

Control Number: 41506



Item Number: 15

Addendum StartPage: 0

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2016 JUN 1 7 PM 2: 19

PUBLIC UTILITY COMMISSIE Susan C. Gentz FILLING CLERK Direct: (512) 615-1218 sgentz@enochkever.com

June 17, 2016

Central Records Filing Clerk Public Utility Commission of Texas 1701 North Congress Avenue, Rm. 8-100 Austin, Texas 78701

Re: Project No. 41506, Compliance Proceeding for Mobility Fund Eligible Telecommunications Carriers to Submit FCC Reports Required Pursuant to 47 C.F.R. 54.1009

Dear Sir or Madam:

On behalf of Texas 10, LLC d/b/a Cellular One ("TX-10"), attached is a copy of FCC Form 690, Carrier Mobility Fund Report, as it relates to Texas, which has also been filed with the FCC.

If you have any questions, please do not hesitate to contact me.

Very truly yours,

Susan C. Gentz

Attorney for Texas 10, LLC d/b/a

Cellular One

Attachment



FCC Form. Mobility Fund Approved by OMB Phase 1 - \$54.1009 Annual Reporting OMB 3060-1185 Data Collection Form Avg. Burden Estimate per Respondent: 18 Hours				
<010>	Study Area Code	448002		
<015>	Study Area Name	Texas 10, LLC		
<020>	Program Year	2016		
<030>	Contact Name: Person USAC should contact with questions about this data	Chad Strausbaugh		
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6105356474 ext.		
<039>	Contact Email: Email of the person identified in data line <030>	cstrausbaugh@cellonenation.com		
			76 11 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
<040>	Has the information required pursuant to §54.1009	peen provided with a Form 481 filing (Y/N)	<040> 🔘	•
	<041> Attach a description of the documents file	d with the Form 481 reporting	<041>	Marian and American
	<042> Cite the Study Area Code (SAC) for the For	m 481 reporting	<042>	
<080>	Tribal Lands Reporting (y/n?) (Does this study area cover	tribal lands? Yes or No)	0	•

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.

(050) Carr	ier Contact Form	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 2 of 8
<010>	Study Area Code	448002
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding	
<035> <039>	Contact Telephone Number - Number of person identif Contact Email Address - Email Address of person identi	
	Carrier / Mobility Fund Phase 1 Winning Bidder	ried in data line <u3u> cstrausbaudh@cellonenation.com</u3u>
<110>	FCC Registration Number	17235110
<111>	Filing Carrier Name	Texas 10, LLC
<112>	Winning Bidder Carrier Name	Texas 10, LLC
<113>	Street Address (or PO Box)	1170 Devon Park Drive, Suite 104
<114>	City	Wayne
<115>	State	PA
<116>	Zip-Code	19087
<117>	Telephone Number	
<118>	Fax Number	6105356474 ext.
<119>	Email Address	6106885209
11137	Littati Address	cstrausbaugh@cellonenation.com
<pre><120> <121> <122> <122> <123> <124> <125> <126> <127> <126> <127> <127> <128></pre>	if same as above, indicate in this box Name (First, MI, Last, Suffix) Filing Carrier Name Street Address (or PO Box) City State Zip-Code Telephone Number Fax Number Email Address	Chad Strausbaugh Texas 10, LLC 1170 Devon Park Drive Suite 104 Wayne PA 19087 6105356474 ext. 6106885209 cstrausbaugh@cellonenation.com
<u>Authorize</u>	d Agent Information if no agent, indicate in this box	
<130>	Name (First, MI, Last, Suffix)	
<131>	Company	
<132>	Street Address (or PO Box)	
<133>	City	
<134>	State	
<135>	Zip-Code	
<136>	Telephone Number	
<137>	Fax Number	
	· ·	
<138>	Email Address	

(060) Cor	verage and Performance Report	FCC Form 690 Ap proved by OMB OMB Control No. 3060-1185 Page 3 of 8
<010>	Study Area Code	448002
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<140>	Coverage and Performance Report Year 08/2015 - 07/2016	
	448002_CPRd Coverage and Performace attachments	TX.zip

<c2> <c3> <141> Total Road Road Certify that Miles per Miles Road Coverage and Resident Total Resident | Miles Census covered Performance data Resident Population Population Block is uploaded per per Population per Newly Reached Reached by Census Newly (Yes/no) Census Census Block Census Block County by Service Service Block Reached Block -- \$ee attached worksheet Percentage of Total Percentage of Total

Road Miles covered

by Service

Population Reached by

Service

Topolis Control of the Control of th	FCC Form 690
(070) Urban Rate Comparability Certification Compliance	10010011000
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	OMB Control No. 3060-1185
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	Page 4 of 8

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<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

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 of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(b) (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c			
I certify that I am an officer or employee of form and in any attachments is accurate.	the reporting carrier; my respo	onsibilities include ensuring compliance	with 47 CFR 934.1009(a)(4), the information reported on this
Name of Reporting Carrier: Texa	s 10, LLC		
Signature of Authorized Officer:			Date
Printed name of Authorized Officer:	Chad Strausbaugh		
Title or position of Authorized Officer:	Staff Counsel		
Telephone number of Authorized Officer:	6105356474 ext.		
Study Area Code of Reporting Carrier:	448002	Filing Due Date for this form:	07/01/2016

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

certify that (Name of Agent)	is authorized to submit the information reported on behalf of the reporting g carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the
uthorized agent; and, to the best of my knowledge, the reports and	data provided to the authorized agent is accurate.
lame of Authorized Agent:	
lame of Reporting Carrier:	
ignature of Authorized Officer or Employee:	Date:
rinted name of Authorized Officer or Employee:	
itle or position of Authorized Officer or Employee:	
elephone number of Authorized Officer or Employee:	
tudy Area Code of Reporting Carrier:	Filing Due Date for this form:

Certification of Agent Authorized to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier		
l, as agent for the reporting carrier, certify that I am autho data provided by the reporting carrier; and, to the best of	rized to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based only knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:		
Name of Authorized Agent Firm:		
Signature of Authorized Agent or Employee of Agent:	Date:	
Name of Authorized Agent Employee:		
Fitle or position of Authorized Agent or Employee of Agent		
Telephone number of Authorized Agent or Employee of Age	ent:	
	Filing Due Date for this form:	
Telephone number of Authorized Agent or Employee of Age Study Area Code of Reporting Carrier:		

(080) Trib:	al Lands Reporting			FCC Form 690	
				Approved by OMB	
				OMB Control No. 3060	-1185
				Page 5 of 8	
ر د ۱۵۰	Chindry Asso Code				
<010> <015>	Study Area Code Study Area Name		448002		
<020>	Program Year		Texas 10, LLC 2016		****
<030>	Contact Name - Person USAC should contact regarding t	his data	Chad Strausbaugh		
<035>	Contact Telephone Number - Number of person identifie				
<039>	Contact Email Address - Email Address of person identifi	ied in data line <030		com	
<142>	State				
<143>	County				
<144>	Tribal Land(s) on which ETC Conves				
\144×	Tribal Land(s) on which ETC Serves				
					
<145>	Tribal Government Engagement Obligation				
		Name of Attached Docu	ment (.pdf)		
	If your company serves Tribal lands, please select (Yes, N	lo, Not Applicable) fo	r		
	each of these boxes to confirm the status described on the	he attached			
	PDF, on line 145, demonstrates coordination with the Tr	ribal			
	government pursuant to § 54.1004 includes:				
			Select		
-140-		(Ye	s, No, Not Applicable)		
<146>	Needs assessment and deployment planning with a focu	us on Tribal			
	community anchor institutions;	 			
<147>	Feasibility and sustainability planning;				
<148>	Marketing services in a culturally sensitive manner:				

6

<149>

<151>

<153>

<154>

Compliance with Rights of way processes <150> Compliance with Land Use permitting requirements

Compliance with Facilities Siting rules <152> Compliance with Environmental Review processes

Compliance with Cultural Preservation review processes

Compliance with Tribal Business and Licensing requirements.

(090) Project	Update Information	FCC Form 690
		Approved by OMB
		OMB Control No. 3060-1185
14.50		Page 6 of 8
<010>	Study Area Code	448002
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact relephone Number of person recitation and an action	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<200>	Date Authorized to Receive Support	08/16/2013
<201>	Targeted Completion Date	08/17/2015
<202>	Total Mobility Fund Support Awarded	99997.24
<203>	Total Mobility Fund Support Disbursed	96005.30
<210>	Actual Completion Date	07/24/2015
_		448002 PSD_TX.pdf
<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	
<213>	Status of Network Deployment - Construction	✓
<214>	Status of Network Deployment - Deployment	✓
<215>	Status of Network Deployment - Maintenance	✓
<216>	Project Budget Status	✓
<217>	Project Plan Status	✓
<218>	Network will Support 3G/4G Mobile Service ?) 3G

		Approved by OMB OMB Control No. 3060-1185 Page 7 of 8
<010>	Study Area Code	448002
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

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

l 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: Texas 10, LLC			
Signature of Authorized Officer:	Date		
Printed name of Authorized Officer: Chad Strausbaugh			
Title or position of Authorized Officer:			
Telephone number of Authorized Officer: 6105356474 ext.			
Study Area Code of Reporting Carrier: 448002	Filing Due Date for this form: 07/01/2016		

	Trong City Con City Con City Con City Con City Con City City City City City City City City
(102) Certification - Agent / Carrier	FCC Form 690
(102) CEI Ulicación - Agent / Carrier	
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	OMB Control No. 3060-1185
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<010>	Study Area Code	448002
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

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

I certify that (Name of Agent) also certify that I am an officer of the reporting carrier; my agent; and, to the best of my knowledge, the reports and o	is authorized to submit the information reported on behalf of the repossibilities include ensuring the accuracy of the data reporting requirements provided to the authorized agent is accurate.	oorting carrier. I orized
Name of Authorized Agent:		
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:	

Certification of Agent Authorized to File for Mobility Fund Recipients on Behalf of Reporting Carrier		
	orized to submit the reports for Mobility Fund recipients on be carrier; and, to the best of my knowledge, the information rep	
Name of Reporting Carrier:		
Name of Authorized Agent Firm:		
Signature of Authorized Agent or Employee of Agent:		Date:
Name of Authorized Agent Employee:		
Title or position of Authorized Agent or Employee of Ager	t	
Telephone number of Authorized Agent or Employee of A	gent:	
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 18 of the United States Code, 18 U.S.C. § 1001	1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title

Attachments

(060) Coverage and Performance Report

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

<010>	Study Area Code	448002
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<140>	Coverage and Performance Report Year	08/2015 - 07/2016

<141>

cal>	227	ca3>	<b1></b1>	<h2></h2>	cheb 1	<c1></c1>	<c2></c2>	√c3>	<d>>d></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 Performacne data is uploaded (yes/no)
TX	Anderson	0000	0	0	0	0.0	0.0	0.0	Yes
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					<u></u>				

Percentage of
Total Population
Reached by
Service

0			

Percentage of Total Road Miles covered by Service

0			

FCC Form 690 - Coverage and Performance Data Update

Texas 10, LLC has completed the coverage/performance testing for this SAC, which is reported in its Payment Request 3 submitted for this SAC.

Texas 10, LLC Form 690 – Annual Report for August 2015 – July 2016

Project Status Description

Item: SAC 448002

County/State: Anderson, TX Total Award Amount: \$99,997.24

Project Description

To date, Texas 10, LLC has completed construction, and deployed its network in at least 75% of the eligible road miles associated with this SAC. There are no further material updates with respect to network design, construction, deployment and maintenance associated with this SAC.

	Fund - §54.1009 Annual Reporting lection Form	FCC Form Approved by OMB OMB 3060-1185 Avg. Burden Estimate per Respondent: 18 Hours
<010>	Study Area Code	448006
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2016
<030>	Contact Name: Person USAC should contact with questions about this data	Chad Strausbaugh
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6105356474 ext.
<039>	Contact Email: Email of the person identified in data line <030>	cstrausbaugh@cellonenation.com
<040>	Has the information required pursuant to §54.1009	
	<041> Attach a description of the documents file	d with the Form 481 reporting <041>
	<042> Cite the Study Area Code (SAC) for the For	rm 481 reporting <042>
<080>	Tribal Lands Reporting (y/n?) (Does this study area cove.	r tribal lands? Yes or No)

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.

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(050) Carri	er Contact Form	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 2 of 8
<010>	Study Area Code	448006
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding t	
<035>	Contact Telephone Number - Number of person identifi	ind in data line 4020
<039>	Contact Email Address - Email Address of person identif	ed in data line <usu> cstrausbaugh@cellonenation.com</usu>
Reporting	Carrier / Mobility Fund Phase 1 Winning Bidder	
<110>	FCC Registration Number	17235110
<111>	Filing Carrier Name	Texas 10, LLC
<112>	Winning Bidder Carrier Name	Texas 10, LLC
<113>	Street Address (or PO Box)	1170 Devon Park Drive, Suite 104
<114>	City	Wayne
<115>	State	PA
<116>	Zip-Code	19087
<117>	Telephone Number	6105356474 ext.
<118>	Fax Number	
<119>	Email Address	6106885209
		cstrausbaugh@cellonenation.com
Contact In	formation if same as above, indicate in this box ✓	
<120>	Name (First, MI, Last, Suffix)	Chad Strausbaugh
<121>	Filing Carrier Name	Texas 10, LLC
<122>	Street Address (or PO Box)	1170 Devon Park Drive. Suite 104
<123>	City	Wayne
<124>	State	PA
<125>	Zip-Code	19087
<126>	Telephone Number	6105356474 ext.
<127>	Fax Number	6106885209
<128>	Email Address	cstrausbaugh@cellonenation.com
Authorize	d Agent Information if no agent, indicate in this box ✓	
Z120s		
<130>	Name (First, MI, Last, Suffix)	
<131>	Company	
<132>	Street Address (or PO Box)	
<133>	City	
<134>	State	
<135>	Zip-Code	
<136>	Telephone Number	
<137>	Fax Number	
<138>	Email Address	

(060) Co	verage and Performance Report.		PCC Form 690 Ap proved by OMB OMB Control No. 3060-1185 Page 3 of 8
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<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com	
<140>	Coverage and Performance Report Year 08/2015 - 07/2016		
	448006_CPRd Coverage and Performace attachments	_TX.zip	

<141> Total Road Road Certify that Miles per Miles Road Coverage and Performance data Resident Total Resident Miles Census covered Resident Population Population per Block per is uploaded Population per Newly Reached Reached by Census Newly Census (Yes/no) State County Census Block Census Block Block by Service Service Block Reached -- \$ee attached worksheet

Percentage of Total

Population Reached by

Service

Percentage of Total

Road Miles covered

by Service

(070) Url	oan Rate Comparability Certification Compliance		FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 4 of 8
<010>	Study Area Code	448006	
<015>	Study Area Name	Texas 10, LLC	
<020>	Program Year	2016	
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh	

6105356474 ext.

cstrausbaugh@cellonenation.com

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

<035> Contact Telephone Number - Number of person identified in data line <030>

<039> Contact Email Address - Email Address of person identified in data line <030>

		The state of the s	
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 formand in any attachments is accurate.			
Name of Reporting Carrier: Texa	s 10, LLC		
Signature of Authorized Officer:		Date	
Printed name of Authorized Officer:	Chad Strausbaugh		
Title or position of Authorized Officer:	Staff Counsel		
Telephone number of Authorized Officer:	6105356474 ext.		
Study Area Code of Reporting Carrier:	448006	Filing Due Date for this form: 07/01/2016	

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 autho	orize an Agent to file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier		
certify that (Name of Agent)is authorized to submit the information reported on behalf of the reporting arrier. 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 uthorized 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:			
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:		
Persons willfully making false statements on this form can be	e punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.		

Certification of Agent Authoriz	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 authori data provided by the reporting carrier; and, to the best of m	to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based o nowledge, the information reported herein is accurate.
Name of Reporting Carrier:	
Name of Authorized Agent Firm:	
Signature of Authorized Agent or Employee of Agent:	Date:
Name of Authorized Agent Employee:	
Title or position of Authorized Agent or Employee of Agent	
Telephone number of Authorized Agent or Employee of Agen	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
	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.

(080) Triba	al Lands Reporting			FCC Form 690
				Approved by OMB
de di				OMB Control No. 3060-1185
				Page 5 of 8
<010>	Study Area Code	_	448006	
<015>	Study Area Name		Texas 10, LLC	The state of the s
<020>	Program Year		2016	
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<035>	Contact Telephone Number - Number of person identif		6105356474 ext.	
<039>	Contact Email Address - Email Address of person identi	fied in data line <030>	cstrausbaugh@cellonenation.com	
.445	5			
<142>	State			
<143>	County			
-1.4.45	Tribultion d(s) and which ETC Co.			
<144>	Tribal Land(s) on which ETC Serves			
			Water Control of the	
<145>	Tribal Government Engagement Obligation			
12132	This dovernment Engagement Obligation	Name of Attract of Design		
		Name of Attached Docume	m (.paj)	

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)
Needs assessment and deployment planning with a focus on Tribal community anchor institutions;	
Feasibility and sustainability planning;	
Marketing services in a culturally sensitive manner;	
Compliance with Rights of way processes	
Compliance with Land Use permitting requirements	
Compliance with Facilities Siting rules	
Compliance with Environmental Review processes	
Compliance with Cultural Preservation review processes	
Compliance with Tribal Business and Licensing requirements.	
	community anchor institutions; Feasibility and sustainability planning; Marketing services in a culturally sensitive manner; Compliance with Rights of way processes Compliance with Land Use permitting requirements Compliance with Facilities Siting rules Compliance with Environmental Review processes Compliance with Cultural Preservation review processes

(090) Project	Update Information	FCC Form 690
		Approved by OMB
		OMB Control No. 3060-1185
		Page 6 of 8
<010>	Study Area Code	448006
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<200>	Date Authorized to Receive Support	08/16/2013
<201>	Targeted Completion Date	08/17/2015
<202>	Total Mobility Fund Support Awarded	221824.08
<203>	Total Mobility Fund Support Disbursed	221469.16
<210>	Actual Completion Date	07/27/2015
		448006 PSD TX.pdf
<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	
<213>	Status of Network Deployment - Construction	
<214>	Status of Network Deployment - Deployment	
<215>	Status of Network Deployment - Maintenance	1
<216>	Project Budget Status	
<217>	Project Plan Status	✓

⊙ 3G **○** 4G

<218> Network will Support 3G/4G Mobile Service?

(101) Cert	tification - Reporting Carrier	FCC Form 690 Approved by OMB. OMB Control No. 3060-1185 Page 7 of 8
<010>	Study Area Code	448006
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

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

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 pest of my knowledge, the information reported on this form and in any attachments is accurate.		
Name of Reporting Carrier: Texas 10, LLC		
Signature of Authorized Officer:	Date	
Printed name of Authorized Officer: Chad Strausbaugh		
Title or position of Authorized Officer: Staff Counsel		
Telephone number of Authorized Officer: 6105356474 ext.		
Study Area Code of Reporting Carrier: 448006	Filing Due Date for this form: 07/01/2016	

(102) Certification - Agent / Carrier	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 8 of 8
	Page 8 of 8

<010>	Study Area Code	448006
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

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

I certify that (Name of Agent)	certify that (Name of Agent) is authorized to submit the information reported on behalf of the reporting carrier. I so 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 gent; 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:								
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:							

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:						
Name of Authorized Agent Firm:						
Signature of Authorized Agent or Employee of Agent:		Date:				
Name of Authorized Agent Employee:						
Title or position of Authorized Agent or Employee of Agen	t					
Telephone number of Authorized Agent or Employee of A	gent:					
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 193- 18 of the United States Code, 18 U.S.C. § 1001.	4, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title				



(060) Coverage and Performance Report

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

<010>	Study Area Code	448006
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<140>	Coverage and Performance Report Year	08/2015 - 07/2016

<141>

<a1></a1>	. <a2></a2>	ca3>	// /bi>	<b2></b2>	<ba><ba><ba><ba><ba><ba><ba><ba><ba><ba></ba></ba></ba></ba></ba></ba></ba></ba></ba></ba>	<c1></c1>	<c2></c2>	<c3></c3>	₹₫
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 Performacne data is uploaded (yes/no)
TX	Angelina	0000	0	0	o	0.0	0.0	0.0	Yes
			<u> </u>						
								-	
			_						
								ava.	
				L					

Percentage of
Total Population
Reached by
Service

		 _	_
0			

Percentage of Total Road Miles covered by Service

		_	_
0			

FCC Form 690 - Coverage and Performance Data Update

Texas 10, LLC has completed the coverage/performance testing for this SAC, which is reported in its Payment Request 3 submitted for this SAC.

Texas 10, LLC Form 690 – Annual Report for August 2015 – July 2016

Project Status Description

Item: SAC 448006

County/State: Angelina, TX

Total Award Amount: \$221,824.08

Project Description

To date, Texas 10, LLC has completed construction, and deployed its network in at least 75% of the eligible road miles associated with this SAC. There are no further material updates with respect to network design, construction, deployment and maintenance associated with this SAC.

1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Fund - §54.1009 Annual Reporting lection Form	FCC Form Approved by OMB OMB 3060-1185 Avg. Burden Estimate per Respondent: 18 Hours
<010>	Study Area Code	448007
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2016
<030>	Contact Name: Person USAC should contact with questions about this data	Chad Strausbaugh
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6105356474 ext.
<039>	Contact Email: Email of the person identified in data line <030>	cstrausbaugh@cellonenation.com
i again suga		
<040>	Has the information required pursuant to §54.1009 k	
	<041> Attach a description of the documents file <042> Cite the Study Area Code (SAC) for the For	
<080>	Tribal Lands Reporting (y/n?) (Does this study area cover	tribal lands? Yes or No)

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.

(050) Carr	er Contact Form	FCC Form 690. Approved by OMB. OMB Control No. 3060-1185. Page 2 of 8
<010>	Study Area Code	448007
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding	
<035> <039>	Contact Telephone Number - Number of person identif Contact Email Address - Email Address of person identif	2. 1. 1. 1. 1
	Carrier / Mobility Fund Phase 1 Winning Bidder	ed in data line <u3u> cstrausbaugh@cellonenation.com</u3u>
<110>	FCC Registration Number	17235110
<111>	Filing Carrier Name	Texas 10, LLC
<112>	Winning Bidder Carrier Name	Texas 10, LLC
<113>	Street Address (or PO Box)	1170 Devon Park Drive, Suite 104
<114>	City	Wayne
<115>	State	PA
<116> <117>	Zip-Code Telephone Number	19087
<118>	Fax Number	6105356474 ext.
<119>	Email Address	6106885209
\113>	Littali Addiess	cstrausbaugh@cellonenation.com
<pre><120> <121> <122> <122> <123> <124> <125> <126> <127> <128></pre>	if same as above, indicate in this box Name (First, MI, Last, Suffix) Filing Carrier Name Street Address (or PO Box) City State Zip-Code Telephone Number Fax Number Email Address	Chad Strausbaugh Texas 10, LLC 1170 Devon Park Drive. Suite 104 Wayne PA 19087 6105356474 ext. 6106885209 cstrausbaugh@cellonenation.com
Authorize	d Agent Information	
	if no agent, indicate in this box	
<130>	Name (First, MI, Last, Suffix)	
<131>	Company	
<132>	Street Address (or PO Box)	
<133>	City	
<134>	State	
<135>	Zip-Code	
	•	
<136>	Telephone Number	
<137>	Fax Number	
<138>	Email Address	

(060) Co	verage and Performance Report		FCC Form 690 Ap proved by OMB OMB Control No. 3060-1185 Page 3 of 8
<010>	Study Area Code	448007	
<015>	Study Area Name	Texas 10, LLC	
<020>	Program Year	2016	
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh	
<035>	Contact Telephone Number - Number of person identified in data line <030	> 6105356474 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030	> cstrausbaugh@cellonenation.com	
<140>	Coverage and Performance Report Year 08/2015 - 07/2016		
	448007_CP	Rd_TX.zip	

Coverage and Performace attachments

Population Reached by

Service

<141>	<a1></a1>	<a2></a2>	<a3> ′</a3>	<b1> ∴</b1>	<bz></bz>	<b3></b3>	<c1></c1>	<c2></c2>	<c3></c3>	' i'
			:							
		;								
									Total	
							Road	Road Miles per	Road Miles	Certify that Coverage and
					Resident	Total Resident		Census	covered	Performance data
				Resident Population per	Population Newly Reached	Population Reached by	per Census	Block Newly	per Census	is uploaded (Yes/no)
	State	County				Service	ľ		Block	(res/iio)
	ļ									
										·
				- 9	ee attach	ed worksl	neet			7.00
							-			
			1	0	1		G)		
								-		
		Percentag	ge of Total			Percentage o	of Total			

Road Miles covered

by Service

(070) Urb	an Rate Comparability Certification Compliance		FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 4 of 8
<010>	Study Area Code	448007	
<015>	Study Area Name	Texas 10, LLC	
<020>	Program Year	2016	
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh	
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com	

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

(Certification of Officer or E	nployee as to Compliance with 47 CFR §54.1009(a)(4)		
l 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 formand in any attachments is accurate.				
Name of Reporting Carrier: Texa	as 10, LLC			
Signature of Authorized Officer:		Date		
Printed name of Authorized Officer:	Chad Strausbaugh			
Title or position of Authorized Officer:	Staff Counsel			
Telephone number of Authorized Officer:	6105356474 ext.			
Study Area Code of Reporting Carrier:	448007	Filing Due Date for this form: 07/01/2016		

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

certify that (Name of Agent)	is authorized to submit the information reported on behalf of the reporting
	porting 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 repor	ts and data provided to the authorized agent is accurate.
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer or Employee:	Date:
Printed name of Authorized Officer or Employee:	
Fitle 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:
Persons willfully making false statements on this form can be	punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment
	under Title 18 of the United States Code, 18 U.S.C. § 1001

Certification of Agent Authorize	to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier
	to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based of
data provided by the reporting carrier; and, to the best of my	nowledge, the information reported herein is accurate.
Name of Reporting Carrier:	
Name of Authorized Agent Firm:	
Signature of Authorized Agent or Employee of Agent:	Date:
Name of Authorized Agent Employee:	
itle or position of Authorized Agent or Employee of Agent	
elephone number of Authorized Agent or Employee of Agent	
tudy Area Code of Reporting Carrier:	Filing Due Date for this form:
Attudy Area Code of Reporting Carrier: Persons willfully making false statements on this form can l	Filing Due Date for this form: punished by fine or forfeiture under the Communications Act of 1934, 47 U S C. §§ 502, 503(b), or fine or imprisonment und Title 18 of the United States Code, 18 U.S.C. § 1001.

(080) Trib	al Lands Reporting			FCC Form 690 Approved by OMB
		新		OMB Control No. 3060-1185
10人工作		august in som the to	。	Page 5 of 8
<010>	Study Area Code			
<015>	Study Area Code Study Area Name		448007	
<020>	Program Year		Texas 10, LLC 2016	
<030>	Contact Name - Person USAC should contact regarding t	his data	Chad Strausbaugh	
<035>	Contact Telephone Number - Number of person identifie		6105356474 ext.	
<039>	Contact Email Address - Email Address of person identifi			
<142>	State			
<143>	County			
	_			
<144>	Tribal Land(s) on which ETC Serves			
	-			
-115	Tribal Country and Francisco Chiles to			
<145>	Tribal Government Engagement Obligation			
		Name of Attached Docu	ment (.pdf)	
	If your company serves Tribal lands, please select (Yes, N		r	
	each of these boxes to confirm the status described on the			
	PDF, on line 145, demonstrates coordination with the Tr	ibal		
	government pursuant to § 54.1004 includes:			
		r		
			Select	
.4.5		(Ye	s, No, Not Applicable)	
<146>	Needs assessment and deployment planning with a focu	ıs 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

<152> Compliance with Environmental Review processes

Compliance with Cultural Preservation review processes <154> Compliance with Tribal Business and Licensing requirements.

<151> Compliance with Facilities Siting rules

<153>

(090) Project	Update Information		FCC Form 690 Approved by OMB	
			OMB Control No. 3060-1185	
			Page 6 of 8	
		# 15.5a/		195
<010>	Study Area Code	448007		
<015>	Study Area Name	Texas 1), LLC	
<020>	Program Year	2016		
<030>	Contact Name - Person USAC should contact regarding this data		rausbaugh	
<035>	Contact Telephone Number - Number of person identified in data line <030>	61053564	174 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstraus	oaugh@cellonenation.com	
		_		_
<200>	Date Authorized to Receive Support	08/	16/2013	
<201>	Targeted Completion Date	08/	17/2015	
<202>	Total Mobility Fund Support Awarded	528	00.00	
<203>	Total Mobility Fund Support Disbursed	523	19.52	
		_		_
<210>	Actual Completion Date	07.	/15/2015	
<211>	Project Status Description (attached)	448	3007_PSD_TX.pdf	7
(211)	Troject status bescription (attached)			
		L √Nc	ame 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	ı		
	shall be submitted as appropriate.			
<212>	Status of Network Deployment - Network Design	□	\neg	
<213>	Status of Network Deployment - Construction	 	 	
<214>	Status of Network Deployment - Deployment	\vdash		
<215>	Status of Network Deployment - Maintenance	 		
<216>	Project Budget Status	 	\dashv	
<217>	Project Plan Status			
		<u> </u>		
<218>	Network will Support 3G/4G Mobile Service ?) 3G	O 4G	

(101) Certi	iffication - Reporting Carrier	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 7 of 8
<010>	Study Area Code	448007
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

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

certify that I am an officer of the reporting carrier; my responsibilities best of my knowledge, the information reported on this form and in an	include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the y attachments is accurate.
Name of Reporting Carrier: Texas 10, LLC	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer: Chad Strausbaugh	
Title or position of Authorized Officer: Staff Counsel	
Telephone number of Authorized Officer: 6105356474 ext.	
Study Area Code of Reporting Carrier: 448007	Filing Due Date for this form: 07/01/2016

06/15/2016 32

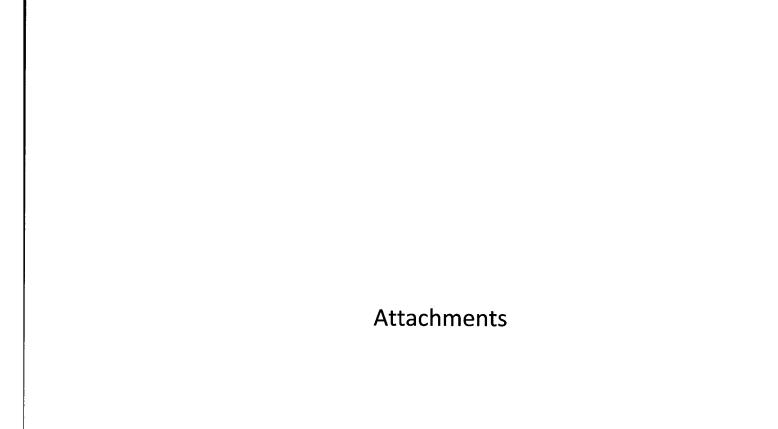
Page 8 of 8

<010>	Study Area Code	448007
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

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

I certify that (Name of Agent) also certify that I am an officer of the reporting carrier; m agent; and, to the best of my knowledge, the reports and	is authorized to submit the information reported on behalf of the reporting sponsibilities include ensuring the accuracy of the data reporting requirements provided to the authorized a provided to the authorized agent is accurate.	
Name of Authorized Agent:		
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:	

Certification of Agent Authorized to File for Mobility Fund Recipients on Behalf of Reporting Carrier		
	orized to submit the reports for Mobility Fund recipients on behalf of carrier; and, to the best of my knowledge, the information reported	
Name of Reporting Carrier:		
Name of Authorized Agent Firm:		
Signature of Authorized Agent or Employee of Agent:		Date:
Name of Authorized Agent Employee:		
Title or position of Authorized Agent or Employee of Ager	nt	
Telephone number of Authorized Agent or Employee of A	gent:	
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 18 of the United States Code, 18 U.S.C. § 1001.	1, 47 U S.C. §§ 502, 503(b), or fine or imprisonment under Title



(060) Co	verage at	nd Performan	ce Report							orm 690 oved by OMB
									OMB	Control No. 3060-1185
<010>	Study A	rea Code				448007	•			
<015>		rea Name				Texas	10, LLC			
<020>	Program Year				2016					
<030>	Contact	t Name - Pers	on USAC should o	ontact regardin	g this data		trausbaugh			
<035>	Contact	t Telephone N	Number - Number	of person ident	ified in data lin	e <030> 610535	6474 ext.			
<039>			ss - Email Addres		tified in data lir		sbaugh@cellonenat	ion.com		
<140>	Covera	ge and Perfor	mance Report Ye	ar		08/201	5 - 07/2016			
<141>	<al></al>	<a2></a2>	(a3>	दाक म	402>	cb35	<c1></c1>	<c2></c2>	(3)	Kdp. Lo.
	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 Performacne data is uploaded (yes/no)
	TX	Angelina	0000	0	0	0	0.0	0.0	0.0	Yes
					1					
	1			_						
										
					 					
	-			_						
										
					1					
		<u> </u>	 							
			<u> </u>							
	-	 	 							
								<u> </u>		
		1	***************************************		İ	1		1		

Percentage of Total Population Reached by Service

0		1
		1

Percentage of Total Road Miles covered by Service

0			

FCC Form 690 - Coverage and Performance Data Update

Texas 10, LLC has completed the coverage/performance testing for this SAC, which is reported in its Payment Request 3 submitted for this SAC.

Texas 10, LLC Form 690 – Annual Report for August 2015 – July 2016

Project Status Description

Item: SAC 448007

County/State: Angelina, TX Total Award Amount: \$52,800.00

Project Description

To date, Texas 10, LLC has completed construction, and deployed its network in at least 75% of the eligible road miles associated with this SAC. There are no further material updates with respect to network design, construction, deployment and maintenance associated with this SAC.

20 July 1995 4 22	Fund §54.1009 Annual Reporting lection Form	FCC For Approved by ON OMB 3050-11 Avg. Burden Estimate per Respondent: 18 Hou	ив 85
<010>	Study Area Code	448008	
<015>	Study Area Name	Texas 10, LLC	
<020>	Program Year	2016	
<030>	Contact Name: Person USAC should contact with questions about this data	Chad Strausbaugh	
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6105356474 ext.	
<039>	Contact Email: Email of the person identified in data line <030>	cstrausbaugh@cellonenation.com	
<u>=</u> r	No. of the second s		
<040>	Has the information required pursuant to §54.1009		
<040>	Has the information required pursuant to §54.1009 (041) Attach a description of the documents file		
<040>		ed with the Form 481 reporting <041>	

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.

(050) Carri	er Comact Form	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 2 of 8
<010>	Study Area Code	448008
<015>	Study Area Code Study Area Name	Texas 10, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding	this data Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identif	
<039>	Contact Email Address - Email Address of person identi	fied in data line <030> cstrausbaugh@cellonenation.com
Reporting	Carrier / Mobility Fund Phase 1 Winning Bidder	
<110>	FCC Registration Number	17235110
<111>	Filing Carrier Name	Texas 10, LLC
<112>	Winning Bidder Carrier Name	Texas 10, LLC
<113>	Street Address (or PO Box)	1170 Devon Park Drive, Suite 104
<114>	City	Wayne
<115>	State	PA
<116>	Zip-Code	19087
<117>	Telephone Number	6105356474 ext.
<118>	Fax Number	6106885209
<119>	Email Address	cstrausbaugh@cellonenation.com
Contact In	formation	
	if same as above, indicate in this box ✓	
<120>	Name (First, MI, Last, Suffix)	Chad Strausbaugh
<121>	Filing Carrier Name	Texas 10, LLC
<122>	Street Address (or PO Box)	
<123>	City	1170 Devon Park Drive Suite 104
	·	Wayne
<124>	State	PA
<125>	Zip-Code	19087
<126>	Telephone Number	6105356474 ext.
<127>	Fax Number	6106885209
<128>	Email Address	cstrausbaugh@cellonenation.com
Authorize	d Agent Information if no agent, indicate in this box	
<130>	Name (First, MI, Last, Suffix)	
<131>	Company	
<132>	Street Address (or PO Box)	
<133>		
	City	
<134>	State	
<135>	Zip-Code	
<136>	Telephone Number	
<137>	Fax Number	
<138>	Email Address	

(060) Co	verage and Performance Report		FCC Form 690 Ap proved by OMB OMB Control No. 3060-1185 Page 3 of 8
<010>	Study Area Code	448008	
<015>	Study Area Name	Texas 10, LLC	
<020>	Program Year	2016	7.7
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh	W-1667
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.	****
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com	
<140>	Coverage and Performance Report Year 08/2015 - 07/2016		

Coverage and Performace attachments

Percentage of Total

Population Reached by

Service

<141> <b2> <b3> Total Road Road Certify that Road Miles per Miles Coverage and Resident Total Resident | Miles Census covered Performance data Resident Population Population Block is uploaded per per Population per Newly Reached Reached by Census Newly Census (Yes/no) State County Census Block Census Block by Service Service Reached Block -- \$ee attached worksheet

Percentage of Total

Road Miles covered

by Service

(070) Urba	an Rate Comparability Certification Compliance	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 4 of 8
<010>	Study Area Code	448008
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.

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

<039> Contact Email Address - Email Address of person identified in data line <030> cstrausbaugh@cellonenation.com

С	ertification of Officer or E	mployee 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: Texas	s 10, LLC	and the state of t				
Signature of Authorized Officer:		Date				
Printed name of Authorized Officer:	Chad Strausbaugh					
Title or position of Authorized Officer:	Staff Counsel					
elephone number of Authorized Officer:	6105356474 ext.					
Study Area Code of Reporting Carrier:	448008	Filing Due Date for this form: 07/01/2016				

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

certify that (Name of Agent)	ize an Agent to file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier 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 n	porting 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 repo	rts and data provided to the authorized agent is accurate.
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer or Employee:	Date:
Printed name of Authorized Officer or Employee:	
Title or position of Authorized Officer or Employee:	
Felephone number of Authorized Officer or Employee:	
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 AUTHORIZED AGENT:

a reported herein based on
<u> </u>

(080) Triba	al Lands Reporting and the state of the stat			FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 5 of 8
<010>	Study Area Code		448008	
<015>	Study Area Name		Texas 10, LLC	
<020>	Program Year		2016	
<030>	Contact Name - Person USAC should contact regarding	this data	Chad Strausbaugh	
<035>	Contact Telephone Number - Number of person identif		6105356474 ext.	
<039>	Contact Email Address - Email Address of person identif		cstrausbaugh@cellonenation.com	
<142>	State			
<143>	County			
<144>	Tribal Land(s) on which ETC Serves			
<145>	Tribal Government Engagement Obligation	Name of Attached Docume	nt (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;	(Tes, No, Not Applicable)
<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.	

(090) Project	Update Information	FCC Form 690
		Approved by OMB
		OMB Control No. 3060-1185 Page 6 of 8
		PAGCY VI O
<010>	Study Area Code	448008
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<200>	Date Authorized to Receive Support	08/16/2013
<201>	Targeted Completion Date	08/17/2015
<202>	Total Mobility Fund Support Awarded	253320.00
<203>	Total Mobility Fund Support Disbursed	247487.50
<210>	Actual Completion Date	08/06/2015
<211>	Project Status Description (attached)	448008_PSD_TX.pdf
	• • •	
		{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	
<213>	Status of Network Deployment - Construction	1
<214>	Status of Network Deployment - Deployment	
<215>	Status of Network Deployment - Maintenance	<u>·</u>
<216>	Project Budget Status	✓
<217>	Project Plan Status	
	·	
<218>	Network will Support 3G/4G Mobile Service ?) 3G

(101) Cert	tification - Reporting Carrier		FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 7 of 8
<010>	Study Area Code	448008	'
<015>	Study Area Name	Texas 10, LLC	
<020>	Program Year	2016	
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh	
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com	

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

I certify that I am an officer of the reporting carrier; my responsibilities in best of my knowledge, the information reported on this form and in any	nclude ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the attachments is accurate.
Name of Reporting Carrier: Texas 10, LLC	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer: Chad Strausbaugh	
Title or position of Authorized Officer: Staff Counsel	
Telephone number of Authorized Officer: 6105356474 ext.	
Study Area Code of Reporting Carrier: 448008	Filing Due Date for this form: 07/01/2016

06/15/2016 44

<010>	Study Area Code	448008
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

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

ertify that (Name of Agent) is authorized to submit the information reported on behalf of the reporting carrier. Is ocertify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data reporting requirements provided to the authorized lent; 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:						
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:					

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File for Mobility Fund Recipients on Behalf of Reporting Carrier					
nit the reports for Mobility Fund recipients on be to the best of my knowledge, the information rep	chalf of the reporting carrier; I have provided the data ported herein is accurate.				
	A STATE OF THE STA				
	Date:				
Filing Due Date for this form:					
	nit the reports for Mobility Fund recipients on be to the best of my knowledge, the information rep				



	rformance Report	

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

<010>	Study Area Code	448008
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<140>	Coverage and Performance Report Year	08/2015 - 07/2016

<141>

<a1></a1>	<a25< th=""><th><a3></a3></th><th><b1> "</b1></th><th><62></th><th>4635</th><th><c1></c1></th><th>←2></th><th>**************************************</th><th>. ^ <d>></d></th></a25<>	<a3></a3>	<b1> "</b1>	<62>	4 635	<c1></c1>	←2>	**************************************	. ^ <d>></d>
State	County	Census Block	Resident Population per Census Biock	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 Performacne data is uploaded (yes/no)
TX	Angelina	0000	0	0	0	0.0	0.0	0.0	Yes
			-						
						_			
								,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
									.11.7

Percentage of
Total Population
Reached by
Consico

0	

Perc	entage	of Tota
Road	Miles	covered
	by Ser	vice

0		

FCC Form 690 - Coverage and Performance Data Update

Texas 10, LLC has completed the coverage/performance testing for this SAC, which is reported in its Payment Request 3 submitted for this SAC.