the person identified in data line <030>	4067832200 ext.
<039> Contact Email: Email of the person identified in data line <030>	remi.sun@nemont.coop

(check box when complete)

<040> Has the information required pursuant to §54.1009 been provided with a Form 481 filing (Y/N)	<040>	<input type="radio"/> <input checked="" type="radio"/>
<041> Attach a description of the documents filed with the Form 481 reporting	<041>	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>
<042> Cite the Study Area Code (SAC) for the Form 481 reporting	<042>	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>
<050> <u>Carrier Contact Information</u> (complete attached worksheet)	<050>	<input checked="" type="checkbox"/>
<060> <u>Coverage and Performance Report</u> (complete attached worksheet)	<060>	<input checked="" type="checkbox"/>
<070> <u>Urban Rate Comparability Certification</u> (complete attached certification)	<070>	<input type="checkbox"/>
<080> <u>Tribal Lands Reporting (y/n?)</u> (Does this study area cover tribal lands? Yes or No)	<080>	<input type="radio"/> <input checked="" type="radio"/>
<090> <u>Project Update Information</u> (complete attached worksheet)	<090>	<input checked="" type="checkbox"/>
<100> <u>Certifications</u>		
<101> Reporting Carrier Certification (complete attached certification)	<101>	<input type="checkbox"/>
<102> Agent Certification (complete attached certification)	<102>	<input checked="" type="checkbox"/>

Notice to Individuals Required by the Paperwork Reduction Act of 1995
 OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements)
 Notice to Individuals Required by the Paperwork Reduction Act of 1995
 Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.
 THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

<010>	Study Area Code	388006
<015>	Study Area Name	Sagebrush Cellular, Inc.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Remi Sun
<035>	Contact Telephone Number - Number of person identified in data line <030>	4067832200 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	remi.sun@nemont.coop

Reporting Carrier / Mobility Fund Phase 1 Winning Bidder

<110>	FCC Registration Number	0001608645
<111>	Filing Carrier Name	Sagebrush Cellular, Inc.
<112>	Winning Bidder Carrier Name	Sagebrush Cellular, Inc.
<113>	Street Address (or PO Box)	61 Hwu 13 South / PO Box 600
<114>	City	Scobey
<115>	State	MT
<116>	Zip-Code	59263-0600
<117>	Telephone Number	4067832200 ext.
<118>	Fax Number	4067835276
<119>	Email Address	remi.sun@nemont.coop

Contact Information

if same as above, indicate in this box



<120>	Name (First, MI, Last, Suffix)	Remi Sun
<121>	Filing Carrier Name	Sagebrush Cellular, Inc.
<122>	Street Address (or PO Box)	61 Hwu 13 South / PO Box 600
<123>	City	Scobey
<124>	State	MT
<125>	Zip-Code	59263-0600
<126>	Telephone Number	4067832200 ext.
<127>	Fax Number	4067835276
<128>	Email Address	remi.sun@nemont.coop

Authorized Agent Information

if no agent, indicate in this box



<130>	Name (First, MI, Last, Suffix)	Carl G Akin
<131>	Company	Monte R. Lee & Company
<132>	Street Address (or PO Box)	100 NW 63rd, Ste 100
<133>	City	Oklahoma City
<134>	State	OK
<135>	Zip-Code	73116
<136>	Telephone Number	4058422405 ext.
<137>	Fax Number	4058488018
<138>	Email Address	cakin@mrleng.com

<010> Study Area Code	388006
<015> Study Area Name	Sagebrush Cellular, Inc.
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Remi Sun
<035> Contact Telephone Number - Number of person identified in data line <030>	4067832200 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	remi.sun@nemont.coop

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

Certification of Officer or Employee as to Compliance with 47 CFR §54.1009(a)(4)

I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), 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.

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to authorize an Agent to file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier

I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported 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: _____

Name of Reporting Carrier: Sagebrush Cellular, Inc.

Signature of Authorized Officer or Employee: _____ Date: _____

Printed name of Authorized Officer or Employee: _____

Title or position of Authorized Officer or Employee: _____

Telephone number of Authorized Officer or Employee: _____

Study Area Code of Reporting Carrier: 388006 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 Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier

I, as agent for the reporting carrier, certify that I am authorized to submit the certification 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: Monte R. Lee & Company

Signature of Authorized Agent or Employee of Agent: _____ Date: 06/26/2015

Printed name of Authorized Agent or Employee of Agent: Carl G Akin

Title or position of Authorized Agent or Employee of Agent: Staff Consultant

Telephone number of Authorized Agent or Employee of Agent: 4058422405 ext.

Study Area Code of Reporting Carrier: 388006 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.

<010>	Study Area Code	388006
<015>	Study Area Name	Sagebrush Cellular, Inc.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Remi Sun
<035>	Contact Telephone Number - Number of person identified in data line <030>	4067832200 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	remi.sun@nemont.coop

<142> State _____

<143> County _____

<144> Tribal Land(s) on which ETC Serves _____

<145> Tribal Government Engagement Obligation

Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes, No, Not Applicable) for each of these boxes to confirm the status described on the attached PDF, on line 145, demonstrates coordination with the Tribal government pursuant to § 54.1004 includes:

- <146> Needs assessment and deployment planning with a focus on Tribal community anchor institutions;
- <147> Feasibility and sustainability planning;
- <148> Marketing services in a culturally sensitive manner;
- <149> Compliance with Rights of way processes
- <150> Compliance with Land Use permitting requirements
- <151> Compliance with Facilities Siting rules
- <152> Compliance with Environmental Review processes
- <153> Compliance with Cultural Preservation review processes
- <154> Compliance with Tribal Business and Licensing requirements.

Select (Yes, No, Not Applicable)

<010> Study Area Code	388006
<015> Study Area Name	Sagebrush Cellular, Inc.
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Remi Sun
<035> Contact Telephone Number - Number of person identified in data line <030>	4067832200 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	remi.sun@nemont.coop

<200> Date Authorized to Receive Support	06/20/2013
<201> Targeted Completion Date	06/21/2015
<202> Total Mobility Fund Support Awarded	980.00
<203> Total Mobility Fund Support Disbursed	326.67

<210> Actual Completion Date

<211> Project Status Description (attached)
 {Name of PDF attached}

Please check these boxes below to confirm that the attached PDF, on line 211, contains a project status pursuant to §54.1005(b)(2)(v). The information shall be submitted as appropriate.

<212> Status of Network Deployment - Network Design	<input checked="" type="checkbox"/>
<213> Status of Network Deployment - Construction	<input checked="" type="checkbox"/>
<214> Status of Network Deployment - Deployment	<input checked="" type="checkbox"/>
<215> Status of Network Deployment - Maintenance	<input checked="" type="checkbox"/>
<216> Project Budget Status	<input checked="" type="checkbox"/>
<217> Project Plan Status	<input checked="" type="checkbox"/>

<218> Certify Network will Support 3G/4G Mobile Service (Yes / No)

<010>	Study Area Code	388006
<015>	Study Area Name	Sagebrush Cellular, Inc.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Remi Sun
<035>	Contact Telephone Number - Number of person identified in data line <030>	4067832200 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	remi.sun@nemont.coop

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for Mobility Fund Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund 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:
<small>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.</small>	

<010> Study Area Code	388006
<015> Study Area Name	Sagebrush Cellular, Inc.
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Remi Sun
<035> Contact Telephone Number - Number of person identified in data line <030>	4067832200 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	remi.sun@nemont.coop

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File for Mobility Fund Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ 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 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: _____	
Name of Reporting Carrier: Sagebrush Cellular, Inc.	
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: 388006	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 for Mobility Fund Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the reports for Mobility Fund 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: Monte R. Lee & Company	
Signature of Authorized Agent or Employee of Agent: _____	Date: 06/26/2015
Printed name of Authorized Agent or Employee of Agent: Carl G Akin	
Title or position of Authorized Agent or Employee of Agent: Staff Consultant	
Telephone number of Authorized Agent or Employee of Agent: 4058422405 ext.	
Study Area Code of Reporting Carrier: 388006	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

<010> Study Area Code	388006
<015> Study Area Name	Sagebrush Cellular, Inc.
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Remi Sun
<035> Contact Telephone Number - Number of person identified in data line <030>	4067832200 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	remi.sun@nemont.coop
<140> Coverage and Performance Report Year	01/2014 - 12/2014

<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<c1>	<c2>	<c3>	<d>
State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performance data is uploaded (yes/no)
ND	Williams	381059536001262	0	0	0	1.07	1.07	1.07	Yes
ND	Williams	381059536001263	0	0	0	0.04	0.0	0.0	Yes
ND	Williams	381059536001264	2	0	0	3.63	3.63	3.63	Yes
ND	Williams	381059536001266	0	0	0	0.7	0.15	0.15	Yes
ND	Williams	381059536001267	0	0	0	0.13	0.13	0.13	Yes
ND	Williams	381059536001268	0	0	0	0.21	0.0	0.0	Yes
ND	Williams	381059536001269	0	0	0	0.19	0.19	0.19	Yes
ND	Williams	381059536001270	0	0	0	0.76	0.76	0.76	Yes
ND	Williams	381059536001271	0	0	0	0.52	0.0	0.0	Yes
ND	Williams	381059536001272	0	0	0	0.52	0.0	0.0	Yes
ND	Williams	381059536001543	0	0	0	0.5	0.5	0.5	Yes
ND	Williams	381059536001545	0	0	0	0.1	0.1	0.1	Yes
ND	Williams	381059536001546	0	0	0	0.13	0.09	0.09	Yes
ND	Williams	381059536001555	0	0	0	0.05	0.05	0.05	Yes
ND	Williams	381059536001556	0	0	0	0.23	0.23	0.23	Yes
ND	Williams	381059536001562	0	0	0	0.54	0.43	0.43	Yes
ND	Williams	381059536001563	0	0	0	0.54	0.54	0.54	Yes
ND	Williams	381059536001571	0	0	0	0.64	0.64	0.64	Yes
ND	Williams	381059536001572	8	0	0	1.13	1.13	1.13	Yes
ND	Williams	381059536001573	0	0	0	0.05	0.05	0.05	Yes

Percentage of Total Population Reached by Service

0

Percentage of Total Road Miles covered by Service

92

<010> Study Area Code	388006
<015> Study Area Name	Sagebrush Cellular, Inc.
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Remi Sun
<035> Contact Telephone Number - Number of person identified in data line <030>	4067832200 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	remi.sun@nemont.coop
<140> Coverage and Performance Report Year	01/2014 - 12/2014

<141>

State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performance data is uploaded (yes/no)
ND	Williams	381059536001574	0	0	0	1.17	1.17	1.17	Yes
ND	Williams	381059536001575	0	0	0	0.16	0.1	0.1	Yes
ND	Williams	381059536001576	0	0	0	0.12	0.09	0.09	Yes
ND	Williams	381059536001577	0	0	0	0.06	0.06	0.06	Yes
ND	Williams	381059536001578	4	0	0	1.38	1.38	1.38	Yes
ND	Williams	381059536001579	0	0	0	0.03	0.03	0.03	Yes
ND	Williams	381059536001580	0	0	0	0.03	0.03	0.03	Yes
ND	Williams	381059536001581	0	0	0	0.08	0.08	0.08	Yes
ND	Williams	381059536001582	0	0	0	1.11	1.11	1.11	Yes
ND	Williams	381059536001584	0	0	0	0.15	0.15	0.15	Yes
ND	Williams	381059536001585	3	0	0	0.89	0.89	0.89	Yes
ND	Williams	381059536001586	0	0	0	0.16	0.0	0.0	Yes
ND	Williams	381059536001607	0	0	0	0.48	0.48	0.48	Yes
ND	Williams	381059536001608	1	0	0	0.9	0.9	0.9	Yes
ND	Williams	381059536001609	0	0	0	0.16	0.16	0.16	Yes
ND	Williams	381059536001650	0	0	0	0.21	0.0	0.0	Yes
ND	Williams	381059536001651	0	0	0	0.89	0.89	0.89	Yes
ND	Williams	381059536001652	0	0	0	2.87	2.87	2.87	Yes
ND	Williams	381059536001763	0	0	0	0.23	0.23	0.23	Yes
ND	Williams	381059536001764	0	0	0	0.23	0.23	0.23	Yes

Percentage of Total Population Reached by Service

0

Percentage of Total Road Miles covered by Service

92

<010> Study Area Code 388006
 <015> Study Area Name Sagebrush Cellular, Inc.
 <020> Program Year 2015
 <030> Contact Name - Person USAC should contact regarding this data Remi Sun
 <035> Contact Telephone Number - Number of person identified in data line <030> 4067832200 ext.
 <039> Contact Email Address - Email Address of person identified in data line <030> remi.sun@nemont.coop
 <140> Coverage and Performance Report Year 01/2014 - 12/2014

<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<c1>	<c2>	<c3>	<d>
State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performance data is uploaded (yes/no)
ND	Williams	381059536001770	0	0	0	0.66	0.66	0.66	Yes
ND	Williams	381059536001866	2	0	0	0.37	0.2	0.2	Yes
ND	Williams	381059536001877	0	0	0	0.07	0.07	0.07	Yes
ND	Williams	381059536002005	0	0	0	0.12	0.12	0.12	Yes
ND	Williams	381059536002007	0	0	0	0.15	0.15	0.15	Yes
ND	Williams	381059536002008	0	0	0	0.06	0.06	0.06	Yes
ND	Williams	381059536002009	0	0	0	0.19	0.19	0.19	Yes
ND	Williams	381059536002010	0	0	0	0.04	0.04	0.04	Yes
ND	Williams	381059536002011	0	0	0	0.08	0.08	0.08	Yes
ND	Williams	381059536002012	0	0	0	0.65	0.65	0.65	Yes
ND	Williams	381059536002017	2	0	0	0.91	0.91	0.91	Yes
ND	Williams	381059536002021	0	0	0	0.4	0.4	0.4	Yes
ND	Williams	381059536002023	0	0	0	0.27	0.27	0.27	Yes
ND	Williams	381059536002262	0	0	0	1.56	1.56	1.56	Yes
ND	Williams	381059536002271	0	0	0	0.52	0.52	0.52	Yes
ND	Williams	381059536002276	0	0	0	1.18	1.07	1.07	Yes
ND	Williams	381059536002280	0	0	0	0.53	0.45	0.45	Yes
ND	Williams	381059536002315	13	0	0	1.27	1.27	1.27	Yes
ND	Williams	381059536002316	0	0	0	0.27	0.27	0.27	Yes
ND	Williams	381059536002319	16	0	0	0.86	0.75	0.75	Yes

Percentage of Total Population Reached by Service

0

Percentage of Total Road Miles covered by Service

92

**SAC 388006 WILLIAMS COUNTY, ND
SAGEBRUSH CELLULAR, INC.
PROJECT STATUS DESCRIPTION**

**AWARD DATE 6/20/2013
TARGETED COMPLETION DATE 6/21/2015**

1. Network Deployment Status

Status - Network Design (includes RF Design and Site Development)

- | | |
|--------------------------|------------------|
| 1. Finding a Site | Completed |
| 2. Site Acquisition | Completed |
| 3. Drafting RFPs | Completed |
| 4. Posting RFPs | Completed |
| 5. Selecting Vendors | Completed |
| 6. Negotiating Contracts | Completed |

Status – Construction

- | | |
|------------------------|------------------|
| 7. Site Prep Work | Completed |
| 8. Power to Site | Completed |
| 9. Build-out of Site | Completed |
| 10. Equipment Building | Completed |
| 11. Final Site Work | Completed |

Status – Deployment

- | | |
|---------------------------|------------------|
| 12. Microwave Electronics | Completed |
| 13. Cell Site Electronics | Completed |
| 14. Drive Testing | Completed |
| 15. Network Optimization | Completed |

Status – Maintenance

- | | |
|--|----------------|
| 16. Beginning of Scheduled Maintenance | Pending |
|--|----------------|

2. Project Budget Status

Sagebrush Cellular, Inc. bid \$269,496.64 for Tract T38105953600 in Williams County.

Bidder	Item Name	State	County	Road Miles	Total Bid Amount	SAC
Sagebrush Cellular, Inc.	T38105953600	ND	Williams	34.72	\$269,496.64	388006

The planned budget submitted for project area SAC 388006 and the funds currently used as of December 31, 2013 are shown in the following table.

SAC	Network Design	Construction	Deployment	Maintenance
388006	\$29,405.00	\$195,520.00	\$91,904.00	\$14,667.00

3. Description of Overall Plan

Sagebrush Cellular, Inc. (Sagebrush) operates a Code Division Multiple Access (CDMA) voice and data network in northeastern Montana and northwestern North Dakota. All of the 84 existing sites are Third Generation (3G) Evolution Data-Optimized (EVDO). The unserved areas won in the Federal Communications Commission (FCC or Commission) Mobility Fund Phase I Auction represent holes in Sagebrush's existing network coverage. The new base stations to be added as a result of Mobility Fund support will be full-scale, three-sector base stations, backhauled via microwave into the existing network, and supplemented with omnidirectional repeaters working off of both existing and new sites.

Initial design planning for 75% coverage of the unserved road miles in the 18 Census Tracts won in Auction 901 requires 19 new sites and three omnidirectional repeaters. The network implementation will incorporate EVDO which provides wireless broadband access to mobile devices. From the new tower sites, traffic will be backhauled by microwave or fiber to existing towers or to the network.

Sagebrush already has a 3G CDMA Core and Switch in Glasgow, Montana. Internet traffic is routed over redundant fiber from Glasgow to Billings. Long distance traffic from the Glasgow switch is routed to three separate Session Initiation Protocol (SIP) Voice-Over-IP (VoIP) carriers. One of those SIP providers is in Billings while the other two carriers are accessed over the Internet. All E911 traffic terminates to Public Safety Answering Points (PSAPs) using Time Division Multiplexing (TDM) trunks. All tandem traffic is sent over existing TDM circuits.

There is one (1) existing tower to be upgraded and three (3) new sites to be built in SAC 388006.

4. Project Plan Status

Based on the proposed Planned Milestones the Sagebrush Cellular, Inc. 901 project is on schedule.

AWARD DATE 6/20/2013

TARGETED COMPLETION DATE 6/21/2015

The following table shows the original submitted schedule (**Proposed**) with the revised schedule based on the award date (**Updated**) and the current Status

Planned Milestones	Proposed	Updated	Status
Start Date of Network Design	1/2/2013	6/20/2013	Completed
End Date of Network Design	1/17/2013	7/5/2013	Completed
Start Date for Drafting and Posting RFPs	1/2/2013	6/20/2013	Completed
End Date for Drafting and Posting RFPs	2/12/2013	7/31/2013	Completed
Start Date for Selecting Vendors	2/13/2013	8/1/2013	Completed
End Date for Selecting Vendors	3/5/2013	8/21/2013	Completed
Start Date for Negotiating Contracts	3/6/2013	8/22/2013	Completed
End Date for Negotiating Contracts	3/26/2013	9/11/2013	Completed
Start Date for Construction	4/1/2013	9/17/2013	Completed
End Date for Construction	6/16/2014	10/9/2014	Completed

