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

January 22, 2025

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

Re: Docket WC 14-171 Proceeding 11-42 – FCC Form 555  
Sagebrush Cellular, Inc. (SAC 389013)

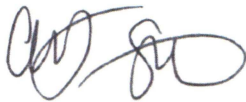
Dear Mr. Kahl:

Enclosed for filing in accordance with the FCC USF/ICC/Low Income Required Reporting, in the above referenced proceeding, is the Certification for Sagebrush Cellular Inc. (SAC 389013).

An electronic version of this filing has also been submitted via the Commission's website at [ndpsc@nd.gov](mailto:ndpsc@nd.gov).

Should you have any questions regarding this filing, please contact me via electronic mail at [alexis.stahl@nemont.coop](mailto:alexis.stahl@nemont.coop) or by telephone at 406-228-3136.

Sincerely,



Alexs Stahl  
Regulatory Compliance Coordinator for  
Sagebrush Cellular, Inc.

Enclosures

1 PU-25-67 Filed 02/03/2025 Pages: 4  
FCC Form 555 – ETC Annual Lifeline Certification

Sagebrush Cellular, Inc.  
Alexs Stahl, Reg. Compliance Coordinator

**Annual Lifeline Eligible Telecommunications Carrier Certification Form** All carriers must complete all or portions of all sections Form must be submitted to USAC and filed with the Federal Communications Commission

**IMPORTANT: PLEASE READ INSTRUCTIONS FIRST**

**Deadline: January 31st (Annually)**

389013 _____ Study Area Code (SAC)	143000729 _____ Service Provider Identification Number (SPIN)
<i>(An Eligible Telecommunications Carrier (ETC) must provide a certification form for each SAC that provides Lifeline service).</i>	
2024 _____ Recertification Year	ND _____ State
SAGEBRUSH CELLULAR, INC. _____ ETC Name	
Nemont _____ DBA, Marketing, or Other Branding Name <small>(If same as ETC name, list "N/A" Do not leave blank)</small>	
Nemont Telephone Cooperative, Inc. _____ Holding Company Name <small>(If same as ETC name, list "N/A" Do not leave blank)</small>	

**Does the reporting company have affiliated ETCs? Yes  No**

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

Affiliated ETC's SAC	Affiliated ETC's Name
482247	NEMONT TELEPHONE COOPERATIVE, INC.
482250	PROJECT TELEPHONE COMPANY
382247	MISSOURI VALLEY COMMUNICATIONS, INC.
489006	SAGEBRUSH CELLULAR, INC.

**Initial Certification** *All ETCs must complete this section.*

I certify that the company listed above:

- Has policies and procedures in place to ensure that its Lifeline subscribers are eligible to receive Lifeline services; and
- Is in compliance with all federal Lifeline certification procedures; and
- Is in compliance with the minimum service levels set forth in 47 C.F.R. § 54.408.

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

Initial      DN     

**Annual Recertification Results**

Report the results of recertification efforts for the current calendar year.

*Do not leave blocks empty. If the National Verifier is responsible for conducting recertification, enter zero for blocks A - F. If the state Lifeline Administrator is responsible for conducting recertification, report the results for each block.*

A. Subscribers eligible for recertification within current calendar year	
B. Subscribers de-enrolled prior to recertification attempts	
C. Total number of subscribers required to be recertified (A-B)	
D. Subscribers successfully recertified	
E. Subscribers de-enrolled for failed recertification	
F. Percentage de-enrolled for failed recertification (E/C)	

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying upon notice of eligibility from:  state Lifeline administrator  National Verifier

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

Initial      DN     

**No Subscribers Certification** *Complete this section if ETC claimed no Lifeline subscribers.*

I certify that my company did not claim federal low income support for the current Form 555 data year. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed on this form

Initial      DN

**ETCs Subject to the Non-Usage Requirements**

All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-enrolled by month.

Is the ETC subject to the non-usage requirements? Yes  No

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

G	H
Month	Subscribers De-Enrolled for Non-Usage
January	
February	
March	
April	
May	
June	
July	
August	
September	
October	
November	
December	
<b>Total Subscribers</b>	0

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

**Signature Block**

By signing below, I certify that the information provided is true and accurate. I am an officer of the company named above. I am authorized to make this certification for this SAC.

Signed,

_____ Dionne Nieskens Signature of Officer	_____ Dionne Nieskens - CFO Printed Name and Title of Officer
_____ dionne.nieskens@nemont.coop Email Address of Officer	_____ 01-20-2025 Date
_____ Tina Wahl Person Completing This Certification Form	_____ 406-783-2376 Contact Phone Number