| (090) Project | Update Information | PCC Form 690" Approved by OMB |
|---------------|---|--------------------------------|
| | | OMB Control No. 3060-1185 |
| | | Page 6 of 8 |
| | | |
| <010> | Study Area Code | 448022 |
| <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 | 55220.00 |
| <203> | Total Mobility Fund Support Disbursed | 52817.93 |
| | | |
| <210> | Actual Completion Date | 07/29/2015 |
| | · | |
| <211> | Project Status Description (attached) | 448022_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 | |
| <214> | Status of Network Deployment - Deployment | |
| <215> | Status of Network Deployment - Maintenance | |
| <216> | Project Budget Status | → |
| <217> | Project Plan Status | 1 |
| 2.0 | N | |
| <218> | Network will Support 3G/4G Mobile Service ? |) 3G () 4G |

| | Approved by OMB OMB Control No. 3060-1185 Page 7 of 8 |
|---|---|
| <010> Study Area Code | 448022 |
| <015> Study Area Name | Texas 10, LLC |
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| <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 responsibilition best of my knowledge, the information reported on this form and in a | es include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the 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: 448022 | Filing Due Date for this form: 07/01/2016 | | | |
| | ned 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. | | | |

06/15/2016 200

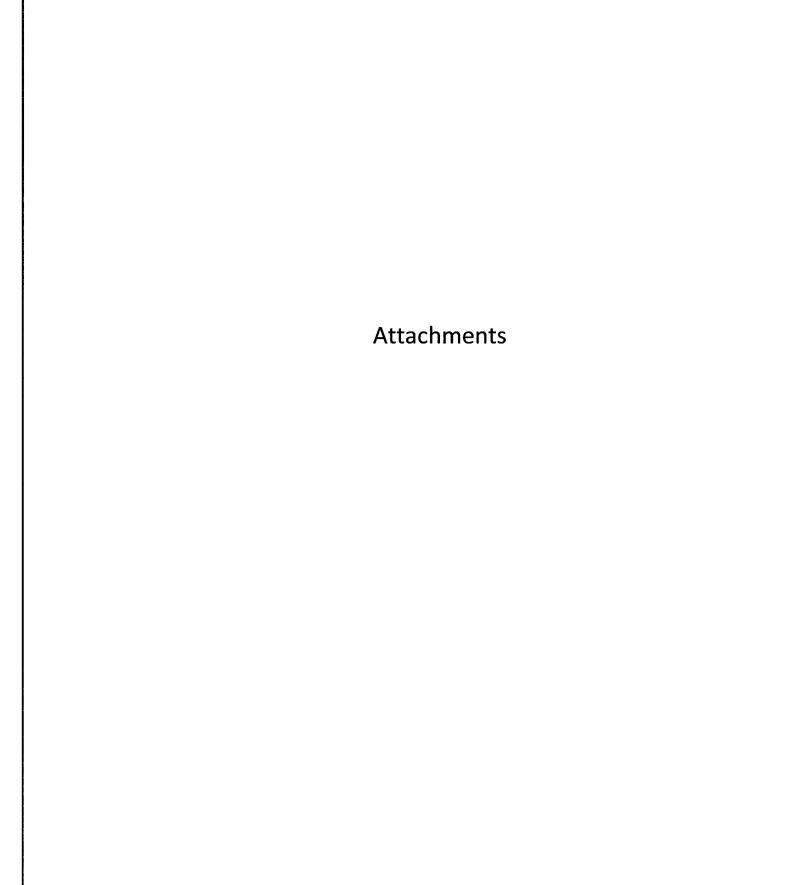
|--|

| <010> | Study Area Code | 448022 |
|-------|---|--------------------------------|
| <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 carrier. y responsibilities include ensuring the accuracy of the data reporting requirements provided to the authorized 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 | | | | |
|---|---|--|--|--|
| | | | | |
| | to submit the reports for Mobility Fund recipients on behalf of the reporting carrier; I have provided the data ; 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: | 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. | | | |



| (060) Co | verage a | nd Performan | e Report | | | | | | FCC F | orm 690 |
|----------|--------------|-----------------|--------------------|--|---|---|-----------------------------------|--|--|---|
| | # 10 (20) | ma. Table | e Report | | of Majerille | | | | OMB | oved by OMB Control No. 3060-1185 |
| | 77.4 | | | · 英国国际化 | | | 是4000年制作。 | | | |
| <010> | Study A | rea Code | | | | 448022 | | | | |
| <015> | | rea Name | | | | Texas | 10, LLC | | | |
| <020> | Program | | | | | 2016 | | | | |
| <030> | | | on USAC should co | ntact regarding | g this data | Chad S | trausbaugh | | | |
| <035> | | | lumber - Number o | | | C 10302 | 6474 ext. | | | |
| <039> | | | ss - Email Address | | tified in data lir | ne <030> cstrau | sbaugh@cellonenat | ion.com | | |
| <140> | Covera | ge and Perfor | mance Report Yea | r | | 08/2015 | 5 - 07/2016 | | | |
| <141> | <a1></a1> | <a2></a2> | (ca3) | 61 2 | <b2></b2> | (4) (b3> 12.7 (b3) | - 4c1> | <02> | 4 | < 0> □ □ □ |
| | State | County | Census Block | Resident Population per Census Błock | 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 | Nacogdoche s | 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

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 448022

County/State: Nacogdoches, TX Total Award Amount: \$55,220.00

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.

| 176 | 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 | 448023 |
| <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 |
| in done | | |
| <040> | Has the information required pursuant to §54.1009 b | peen provided with a Form 481 filing (Y/N) <040> |
| | <041> Attach a description of the documents filed | d with the Form 481 reporting <041> |
| | <042> Cite the Study Area Code (SAC) for the Form | m 481 reporting <042> |
| <080> | Tribal Lands Reporting (y/n?) (Does this study area cover | tribal lands? Yes or Na) |

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 |
|------------------|---|----------------------------|--|---|
| | | kelim — Pilolim Tillion (f | Section of the Committee of the Committe | |
| <010> | Study Area Code | | 448023 | |
| <015> | Study Area Name | | Texas 10, LLC | |
| <020> | Program Year | hia daka | 2016 | |
| <030> <035> | Contact Name - Person USAC should contact regarding to Contact Telephone Number - Number of person identifie | | Chad Strausbaugh | |
| <039> | Contact Email Address - Email Address of person identific | | 6105356474 ext. cstrausbaugh@cellonenation.com | · · · · · · · · · · · · · · · · · · · |
| | | | DELI GUDDUGANGO I TOMONIGO CON | |
| | Carrier / Mobility Fund Phase 1 Winning Bidder | | | |
| <110> | • | 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 Dri | ve, 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@cellon | enation com | |
| | • | 3 | | |
| 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 Driv | ze Suite 104 | |
| <123> | Cit | Wayne | | |
| <124> | • | PA | | _ |
| <125> | 7in Codo | | | ····· |
| <126> | Talanhana Norshan | 19087 | | |
| <127> | For Northern | 6105356474 ext. | | |
| | | 6106885209 | | |
| <128> | Email Address | cstrausbaugh@cellone | enation.com | **** |
| | | | | |
| <u>Authorize</u> | d Agent Information | | | |
| 400 | 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 | 448023 |
| <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 | |
| | 448023_CPRd | TX.zip |

Coverage and Performace attachments

<a1> <a2>

 <141> <a3> <b1> <b2> Total Road Certify that Road Miles per Miles Road Coverage and Census Performance data Resident Total Resident Miles 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 by Service Service Block Reached Block -- \$ee attached worksheet

| · | 0 | | 0 |
|---|---|---|---|
| Percentage of Total Population Reached by Service | | Percentage 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 | 448023 |
| <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:

| c | Certification of Officer or I | Employee as to Compliance with 47 CFR §54.1009(a)(4) | |
|---|-------------------------------|---|--|
| 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 orm 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: | 448023 | Filing Due Date for this form: 07/01/2016 | |
| Persons willfully making false statemen | | ry fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment 18 of the United States Code, 18 U.S C. § 1001. | |

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

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

| | ed to submit the certification on behalf of the reporting carrier; I | have provided the data reported herein based on |
|---|--|---|
| data provided by the reporting carrier; and, to the best of m | y 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: | Filing Due Date for this form: | |

| (00g) = " | | | 21.02.00 |
|------------------|--|------------------|--|
| (vsv) Triba | al Lands Reporting The Communication of the Communi | | FCC Form 690 |
| | | | Approved by OMB OMB Control No. 3060-1185 |
| | | | Page 5 of 8 |
| -010- | Study Avec Code | | |
| <010> <015> | Study Area Code Study Area Name | | 448023 Texas 10, LLC |
| <020> | Program Year | | 2016 |
| <030> | Contact Name - Person USAC should contact regarding to | | Chad Strausbaugh |
| <035> | Contact Telephone Number - Number of person identifi | | |
| <039> | Contact Email Address - Email Address of person identif | ied in data line | <030> cstrausbaugh@cellonenation.com |
| <142> | State | | |
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| .445 | | | |
| <143> | County - | | The second secon |
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| <144> | Tribal Land(s) on which ETC Serves | | |
| \144 <i>></i> | Tibal Land(s) on which LTC Serves | | |
| | | | |
| | | | |
| <145> | Tribal Government Engagement Obligation | | |
| 11437 | mbai Government Engagement Obligation | Name of Attache | ed Document (.pdf) |
| | | • | |
| | | | |
| | | | |
| | | | |
| | | | |
| | If your company serves Tribal lands, please select (Yes, N | | ble) for |
| | each of these boxes to confirm the status described on t PDF, on line 145, demonstrates coordination with the T | | |
| | government pursuant to § 54.1004 includes: | IIDai | |
| | | | |
| | | | |
| | | | Select |
| J4.4.C- | | | (Yes, No, Not Applicable) |
| <146> | Needs assessment and deployment planning with a foc | us on Tribal | |
| J1 475 | community anchor institutions; | | |
| <147> <148> | Feasibility and sustainability planning; | | |
| | 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 requirement | ents. | |

| (090) Project | Update Information | FCC Form 690 |
|---------------|--|--------------------------------|
| | | Approved by OMB |
| | | OMB Control No. 3060-1185 |
| | | Page 6 of 8 v |
| | | |
| <010> | Study Area Code | 448023 |
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| <039> | Contact Email Address - Email Address of person identified in data line <030> | cstrausbaugh@cellonenation com |
| 200 | | |
| <200> | Date Authorized to Receive Support | 08/16/2013 |
| <201> | Targeted Completion Date | 08/17/2015 |
| <202> | Total Mobility Fund Support Awarded | 211800.00 |
| <203> | Total Mobility Fund Support Disbursed | 205149.48 |
| | | |
| | | |
| <210> | Actual Completion Date | 08/07/2015 |
| | | |
| <211> | Project Status Description (attached) | 448023_PSD_TX.pdf |
| | | |
| | | {Name of PDF attached} |
| | Please check these boxes below to confirm that the attached PDF, on line | (Name of FDF attached) |
| | · | |
| | 211, contains a project status pursuant to §54.1005(b)(2)(v). The information shall be submitted as appropriate. | |
| <212> | ••• | |
| <213> | Status of Network Deployment - Network Design | |
| | Status of Network Deployment - Construction | <u> </u> |
| <214> | Status of Network Deployment - Deployment | <u>✓</u> |
| <215> | Status of Network Deployment - Maintenance | <u> </u> |
| <216> | Project Budget Status | <u> </u> |
| <217> | Project Plan Status | |
| 240 | No. 1 Was a section till a sec | |
| <218> | Network will Support 3G/4G Mobile Service ? |) 3G () 4G |

| | attation reporting Carrier | Approved by OMB OMB Control No. 3060-1185 Page 7 of 8 |
|-------|---|---|
| <010> | Study Area Code | 448023 |
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| <020> | Program Year | 2016 |
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| <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 lest 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 | | |
| Fitle or position of Authorized Officer: Staff Counsel | | |
| Felephone number of Authorized Officer: 6105356474 ext. | | |
| Study Area Code of Reporting Carrier: 448023 | Filing Due Date for this form: 07/01/2016 | |

06/15/2016 212

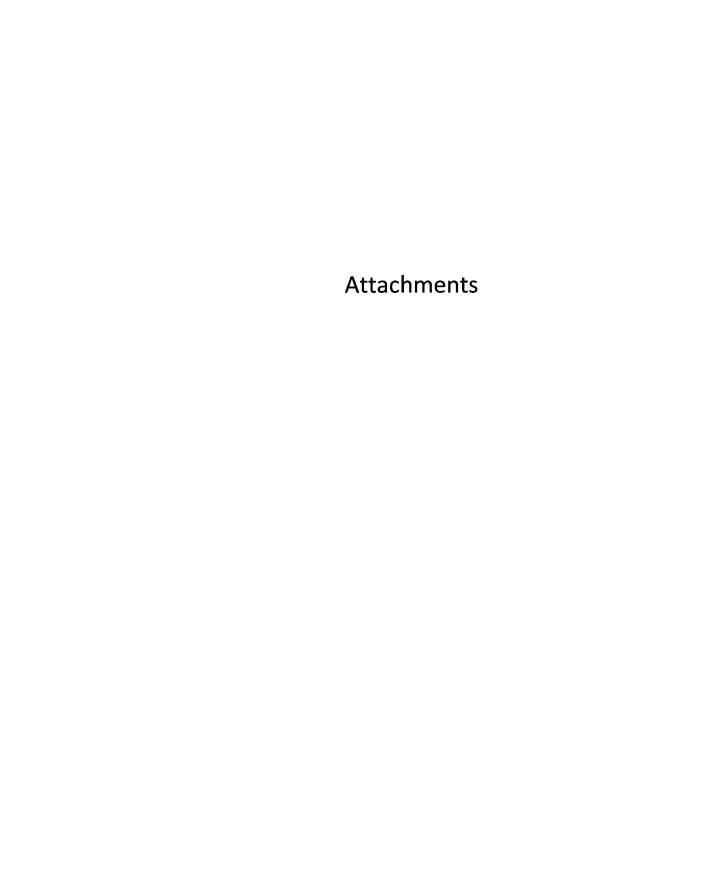
|--|

| <010> | Study Area Code | 448023 |
|-------|---|--------------------------------|
| <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:

| certify that (Name of Agent)is authorized to submit the information reported on behalf of the reporting carrier. Iso 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 o | 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 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 reported herein based on data provided by the reporting carrier; | | · · · · · · · · · · · · · · · · · · · | |
| 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: | | |
| Persons willfully making false statements on this form can be pu | unished by fine or forfeiture under the Communications Act o 18 of the United States Code, 18 U.S C. § 1001 | of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title | |



| (060) Co | verage and Performance Report | FCC Form 690 Approved by OMB OMB Control No. 3060-1185 |
|----------|---|--|
| <010> | Study Area Code | 448023 |
| <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> <a2> <a3> <b1> <b2> <b2> <b1> <b1> <b1> <b2> <b1> <b1> <b1> <b1> <b1> <b1> <b1> <b1< td=""><td>col></td></b1<></b1></b1></b1></b1></b1></b1></b1></b2></b1></b1></b1></b2></b2></b1></a3></a2></a1> | col> |

 Certify that Coverage and Performacne **Total Road** Resident Total Resident Road Miles Miles Resident Population Population Road Miles per Census covered per data is uploaded Newly Reached by Service Population per Reached by Block Newly per Census Census Block (yes/no) State County Census Block Census Block Service Biock Reached Nacogdoche 0000 0 Yes ТX 0.0 0.0 0.0

> Percentage of Total Population Reached by Service

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| | | | | |
| | 0 | 0 | 0 | 0 |

Percentage of Total Road Miles covered by Service

| 0 | | |
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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 448023

County/State: Nacogdoches, TX Total Award Amount: \$211,800.00

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.

| NEED TO SELL | Fund - 954.1009 Annual Reporting lection Form | | Ave Burde | FCC Form Approved by OMB OMB 3060-1185 In Estimate per Respondent: 18 Hours |
|--------------|---|--------------------------------|-----------------|--|
| 8-48 | Study Area Code | 448024 | of Sussession I | |
| <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 | | |
| ≓an r | er (1997). En | | | |
| <040> | Has the information required pursuant to §54.1009 b | | <040> 🔘 | • |
| | <041> Attach a description of the documents filed | l with the Form 481 reporting | <041> | |
| | <042> Cite the Study Area Code (SAC) for the Forr | n 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 | ler Contact Form | | FCC Form 690 Approved by OMB1 OMB Control No. 3060-1185 Page 2 of 8 |
|----------------|---|--------------------------------------|---|
| | | | |
| <010> | Study Area Name | | 448024 Texas 10, LLC |
| <015> | Study Area Name 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 | 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 | | |
| <113> | Street Address (or PO Box) | Texas 10, LLC 1170 Devon Park Dri | ve Suite 104 |
| <114> | | Wayne | ver bares and |
| | City State | | |
| <115> | | PA | |
| <116> | Zip-Code | 19087 | |
| <117> | Telephone Number Fax Number | 6105356474 ext. | |
| <118> <119> | Email Address | 6106885209 | |
| <113> | Ellidii Audi ess | cstrausbaugh@cellon | enation.com |
| | | | |
| Contact in | if same as above, indicate in this box | | |
| -170s | | | |
| <120> | Name (First, MI, Last, Suffix) | Chad Strausbaugh | |
| <121> | Filing Carrier Name | Texas 10, LLC | |
| <122> | Street Address (or PO Box) | 1170 Devon Park Driv | ze. 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@cellone | enation.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 | | |
| -130- | | | |

| (060) Cov | erage and Performance Report | | FCC Form 690 Ap proved by OMB OMB Control No. 3060-1185 Page 3 of 8 |
|-----------|---|--------------------------------|---|
| <010> | Study Area Code | 448024 | |
| <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 | | |
| | 448024_CPRd | TX.zip | |

Coverage and Performace attachments

<141> 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 (Yes/no) Census State County Census Block Census Block by Service Service Block Reached Block -- \$ee attached worksheet

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

| <0.00 | Study Area Code | 110021 |
|-------|---|--------------------------------|
| <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:

| c | ertification of Officer or | Employee as to Compliance with 47 CFR §54. | .1009(a)(4) |
|--|------------------------------|--|--|
| I certify that I am an officer or employee of form and in any attachments is accurate. | the reporting carrier; my re | sponsibilities include ensuring compliance with 47 CI | FR §54.1009(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: | 448024 | Filing Due Date for this form: 07/01/2 | 016 |
| Persons willfully making false statemen | • | by fine or forfeiture under the Communications Act of 1934 le 18 of the United States Code, 18 U S.C. § 1001. | 4, 47 U.S.C. §§ 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 a | n Agent to file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier |
|--|---|
| I certify that (Name of Agent) | is authorized to submit the information reported on behalf of the reporting |
| carrier. I also certify that I am an officer or employee of the reportir | 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 | d 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: |
| | 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 |

| | zed to submit the certification on behalf of the reporting carrier; I have provi | ded the data reported herein based on |
|---|--|---------------------------------------|
| data provided by the reporting carrier; and, to the best of m | y 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 Ager | t: | |
| Study Area Code of Reporting Carrier: | Filing Due Date for this form: | |

| (080) Triba | l Lands Reporting | | | FCC Form 690 |
|-----------------|--|----------------------|------------------------------------|---------------------------|
| | | | | Approved by OMB |
| | | | | OMB Control No. 3060-1185 |
| . 1280 | | | | Page 5 of 8 |
| <010> | Study Area Code | | 448024 | |
| <015> | Study Area Name | | Texas 10, LLC | |
| <020> | Program Year | | 2016 | |
| <030> | Contact Name - Person USAC should contact regarding t | | Chad Strausbaugh | |
| <035> <039> | Contact Telephone Number - Number of person identification Contact Email Address - Email Address of person identifications. | | .020 | |
| | Contact Email Address - Email Address of person identifi | ica iii data iiiic s | :U3U> cstrausbaugh@cellonenation.c | com. |
| <142> | State | | | |
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| <143> | County | | | |
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| <144> | Tribal Land(s) on which ETC Serves | | | |
| 32117 | | | | |
| | | | | |
| | | | | |
| <145> | Tribal Government Engagement Obligation | | | |
| | | Name of Attached | i Document (.pdf) | |
| | | | | |
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| | If your company serves Tribal lands, please select (Yes, I each of these boxes to confirm the status described on the second services of these boxes to confirm the status described on the second services of | | ole) for | |
| | PDF, on line 145, demonstrates coordination with the T | | | |
| | government pursuant to § 54.1004 includes: | | | |
| | | | | |
| | | | | |
| | | | Select | |
| -116 | | | (Yes, No, Not Applicable) | |
| <146> | Needs assessment and deployment planning with a foc community anchor institutions; | us on Tribal | | |
| 41475 | · | | | |
| <147> <148> | Feasibility and sustainability planning; 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 | 5 | | |
| <154> | Compliance with Tribal Business and Licensing requirem | ents. | | |

| (090) Project | Update Information | FCC Form 690 |
|----------------|---|---------------------------|
| | | Approved by OMB |
| | | OMB Control No. 3060-1185 |
| | | Page 6 of 8 |
| .040 | Co. I. A Co. I. | |
| <010> | Study Area Norse | 448024 |
| <015> <020> | Study Area Name 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> | 6105356474 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | |
| 10337 | Contact Email Address Email Address of person lacinimate in data into 1995 | |
| <200> | Date Authorized to Receive Support | 08/16/2013 |
| <201> | Targeted Completion Date | 08/17/2015 |
| <202> | Total Mobility Fund Support Awarded | 99999.20 |
| <203> | Total Mobility Fund Support Disbursed | 99601.20 |
| | | |
| 240 | A to all Control of the Ports | |
| <210> | Actual Completion Date | 07/09/2015 |
| <211> | Project Status Description (attached) | 448024_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 | |
| <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 |

| (101) Cert | ification Reporting Carrier | FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 7 of 8 |
|------------|---|--|
| <010> | Study Area Code | 448024 |
| <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 in sest 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: | |
| Telephone number of Authorized Officer: 6105356474 ext. | |
| Study Area Code of Reporting Carrier: 448024 | Filing Due Date for this form: 07/01/2016 |

06/15/2016 224

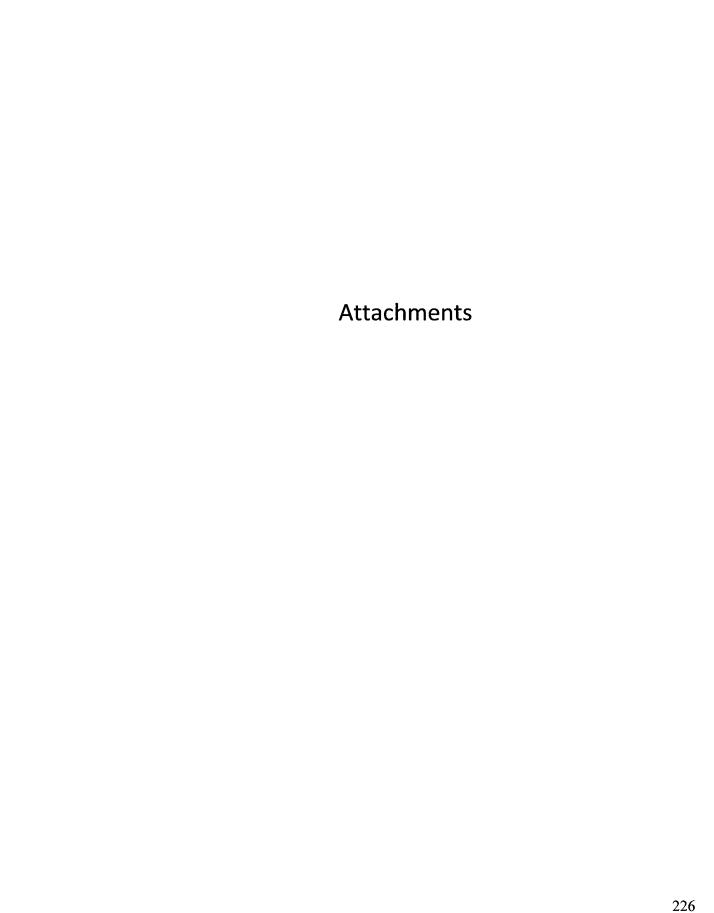
|--|

| <010> | Study Area Code | 448024 |
|-------|---|--------------------------------|
| <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> | cstraushaugh@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) also certify that I am an officer of the reporting carrier; agent; and, to the best of my knowledge, the reports a | is authorized to submit the information reported on behalf of the reporting carrier. I y responsibilities include ensuring the accuracy of the data reporting requirements provided to the authorized 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 | n 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 Authorized to File for Mobility Fund Recipients on Behalf of Reporting Carrier | | | | | | |
|---|---|---|--|--|--|--|
| l, 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: | Filing Due Date for this form: | | | | | |
| Persons willfully making false statements on this form can be | e punished by fine or forfeiture under the Communicati 18 of the United States Code, 18 U S C. § 1 | ons Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 001. | | | | |



| <010> | Study Area Code | 448024 |
|-------|---|--------------------------------|
| <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>

| cato | <a2></a2> | <a3></a3> | <b1></b1> | kh25 | | 2012 | <c2></c2> | <:3> | |
|-------|-----------|------------------|--|---|---|-----------------------------------|--|--|---|
| 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 | Panola | 0000 | 0 | 0 | o | 0.0 | 0.0 | 0.0 | Yes |
| | | | | | | | | | |
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| | 0 | Percentage of Total | 0 |
| Percentage of | | Road Miles covered | |
| Total Population | | by Service | |
| Reached by | | | |
| Service | | | |

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 448024

County/State: Panola, TX

Total Award Amount: \$99,999.20

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.

| 8 10 | Fund - \$54.1009 Annual Reporting lection Form | | Avg. Burd | FCC Form Approved by OMB OMB 3060-1185 en Estimate per Respondent: 18 Hours |
|-------|---|--------------------------------|-----------|--|
| <010> | Study Area Code | 448025 | | |
| <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 b | | <040> O | • |
| | <041> Attach a description of the documents filed | d with the Form 481 reporting | <041> | |
| | <042> Cite the Study Area Code (SAC) for the Form | 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 | 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) Carı | Per Contact Form | | | FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 2 of 8 |
|----------------|--|------------------------|---|--|
| .040 | | | | |
| <010> | Study Area Code | | 148025 | |
| <015> <020> | Study Area Name Program Year | | Texas 10, LLC | |
| <030> | Contact Name - Person USAC should contact regarding t | | 2016 | V |
| <035> | Contact Telephone Number - Number of person identifie | - d !- d-t- !!020: | Chad Strausbaugh | |
| <039> | Contact Email Address - Email Address of person identifi | ad in desaline 4020s | estrausbaugh@cellonenation.com | |
| Penorting | 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@cellonena | ation com | |
| | • | ODET GROWING COLITION | TOTAL COM | |
| Contact in | formation_ | | | |
| | if same as above, indicate in this box | | | |
| <120> | Name (First ML Last Suffix) | Chad Strausbaugh | | |
| <121> | Filip - Constant Name | | | |
| <122> | Street Address (or PO Boy) | Texas 10, LLC | | |
| <123> | City | 1170 Devon Park Drive. | Suite 104 | |
| | • | Wayne | | |
| <124> | • | PA | William . | |
| <125> | Zip-Code | 19087 | | |
| <126> | Telephone Number | 6105356474 ext. | | |
| <127> | Fax Number | 6106885209 | | |
| <128> | Email Address | cstrausbaugh@cellonena | tion.com | |
| | - | | | |
| A | A Boomb Information | | | |
| Authorizei | d Agent Information if no agent, indicate in this box | | | |
| -120- | - ' | | | |
| <130> | Name (First, MI, Last, Suffix) | | | |
| <131> | Company | | | |
| <132> | Street Address (or PO Box) | | | |
| <133> | City | | 707.3 | |
| <134> | State | | | |
| <135> | Zip-Code | | | |
| <136> | Telephone Number | | | |
| <137> | Fax Number | | | |
| <138> | Email Address | 7-71.42.2 | *************************************** | |
| -2502 | | | | |
| | | | | |

| (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 | 448025 |
| <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 | |
| | 448025_CPRd | TX.zip |

Coverage and Performace attachments

<a1> <a3> <b1> <b2> <b3> <c1> <c2> <a2> <141> Total Road Road Certify that Road Miles per Miles Coverage and Resident Total Resident Miles Census Performance data covered Resident Population Population per Block per is uploaded Reached by (Yes/no) Population per Newly Reached Census Newly Census Block State Census Block Census Block by Service Service Block Reached County -- \$ee attached worksheet

| , | 0 | | 0 |
|-----------------------|---|---------------------|---|
| Percentage of Total | | Percentage of Total | |
| Population Reached by | | Road Miles covered | |
| Service | | by Service | |

| (070) Urt | an Rate Comparability Certification Compliance | FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 4 of 8 |
|-----------|---|--|
| <010> | Study Area Code | 448025 |
| <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

| | 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: | 448025 | 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 an Agent to file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier | | | | |
|--|---|--|--|--|
| I certify that (Name of Agent) | is authorized to submit the information reported on behalf of the reporting | | | |
| carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the | | | | |
| authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate. | | | | |
| Name of Authorized Agent: | | | | |
| Name of Reporting Carrier: | | | | |
| 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 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. | | | | |

| | ed to submit the certification on behalf of the reporting carrier; I have provided the data r | eported herein based on |
|---|---|-------------------------|
| data provided by the reporting carrier; and, to the best of r | y 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 Age | : | |
| Study Area Code of Reporting Carrier: | Filing Due Date for this form: | |

| (080) Tribal Lands Reporting | | | | | |
|------------------------------|--|--------------------|---|---|--|
| Per III | | | | Approved by OMB | |
| | | | | OMB Control No. 3060-1185 | |
| | | | | Page 5 of 8 | |
| <010> | Study Area Code | | 448025 | | |
| <015> | Study Area Name | | Texas 10, LLC | *************************************** | |
| <020> | Program Year | | 2016 | | |
| <030> | Contact Name - Person USAC should contact regarding t | | Chad Strausbaugh | | |
| <035> | Contact Telephone Number - Number of person identifi | | | | |
| <039> | Contact Email Address - Email Address of person identif | ied in data line < | <pre><030> cstrausbaugh@cellonenation.com</pre> | | |
| <142> | State | | | | |
| \142> | State | | | | |
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| <143> | County | | | | |
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| | - N | | | | |
| <144> | Tribal Land(s) on which ETC Serves | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| <145> | Tribal Government Engagement Obligation | | | | |
| | | Name of Attached | d Document (.pdf) | | |
| | | | | | |
| | | | | | |
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| | | | | | |
| | | | | | |
| | If your company serves Tribal lands, please select (Yes, N | | ole) for | | |
| | each of these boxes to confirm the status described on t | | | | |
| | PDF, on line 145, demonstrates coordination with the T | ribal | | | |
| | government pursuant to § 54.1004 includes: | | | | |
| | | | | | |
| | | | Salart | | |
| | | | Select (Yes, No, Not Applicable) | | |
| <146> | Needs assessment and deployment planning with a foc | us on Tribal | (1es, No, Not Applicable) | | |
| | community anchor institutions; | wi | | | |
| <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 |
|-------------------------|--|--|
| <010> | Study Area Code | 448025 |
| <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> <201> | Date Authorized to Receive Support Targeted Completion Date | 08/16/2013 08/17/2015 |
| <202> | Total Mobility Fund Support Awarded | 99999.20 |
| <203> | Total Mobility Fund Support Disbursed | 99999.20 |
| <210> <211> | Actual Completion Date Project Status Description (attached) | 07/13/2015 448025_PSD_TX.pdf {Name of PDF attached} |
| <212> <213> <214> | 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 Status of Network Deployment - Construction 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 |

| (101) Ceri | iffication - Reporting Carrier | FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 7 of 8 |
|------------|---|--|
| <010> | Study Area Code | 448025 |
| <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 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: Staff Counsel | | | | | |
| Telephone number of Authorized Officer: 6105356474 ex | | | | | |
| Study Area Code of Reporting Carrier: 448025 | Filing Due Date for this form: 07/01/2016 | | | | |

06/15/2016 236

| Approved by OMB OMB Control No. 3060-1185 Page 8 of 8 |
|---|
|---|

| <010> | Study Area Code | 448025 |
|-------|---|--------------------------------|
| <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 certify that (Name of Agent) | | | | | |
|--|--|----|--|--|--|
| 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 fo | can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonme under Title 18 of the United States Code, 18 U.S.C. § 1001 | nt | | | |

TO BE COMPLETED BY THE AUTHORIZED AGENT:

| Certification of Agent Authorized to File for Mobility Fund Recipients on Behalf of 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 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 Communica 18 of the United States Code, 18 U.S.C. § | ations Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title § 1001. | | | |



| (060) Co | verage and Performance Report | FCC Form 690 Approved by OMB OMB Control No. 3060-1185 | | | |
|----------|---|--|--|--|--|
| <010> | Study Area Code | 448025 | | | |
| <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>) (a2>) (a3>) (b1>) (b2>) (b2>) | Secila (c2>) (c3>) (c3>) (c4>) | | | |

| | | | | | <c1></c1> | <c2></c2> | | ' ≤d> |
|--------|---------------|--|--|--|---|--|--|--|
| 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) |
| Panola | 0000 | 0 | 0 | 0 | 0.0 | 0.0 | 0.0 | Yes |
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| | County Panola | County Census Block | Resident Population per County Census Block Census Block Panola 0000 | Resident Population Population Population Population Population Population Population Population Panola 0000 | Resident Population Population Population Population Population Population Population Population Reached by Service Panola 0000 | Resident Total Resident Resident Population Peached by Service Block Panola 0000 | Resident Population Propulation Population Population Population Population Population Population Propulation Prop | Resident Population Population Population Population Reached by Service Panola 0000 Population Popu |

| | | _ | |
|------------------|---|---------------------|---|
| | 0 | Percentage of Total | 0 |
| Percentage of |] | Road Miles covered | |
| Total Population | | by Service | |
| Reached by | | | |
| Service | | | |

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 448025

County/State: Panola, TX

Total Award Amount: \$99,999.20

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.

| Laure E | 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 | 448026 |
| <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 i | 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> |
| | <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) |

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 | Per Contact Form | | | FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 2 of 8 |
|--|--|--|-----------------------------|--|
| <010> | Study Area Code | 448 | 026 | |
| <015> | Study Area Name | | as 10, LLC | |
| <020> | Program Year | 2010 | | |
| <030> | Contact Name - Person USAC should contact regarding | his data Chao | i Strausbaugh | |
| <035> | Contact Telephone Number - Number of person identif | | 5356474 ext. | |
| <039> | Contact Email Address - Email Address of person identif | ed in data line <030> cst: | rausbaugh@cellonenation.com | |
| | 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, S | uite 104 | |
| <114> | City | Wayne | | · · · |
| <115> | State | PA | | |
| <116> | Zip-Code | 19087 | | |
| <117> | Telephone Number | 6105356474 ext. | | |
| <118> | Fax Number | | | |
| <119> | Email Address | 6106885209 cstrausbaugh@cellonenati | | |
| <pre><120> <121> <122> <122> <123> <124> <125> <126> <127> <126> <127> <128></pre> | formation 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 Si Wayne PA 19087 6105356474 ext. 6106885209 cstrausbaugh@cellonenatic | | |
| <130> <131> <132> <133> <134> <134> | d Agent Information if no agent, indicate in this box Name (First, MI, Last, Suffix) Company Street Address (or PO Box) City State | | | |
| <135> | Zip-Code | | | |
| <136> | Telephone Number | | | |
| <137> | Fax Number | | | |
| <138> | Email Address | | | |
| | • | | | |

| (060) Cov | erage and Performance Report | FCC Form 690. Ap proved by OMB OMB Control No. 3060-1185 Page 3 of 8 |
|-----------|---|--|
| <010> | Study Area Code | 448026 |
| <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 | |
| | 448026_CPRd | TX.zip |

Coverage and Performace attachments

<63> <c1> <c2> <c3> <141> Total Road Road Certify that Road Miles per Miles Coverage and Resident Total Resident Miles Census Performance data covered Population Resident Population Block is uploaded per per Population per **Newly Reached** Reached by Census Newly Census (Yes/no) Census Block Census Block Block Block State County by Service Service Reached -- \$ee attached worksheet

| (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 | 448026 | |
| <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. | |

cstrausbaugh@cellonenation.com

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>

| C | ertification of Officer or I | 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: 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: | 448026 | 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. | | | |

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) carrier. I also certify that I am an officer or employee of the rep | is authorized to submit the information reported on behalf of the reporting orting 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: |
| | inished by fine or forfeiture under the Communications Act of 1934, 47 U S C. §§ 502, 503(b), or fine or imprisonment ader Title 18 of the United States Code, 18 U.S.C. § 1001. |

TO BE COMPLETED BY THE AUTHORIZED AGENT:

| Certification of Agent Authorize | d to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier |
|--|--|
| | ed to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based or |
| 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: | |
| 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: |

| (080) Triba | al Lands Reporting | | | | Form 690 |
|-------------|--|-----------------------|--------------------------|------------------------------------|--------------------------|
| SWE. | | | | nanana katawa na Seris da Ka | proved by OMB |
| | | | | at a layer with a sale of the sale | IB Control No. 3060-1185 |
| | | | | Pag | e S of 8 |
| <010> | Study Area Code | | | | |
| <015> | Study Area Code Study Area Name | | 448026 Texas 10, LLC | | |
| <020> | Program Year | | 2016 | | |
| <030> | Contact Name - Person USAC should contact regarding t | this data | Chad Strausbaugh | | |
| <035> | Contact Telephone Number - Number of person identifie | | > 6105356474 ext. | | |
| <039> | Contact Email Address - Email Address of person identifi | ied in data line <030 |)> cstrausbaugh@cellone | enation.com | |
| -1425 | State | | | | |
| <142> | State | ******* | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| <143> | County | | | | |
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| | | | | | |
| <144> | Tribal Land(s) on which ETC Serves | | | | |
| | | | | | |
| | | [| | | 1 |
| | | | | | |
| <145> | Tribal Government Engagement Obligation | | | | |
| | | Name of Attached Doo | cument (.pdf) | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | If your company serves Tribal lands, please select (Yes, N | | for | | |
| | each of these boxes to confirm the status described on t | | | | |
| | PDF, on line 145, demonstrates coordination with the Tr | ribal | | | |
| | government pursuant to § 54.1004 includes: | | | | |
| | | | | | |
| | | Г | | | |
| | | | Select | | |
| <146> | Needs assessment and deployment planning with a focu | | (es, No, Not Applicable) | | |
| | community anchor institutions; | | | | |
| <147> | Feasibility and sustainability planning; | | | | |
| <148> | Marketing services in a culturally sensitive manner; | | | | |
| | - | <u> </u> | | | |
| <149> | Compliance with Rights of way processes | <u> </u> | | | |
| <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) Projec | t Update Information | FCC Form 690 |
|--------------|---|--------------------------------|
| | | Approved by OMB |
| | | OMB Control No. 3060-1185 |
| | | Page 6 of 8 |
| | | |
| <010> | Study Area Code | 448026 |
| <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 | 99995.46 |
| <203> | Total Mobility Fund Support Disbursed | 05206 70 |
| 12007 | Total Wobility Fully Support Disbursed | 95206.79 |
| | | |
| <210> | Actual Completion Date | 07/16/2015 |
| | | 0,700,700 |
| <211> | Project Status Description (attached) | 448026_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 | ✓ |
| <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 O 4G |

| (101) Cer | inication - Reporting Carrier | Approved by OMB OMB Control No. 3060-1185 Page 7 of 8 | |
|-----------|---|---|--|
| <010> | Study Area Code | 448026 | |
| <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 | | |
|--|-----------------|--|
| 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 personal person | | |
| Name of Reporting Carrier: Texas 10, 1 | LC | |
| Signature of Authorized Officer: | | Date |
| Printed name of Authorized Officer: Chad | Strausbaugh | |
| Title or position of Authorized Officer: | aff Counsel | |
| Telephone number of Authorized Officer: | 6105356474 ext. | |
| Study Area Code of Reporting Carrier: | 448026 | Filing Due Date for this form: 07/01/2016 |
| Persons willfully making false statements of | · | ished by fine or forfeiture under the Communications Act of 1934, 47 U S.C. §§ 502, 503(b), or fine or imprisonment er Title 18 of the United States Code, 18 U S.C. § 1001. |

06/15/2016 248