FCC Form 690 (050) Carrier Contact Form Approved by OMB OMB Control No. 3060-1185 Page 2 of 8

<010>	Study Area Code	448013
<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

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 Information

	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

Authorized Agent Information

Authorize	d Agent Information	
	if no agent, indicate in this box	\square
<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	

Ap proved by OMB OMB Control No. 3060-1185 Page 3 of 8
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<010>	Study Area Code	448013	
<015>	Study Area Name	Texas 10, LLC	
<020>	Program Year	2016	,, <u>,,,,,,</u> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,
<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

448013_CPRd_TX.zi

Coverage and Performace attachments

_CPRd_IX.Z1p		

<141>

<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	<b3></b3>	<1>>	<c2></c2>	<c3></c3>	<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 Performance data is uploaded (Yes/no)
			{	ee attach	ed works	heet			

	0		0
Percentage of Total		Percentage of Total	
Population Reached by		Road Miles covered	
Service		by Service	

0) Urban Rate Comparability Certification Compliance	FCC Form 690
of origin three compensation comparison	
	Approved by OMB
	debrounded anna.
	OMB Control No. 3060-1185
	0
	Page 4 of 8

<010>	Study Area Code	448013
<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 on this form and 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:	448013	Filing Due Date for this form:	07/01/2016	
· · · · · · · · · · · · · · · · · · ·	· · ·	fine or forfeiture under the Communications 8 of the United States Code, 18 U.S.C. § 1001		502, 503(b), or fine or imprisonment

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		
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 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:	
	unished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment nder Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

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; I have provided the data reported herein based on data provided by the reporting carrier; I have provided the data reported herein based on		
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 Agent:		
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	



<010>	Study Area Code	448013
<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

<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, I	Not Applicable

(090) Project	Update Information		FCC Form 690
			Approved by OMB
			OMB Control No. 3060-1185
			Page 6 of 8
<010>	Study Area Code	448013	
<015>	Study Area Name	Texas 1	0, LLC
<020>	Program Year	2016	
<030>	Contact Name - Person USAC should contact regarding this data	Chad St:	rausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356	474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstraus	baugh@cellonenation.com
			1
<200>	Date Authorized to Receive Support	08/	16/2013
<201>	Targeted Completion Date	08/	17/2015
<202>	Total Mobility Fund Support Awarded	494	40.00
<203>	Total Mobility Fund Support Disbursed	398	38.75
<210>	Actual Completion Date	08	/07/2015
<211>	Project Status Description (attached)	448	B013_PSD_TX.pdf
			ame of PDF attached}
	Please check these boxes below to confirm that the attached PDF, on line	1100	ime of PDP uttached}
	211, contains a project status pursuant to §54.1005(b)(2)(v). The information	i	
-2125	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	1	
			_
<218>	Network will Support 3G/4G Mobile Service ?) 3G	O 4G

(101) Certification - Reporting Carrier Approved by OMB OMB Control No. 3060-1185 Page 7 of 8
--

<010>	Study Area Code	448013
<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:

448013

Certification of Officer as to the Accuracy of the Data Reported for Mobility Fund Recipients

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:

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:

Filing Due Date for this form: 07/01/2016

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.

Date

(102) Certification - Agent / Carrier	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 8 of 8
<010> Study Area Code	448013

	0100/11/00/0010	
<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:

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.

<u></u>	- · · · · · · · · · · · · · · · · · · ·	
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:	
Persons willfully making false statements on this form ca	an be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S under Title 18 of the United States Code, 18 U.S.C. § 1001.	C. §§ 502, 503(b), or fine or imprisonment

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Autor	orized to File for Mobility Fund Recipients on Behalf	or Reporting Carrier
, 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 Age	nt	
Folgehouse such as of Authorized Asset on Freelouse of (Agent:	
Telephone number of Authorized Agent or Employee of A		

Attachments

<010>	Study Area Code	448013
<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

1.4

<141>

(060) Coverage and Performance Report

<1>>	<a2></a2>	<a3></a3>	 <bi></bi> 	<b2></b2>	<b3></b3>	<c1></c1>	<c2></c2>	<3>	<d>></d>
itate	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Błock	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performacne data is uploaded (yes/no)
тх	Cherokee	0000	0	0	0			0.0	Yes
14			ļ°	0	0	0.0	0.0	0.0	
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		1						······	
			1						

Percentage of Total Population Reached by Service

Percentage of Total Road Miles covered by Service

0

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 448013 County/State: Cherokee, TX Total Award Amount: \$49,440.00

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.

Careford and a construction of the constructio	Fund 954,1009 Annual Reporting lection Form	FCC Form Approved by OMB OMB 3060-1185 Avg. Burden Estimate per Respondent: 18 Hours
<010>	Study Area Code	448014
<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	been provided with a Form 481 filing (V/N) <0.00

<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>

<080> <u>Tribal Lands Reporting (y/n?)</u> (Does this study area cover tribal lands? Yes or No)

0 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) Carrier Contact Form	the second se	FCC Form 690
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		ON 10 C
		OMB Control No. 3060-1185
		Page 2 of 8
		106-2010

<010>	Study Area Code	448014
<015>	Study Area Name	Texas 10, LLC
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<039>	Contact Email Address - Email Address of person identified 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
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<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 Information

	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

Authorized 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

\checkmark



<010>	Study Area Code	448014	
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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

448014_CPRd_TX.zip

Coverage and Performace attachments

<141>

<	a1>	<a2></a2>	<a3></a3>	 db>	<b2></b2>	<b3></b3>	<c1></c1>	<c2></c2>	< c3 >	<d></d>
Sta	ite	County		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)
				{	ee attach	ed worksl	heet			
E										

	0		0
Percentage of Total		Percentage of Total	
Population Reached by		Road Miles covered	
Service		by Service	

|--|

<010>	Study Area Code	448014
<015>	Study Area Name	Texas 10, LLC
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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.

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:	448014	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 authorize a	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
	ing 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 ar	nd 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 punis	hed by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment
	r Title 18 of the United States Code, 18 U.S.C. § 1001.

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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 Agent:		
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	

(080) Tribal Lands Reporting		FCC Form 690 Approved by OMB
		OMB Control No. 3060-1185 Page 5 of 8

<010>	Study Area Code	448014
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2016
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<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

<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.

Se	elect	
(Yes,	No, Not A	Applicable)

(090) Project Update Information	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 6 of 8
	OMB Control No. 3060-1185
	Page 6 of 8

<010>	Study Area Code	448014
<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	124992.00
<203>	Total Mobility Fund Support Disbursed	121117.25
<210>	Actual Completion Date	[
<210>	Actual Completion Date	07/24/2015
<211>	Project Status Description (attached)	448014_PSD_TX.pdf
<212>	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. Status of Network Deployment - Network Design	{Name of PDF attached}
<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	\checkmark
<218>	Network will Support 3G/4G Mobile Service ?) 3G 🔿 4G

(101) Certification - Reporting Carrier Approved by OMB OMB Control No. 3060-1185 Page 7 of 8

<010>	Study Area Code	448014
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2016
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Certification of Officer as to the Accuracy of the Data Reported for Mobility Fund Recipients

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:

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: 448014

Filing Due Date for this form: 07/01/2016

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.

Date

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

<010>	Study Area Code	446014
<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:

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 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					
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 Agent					
Telephone number of Authorized Agent or Employee of Agent:					
Study Area Code of Reporting Carrier: Filin	ng Due Date for this form:				
	orfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title United States Code, 18 U.S C. § 1001.				

Attachments

(060) Coverage and Performance Report Approved by OMB OMB Control No: 3060-1185

<010>	Study Area Code	448014
<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>	<82>	<83>	<bl></bl>	<d2></d2>	<b3></b3>	<c1></c1>	<c2></c2>	<c3></c3>	<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 Newły Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performacne data is uploaded (yes/no)
TX	Leon	0000	0	0	0	0.0	0.0	0.0	Yes

Percentage of Total Population Reached by Service Percentage of Total Road Miles covered by Service

0

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 448014 County/State: Leon, TX Total Award Amount: \$124,992.00

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.

	Fund - §54.1009 Annual Reporting lection Form	Approved by OMB OMB 3060-1185 Avg. Burden Estimate per Respondent: 18 Hours
<010>	Study Area Code	448015
<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>	<u>Has the in</u>	formation required pursuant to §54.1009 been provided with a Form 481 film	ing (Y/N) <040> 🔘 🧿	
	<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>]
			х. Х	
<080>	Tribal Lan	is Reporting (y/n?) (Does this study area cover tribal lands? Yes or No)	$\cap \circ$	

Notice to Individuals Required by the Paperwork Reduction Act of 1995

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L.A.

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.

FCC Form

() (•)

(050) Carrier Contact Form Approved by OMB OMB Control No. 3060-1185 Page 2 of 8

<010>	Study Area Code	448015
<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

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 Information

	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

Authorized 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

1



<010>	Study Area Code	448015
<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

Coverage and Performace attachments

448015_CPRd_TX.zip	

<141>

<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	<62>	<b3></b3>	<c1></c1>	<c2></c2>	<c3></c3>	<d></d>
State	County	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)
			{	See attach	ed works	heet			

	0		0
Percentage of Total		Percentage of Total	
Population Reached by		Road Miles covered	
Service		by Service	

(070) Urban Rate Comparability Certification Compliance	FCC Form 690 Approved by OMB OMB Control No. 3060-1185
	Page 4 of 8

<010>	Study Area Code	448015
<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 on this form and in any attachments is accurate.

·		· · · · · · · · · · · · · · · · · · ·	
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:	448015	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 authorize a	n Agent to file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier		
ertify that (Name of Agent) is authorized to submit the information reported on behalf of the reporting			
	ng 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	I 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:		
Porcons willfully making false statements on this form can be punish	ed by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment		
	Title 18 of the United States Code, 18 U.S.C. § 1001.		

TO BE COMPLETED BY THE AUTHORIZED AGENT:

I, as agent for the reporting carrier, certify that I am authorized to sub data provided by the reporting carrier; and, to the best of my knowled	nit the certification on behalf of the reporting carrier; I have provided the data reported herein based or ge, 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 Agent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:

<010>	Study Area Code	448015
<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

<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.

5	Select	_
(Yes	, No, Not Applicable	:)
		-
		-
		_
		-

(090) Project	Update Information	FCC Form 690
		Approved by OMB
in an		OMB Control No. 3060-1185
		Page 6 of 8
<010	Study Area Cada	
<010> <015>	Study Area Code Study Area Name	448015
<013>	Program Year	Texas 10, LLC
<020>	Contact Name - Person USAC should contact regarding this data	2016 Chad Strausbaugh
<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>	
<200>	Date Authorized to Receive Support	08/16/2013
<201>	Targeted Completion Date	08/17/2015
<202>	Total Mobility Fund Support Awarded	131140.00
<203>	Total Mobility Fund Support Disbursed	120098.01
<210>	Actual Completion Date	07/27/2015
-2115	Project Status Description (attack of)	448015_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	
242	shall be submitted as appropriate.	
<212>	Status of Network Deployment - Network Design	<i>✓</i>
<213>	Status of Network Deployment - Construction	<i>✓</i>
<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 🔿 4G

(101) Certification - Reporting Carrier Approved by OMB OMB Control No.-3060-1185 Page 7 of 8

<010>	Study Area Code	448015
<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:

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. Texas 10, LLC Name of Reporting Carrier: Signature of Authorized Officer: Date Chad Strausbaugh Printed name of Authorized Officer: Staff Counsel Title or position of Authorized Officer: 6105356474 ext. Telephone number of Authorized Officer: 07/01/2016 448015 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.

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

<010>	Study Area Code	448015
<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:

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:		
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 ca	n be punished by fine or forfeiture under the Communications Act of 1934, 47 under Title 18 of the United States Code, 18 U S.C. § 1001.	U S C. §§ 502, 503(b), or fine or imprisonment

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:
Name of Authorized Agent Firm:					
ignature of Authorized Agent or Employee of Agent: Date:					
Name of Authorized Agent Employee:					
itle or position of Authorized Agent or Employee of Agen	t				
Felephone number of Authorized Agent or Employee of A	gent:				
Study Area Code of Reporting Carrier:	Filing Due Date for this form:				
	can be punished by fine or forfeiture under the Communications Act of 19 18 of the United States Code, 18 U.S.C. § 1001.	934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title			

Attachments

······

(060) Coverage and Performance Report Approved by OMB OMB Control No. 3060-1185

<010>	Study Area Code	448015
<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>	

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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)
тх	Leon	0000	0	0	0	0.0	0.0	0.0	Yes
						· · · · · ·			
			:						
								~	
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Percentage of Total Population Reached by Service Percentage of Total Road Miles covered by Service

0

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 448015 County/State: Leon, TX Total Award Amount: \$131,140.00

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.

5	Fund - 954:1009 Annual Reporting lection Form	FCC Form Approved by OMB OMB 3060-1185 Avg. Burden Estimate per Respondent: 18 Hours
<010>	Study Area Code	448016
<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
15 St.		
<040>	Has the information required pursuant to §54.1009	<u> </u>
	<042> Cite the Study Area Code (SAC) for the Fo	rm 481 reporting <042>

(•)

<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.

FCC Form 690 (050) Carrier Contact Form Approved by OMB OMB Control No. 3060-1185 Page 2 of 8

<010>	Study Area Code	448016
<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>	cstrausbauch@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 Information

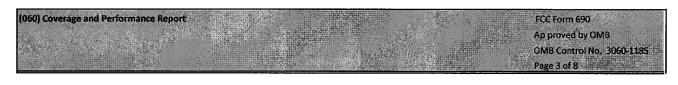
	if same as above, indicate in this box	
<120>	Name (First, MI, Last, Suffix)	 Chad Strausbaugh
<121>	Filing Carrier Name	Texas 10, LLC
<122>	Street Address (or PO Box)	1170 Devon Park Drive, Suite 104
<123>	City	Wayne
<124>	State	PA
<125>	Zip-Code	19087
<126>	Telephone Number	6105356474 ext.
<127>	Fax Number	6106885209
<128>	Email Address	cstrausbaugh@cellonenation.com

Authorized 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

06/15/2016

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<010>	Study Area Code	448016	
<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

448016_CPRd_TX.zip

Coverage and Performace attachments

<141>

County		Population per	Newly Reached	Total Resident Population Reached by			Total Road Miles covered per Census Block	Certify that Coverage and Performance data is uploaded (Yes/no)
			See attach	ed workel				
	County		County Census Block Census Block	County Census Block by Service See attach	County Census Block Census Block Resident Population per Census Block Census Census Block Census Census Block Census Census Census Census Block Census Cens	Resident Population per County Population Census Block Population Population per Newly Reached by Service Population Reached by Service per Census Block Image: County Census Block Image: Census Block	County Census Block Resident Population Population Population Population Reached by Block Newly County Census Block Census Block Population Reached Population Reached Population Reached County Census Block Census Block Population Reached Population Reached County Census Block Population Reached Population Population Population County Census Block Population Population Population Population Population Population Population Population Population Population Population Population Population Population Population Population Population <	County Census Block Resident Population Population Reached by Block Census Block Per County Census Block Census Block Census Block Population Reached by Service Block Per County Census Block Census Block Census Block Census Block Per Per County Census Block Census Block Census Block Per Per County Census Block Per Per Per County Census Block Per Per Per County Census Block Per Per Per County Per Per Per Per County Per Per Per Per County Per Per Per Per

·	0		0
Percentage of Total		Percentage of Total	
Population Reached by		Road Miles covered	
Service		by Service	

Page 4 of 8

<010>	Study Area Code	448016
<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 on this form and 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:	448016	Filing Due Date for this form: 07/01/2015
Study Area Code of Reporting Carrier: Persons willfully making false statemer	nts on this form can be punished by	Filing Due Date for this form: 07/01/2016 fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment 8 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:

I certify that (Name of Agent)	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
	g 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:	
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:

TO BE COMPLETED BY THE AUTHORIZED AGENT:

I, as agent for the reporting carrier, certify that I am authorized to data provided by the reporting carrier; and, to the best of my know	submit the certification on behalf of the reporting carrier; I have provided the data reporte rledge, the information reported herein is accurate.	d herein based on
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 Agent:		
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	

(080) Tribal Lands Reporting	
	Page 5 of 8

<010>	Study Area Code	448016
<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>	cstrausbauqh@cellonenation.com

<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.

Selec	t
(Yes, No	, Not Applicable
W.4.L.1	
	7 .1

(090) Project	Update Information	FCC Form 690
		Approved by QMB
		OMB Control No. 3060-1185
		Page 6 of 8
<010>	Study Area Code	448016
<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>	
<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	139783.38
<203>	Total Mobility Fund Support Disbursed	127873.84
<210>	Actual Completion Date	08/06/2015
<211>	Project Status Description (attached)	448016_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	1
	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	1
<217>	Project Plan Status	· ·
<218>	Network will Support 3G/4G Mobile Service ?	3G O 4G

(101) Certification - Reporting Carrier		FCC Form 690 Approved by OMB OMB Control No, 3060-1185
		Page 7 of 8

<010>	Study Area Code	448016
<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:

448016

Certification of Officer as to the Accuracy of the Data Reported for Mobility Fund Recipients

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:

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:

Filing Due Date for this form: 07/01/2016

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.

Date

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

<010>	Study Area Code	448016
<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:

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:		
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 ca	an be punished by fine or forfeiture under the Communications Act of 1934, 47 under Title 18 of the United States Code, 18 U.S.C. § 1001.	7 U.S.C. §§ 502, 503(b), or fine or imprisonment

TO BE COMPLETED BY THE AUTHORIZED AGENT:

to File for Mobility Fund Recipients on Behalf of Reporting Carrier
I to submit the reports for Mobility Fund recipients on behalf of the reporting carrier; I have provided the data r; and, to the best of my knowledge, the information reported herein is accurate.
Date:
Filing Due Date for this form:
0

Attachments

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

<010>	Study Area Code	448016
<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

	>	41	~1
	>	41	<1

(060) Coverage and Performance Report

<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	4 5	<c1></c1>	<c2></c2>	<3>	<d><</d>
itate	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)
	Leon	0000	0					0.0	Yes
тх				0	0	0.0	0.0	0.0	105
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	1								

Percentage of Total Population Reached by Service Percentage of Total Road Miles covered by Service 0

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 448016 County/State: Leon, TX Total Award Amount: \$139,783.38

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.

Mobility Fund Phase 1 - §54.1009 Annual Reporting Data Collection Form		Avg. Burden Estima	FCC Form Approved by OMB OMB 3060-1185 te per Respondent: 18 Hours
<010> Study Area Code	448017	nekalahéréné a na n	
<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>		
<039> Contact Email: Email of the person identified in data line <03	30> cstrausbaugh@cellonenation.com		
	Hereita an		
<040> Has the information required pursuant to §5	54.1009 been provided with a Form 481 fili	n <u>r (Y/N)</u> <040> O	
<041> Attach a description of the docum	nents filed with the Form 481 reporting	<041>	
<042> Cite the Study Area Code (SAC) fo	r the Form 481 reporting	<042>	

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.

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(050) Carrier Contact Form			FCC Form 690
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			Page 2 of 8
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<010>	Study Area Code	448017
<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

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 Information

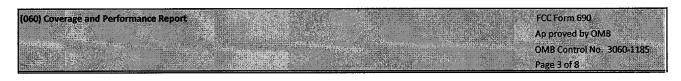
	if same as above, indicate in this box	
<120>	Name (First, MI, Last, Suffix)	Chad Strausbaugh
<121>	Filing Carrier Name	Texas 10, LLC
<122>	Street Address (or PO Box)	1170 Devon Park Drive Suite 104
<123>	City	Wayne
<124>	State	PA
<125>	Zip-Code	19087
<126>	Telephone Number	6105356474 ext.
<127>	Fax Number	6106885209
<128>	Email Address	cstrausbaugh@cellonenation.com

Authorized Agent Information

	a regent in orthogon
	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

06/15/2016

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<010>	Study Area Code	448017	
<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

Coverage and Performace attachments

448017_CPRd_TX.zip

nte

pra_Tx.zip		

<141>

See attached worksheet	<a>i>	<a2></a2>	<a3></a3>	<b2> Resident Population Newly Reached by Service</b2>	Total Resident Population	Road	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	<d> Certify that Coverage and Performance data is uploaded (Yes/no)</d>
				See attach	ed works	heet			

	0		0
Percentage of Total		Percentage of Total	
Population Reached by		Road Miles covered	
Service		by Service	