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

<010>	Study Area Code	448031
<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

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<141>

(060) Coverage and Performance Report

100 mile 10.4 y	AAA				and the second	Contraction of the second s			<q></q>
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)
	Sabine	0000	0	0	_			0.0	Yes
тх			0	0	0	0.0	0.0	0.0	165

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 448031 County/State: Sabine, TX Total Award Amount: \$280,639.98

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.

11900291	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	448032
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2016
<030>	Contact Name: Person USAC should contact with questions about this data	Chad Strausbaugh
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6105356474 ext.
<039>	Contact Email: Email of the person identified in data line <030>	cstrausbaugh@cellonenation.com
<040>	Has the information required pursuant to §54.1009 <041> Attach a description of the documents file	
	<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)

 \bigcirc

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 Approved by OMB OMB Control No. 3060-1185 Page 2 of 8

<010>	Study Area Code	448032
<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

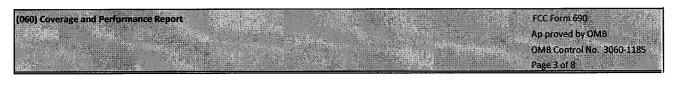
	if same as above, indicate in this box	1	
<120>	Name (First, MI, Last, Suffix)		Chad Strausbaugh
<121>	Filing Carrier Name		Texas 10, LLC
<122>	Street Address (or PO Box)		1170 Devon Park Drive, Suite 104
<123>	City		Wayne
<124>	State		PA
<125>	Zip-Code		19087
<126>	Telephone Number		6105356474 ext.
<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

06/16/2016

1



<010>	Study Area Code	448032
<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

448032_CPRd_TX.zip

Coverage and Performace attachments

<141>

<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	<b3></b3>	<c1></c1>	<c2></c2>	<:3>	<d></d>
State	County	Census Block	Resident Population per	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	

|--|

<010>	Study Area Code	448032
<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: 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:	448032	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:

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, also certify that 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.			

TO BE COMPLETED BY THE AUTHORIZED AGENT:

I, as agent for the reporting carrier, certify that I am authoriz data provided by the reporting carrier; and, to the best of my	to submit the certification on behalf of the reporting carrier; I have provided the data reported herein t nowledge, the information reported herein is accurate.
Name of Reporting Carrier:	
Name of Authorized Agent Firm:	
Signature of Authorized Agent or Employee of Agent:	Date:
Name of Authorized Agent Employee:	
Title or position of Authorized Agent or Employee of Agent	
Telephone number of Authorized Agent or Employee of Agent	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:

Page 5 of 8

<010>	Study Area Code	448032
<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	
(Y)	es, No, 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	448032
<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	244530.00
<203>	Total Mobility Fund Support Disbursed	225187.68
<210>	Actual Completion Date	07/29/2015
		448032 PSD_TX.pdf
<211>	Project Status Description (attached)	440052_F5D_1A.D41
		{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	\checkmark
<217>	Project Plan Status	
<218>	Network will Support 3G/4G Mobile Service ?) 3G 🔿 4G

(101) Certification - Reporting Carrier Approved by OMB
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OMB Control No. 3060-1185
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to the second

<010>	Study Area Code	448032
<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:

448032

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	448032
<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 can be punished by fine or forfeiture under the Communications Act of 1934, 47 U S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.		

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Aut	norized to File for Mobility Fund Recipients on Behalf o	f 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 eported 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 Ag	ent						
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 for	m can be punished 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					

Attachments

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

448032 <010> Study Area Code <015> Study Area Name Texas 10, LLC <020> Program Year 2016 Contact Name - Person USAC should contact regarding this data <030> Chad Strausbaugh 6105356474 ext. <035> Contact Telephone Number - Number of person identified in data line <030> cstrausbaugh@cellonenation.com <039> Contact Email Address - Email Address of person identified in data line <030> <140> Coverage and Performance Report Year 08/2015 - 07/2016

<141>

(060) Coverage and Performance Report

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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	Sabine	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 448032 County/State: Sabine, TX Total Award Amount: \$244,530.00

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.

- Hundlerman H	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	448033
<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 (Y/N) <040>

<042> Cite the Study Area Code (SAC) for the Form 481 reporting

<041> Attach a description of the documents filed with the Form 481 reporting

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

0 0

<041>

<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.

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(050) Carrier Contact Form	
IUSVI Carrier Contact Form	rm 690
	red by OMB
	ontrol No. 3060-1185
Page 2	

<010>	Study Area Code	448033
<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

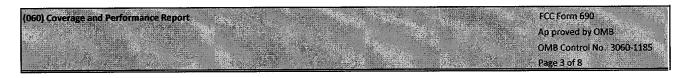
Contact Information

	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	448033	
<015>	Study Area Name	Texas 10, LLC	
<020>	Program Year	2016	
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh	
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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

Coverage and Performace attachments

448033 C	PRd_TX.zip	
-	-	

<141>

<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	<62>	<b3></b3>	<c1></c1>	<u><c2></c2></u>	<c3></c3>	<d><</d>
			Resident Population per	Resident Population Newly Reached	Population	Road Miles per Census	Road Miles per Census Block Newly	Total Road Miles covered per Census	Certify that Coverage and Performance dat is uploaded (Yes/no)
State	County	Census Block	Census Block	by Service	Service	Block	Reached	Block	
						haat			
	+		(<u>see attach</u>					
							_		
							<u> </u>		

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

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

<010>	Study Area Code	448033
<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:	448033	Filing Due Date for this form: 07/01/2016
Persons willfully making false statemen		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:

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 reportin	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 submit the certification on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.			
ame of Reporting Carrier:			
ame of Authorized Agent Firm:			
gnature of Authorized Agent or Employee of Agent:	Date:		
ame of Authorized Agent Employee:			
tle 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:		
	ished by fine or forfeiture under the Communications Act of 1934, 47 U S.C. §§ 502, 503(b), or fine or imprisonment under		

(080) Tribal Lands Reporting		FCC Form 690
		Approved by OMB
		OMB Control No. 3060-1185 Page S of 8
		e Page 5 U 6

<010>	Study Area Code	448033
<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

<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.

Selee	ct
(Yes, No	, Not Applicable
<u></u>	
-	

(090) Project	Update Information	FCC Form 690
		Approved by OMB
		OMB Control No. 3060-1185 Page 6 of 8
<010>	Study Area Code	448033
<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	367071.95
<203>	Total Mobility Fund Support Disbursed	359106.49
(210)	Actual Completion Date	[]
<210>	Actual Completion Date	08/13/2015
<211>	Project Status Description (attached)	448033_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	
<212>	shall be submitted as appropriate.	
<212> <213>	Status of Network Deployment - Network Design	
<213> <214>	Status of Network Deployment - Construction	✓
<214> <215>	Status of Network Deployment - Deployment Status of Network Deployment - Maintenance	
<215> <216>	Project Budget Status	
<210>	Project Plan Status	
~21/2	r oject rian Status	

● 3G ● 4G

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

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

<010>	Study Area Code	448033
<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.

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: 448033 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.

Date

07/01/2016

(102) Cer	tification - Agent / C	Approved by OMB OMB Control No. 3060-1185 Page 8 of 8
<010>	Study Area Code	448033
<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 U 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 Authorize	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 authorize reported herein based on data provided by the reporting carr					
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 b	e punished by fine or forfeiture under the Communications Act of 19 18 of the United States Code, 18 U.S.C. § 1001.	134, 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	448033
<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>

<82>	<a3></a3>	401>	<b2></b2>	<b3></b3>	<c1></c1>	«2»	<c3> * **</c3>	<d></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 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)
Sabine	0000						0.0	Yes
			-			0.0		
							· · · ·	
								<u> </u>
			· · ·					
_								
	County	County Census Block	Resident Population per County Census Block Census Block	County Census Block Census Block Resident Population Population per Sabine 0000	County Census Block Census Block Resident Resident Population Population Sabine 0000 00	Resident Population Population Road Miles Population per Newly Reached Reached by per Census County Census Block Census Block by Service Service Block Sabine 0000 0000 0000 000 000	County Census Block Census Block Resident Resident Total Resident Road Miles Road Miles per Census Sabine 0000 0000 000 000 0000	County Census Block Census Block Census Block Census Block Resident Total Resident Resident Population Road Miles Por Census Total Road Sabine 0000 0000 000 0000 0000 <t< td=""></t<>

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 448033 County/State: Sabine, TX Total Award Amount: \$367,071.95

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.

1000	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	448034
<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 (Y/N) <040> O

<042> Cite the Study Area Code (SAC) for the Form 481 reporting

<041> Attach a description of the documents filed with the Form 481 reporting

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

) O

<041>

<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.

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

<010>	Study Area Code	448034
<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	РА			
<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	V
<120>	Name (First, MI, Last, Suffix)	Chad Strausbauch
<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

06/16/2016

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<010>	Study Area Code	448034
<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

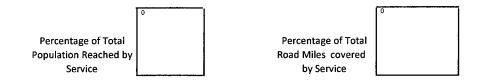
<140> Coverage and Performance Report Year 08/2015 - 07/2016

448034_CPRd_TX.zip

Coverage and Performace attachments

<141>

<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	<b3></b3>	<c1></c1>	<c2></c2>	<c3></c3>	<c></c>
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)
						haat		·····	
			\	See attach					



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

<010>	Study Area Code	448034
<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.

Date
07/01/2016
ns Act of 1934, 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:

certify that (Name of Agent) is authorized to submit the information reported on behalf of the repo		
carrier. I also certify that I am an officer or employee of the report	ting 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 a	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:	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

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
	the United States Code, 18 U S.C. § 1001.



<010>	Study Area Code	448034
<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.

Sele	
(Yes, No	o, 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	448034
<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	453611.80
<203>	Total Mobility Fund Support Disbursed	434922.99
<210> <211>	Actual Completion Date Project Status Description (attached)	08/04/2015 448034_PSD_TX.pdf
<212> <213> <214> <215> <215> <216> <217>	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 Status of Network Deployment - Deployment Status of Network Deployment - Maintenance Project Budget Status Project Plan Status	{Name of PDF attached}
<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	448034
<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:

448034

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

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.

Name of Reporting Carrier: 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	448034
<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	i be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File for Mobility Fund Recipients on Behalf of Reporting Carrier			
I, as agent for the reporting carrier, certify that I am authorized to submit the reports for Mobility Fund recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.			
Name of Reporting Carrier:			
Name of Authorized Agent Firm:			
Signature of Authorized Agent or Employee of Agent:		Date:	
Name of Authorized Agent Employee:			
Title or position of Authorized Agent or Employee of Agen	t		
Telephone number of Authorized Agent or Employee of A	gent:		
Study Area Code of Reporting Carrier:	Filing Due Date for this form:		
Persons willfully making false statements on this form	can be punished by fine or forfeiture under the Communications Act of 1 18 of the United States Code, 18 U.S.C. § 1001	1934, 47 U.S C. §§ 502, 503(b), or fine or imprisonment under Title	

Attachments

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

<010>	Study Area Code	448034
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<140>	Coverage and Performance Report Year	08/2015 - 07/2016

<141>

<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	≮b2> ⇒ (`	<b3></b3>	<c1></c1>	<c2></c2>	<63 >	<d><</d>
tate	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	San Augustine	0000	0	0	0	0.0	0.0	0.0	Yes
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						····· ····			
		<u></u>							

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 448034 County/State: San Augustine, TX Total Award Amount: \$453,611.80

## **Project Description**

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

	Fund §54.1009 Annual Reporting lection Form	FCC Form Approved by OMB OMB 3060-1185 Avg. Burden Estimate per Respondent: 18 Hours
<010>	Study Area Code	448035
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2016
<030>	Contact Name: Person USAC should contact with questions about this data	Chad Strausbaugh
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6105356474 ext.
<039>	Contact Email: Email of the person identified in data line <030>	cstrausbaugh@cellonenation.com
<040>	Has the information required pursuant to §54.1009         <041>       Attach a description of the documents file         <042>       Cite the Study Area Code (SAC) for the Formation Study Area Code (SAC) formation Study Area Code (SAC) formation Study Area Code (SA	ed with the Form 481 reporting <041>

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

 $\bigcirc$ 

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 Approved by OMB OMB Control No. 3060-1185 Page 2 of 8

<010>	Study Area Code	448035
<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

6105356474 ext. 6106885209 cstrausbaugh@cellonenation.com

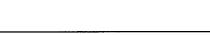
(060) Cov	verage and Performance Report		FCC Form 690 Ap proved by OMB OMB Control No. 3060-1185 Page 3 of 8
<010>	Study Area Code	448035	

10102	Study Alea code	
<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

448035_CPRd_TX.zip

Coverage and Performace attachments



<141>

<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	<b3></b3>	<c1></c1>	<c2></c2>	<:3>	×d>
State	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)
			(	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 Approved by OMB; OMB Control No. 3060-1185 Page 4 of 8

<010>	Study Area Code	448035
<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:	448035	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:

	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		
	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:	
Persons willfully making false statements on this form can be punished	d by fine or forfeiture under the Communications Act of 1934, 47 U.S C. §§ 502, 503(b), or fine or imprisonment	
	itle 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 authoriz data provided by the reporting carrier; and, to the best of m	ed to submit the certification on behalf of the reporting carrier; I have provided the data re / knowledge, the information reported herein is accurate.	ported 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 Agen		
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	

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

<010>	Study Area Code	448035
<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.

(Yes, No, Not Applicable)	Γ	Selec			
	(Y	es, No	, Not	Appli	cable)
· · · · · · · · · · · · · · · · · · ·					
	_				

(090) Projec	t Update Information	FCC Form 690
		Approved by OMB
		OMB Control No. 3060-1185
		Page 6 of 8
<010>	Study Area Code	448035
<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	51966.00
<203>	Total Mobility Fund Support Disbursed	51950.41
<210>	Actual Completion Date	07/29/2015
<211>	Project Status Description (attached)	448035_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 🔿 4G

(101) Certific	cation - Reporting Carrie		FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 7 of 8
<010> St	itudy Area Code	448035	

<010>	Study Area Code	
<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.

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: 448035 Filing Du

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	448035
<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, 4 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:

Certification of Agent Authorized to File for Mobility Fund Recipients on Behalf 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									
Felephone number of Authorized Agent or Employee of Ag	gent:								
Study Area Code of Reporting Carrier:	Filing Due Date for this form:								
Telephone number of Authorized Agent or Employee of Ag Study Area Code of Reporting Carrier: Persons willfully making false statements on this form o	· · · · · · · · · · · · · · · · · · ·	of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonm							

Attachments

448035 <010> Study Area Code <015> Study Area Name Texas 10, LLC <020> Program Year 2016 Contact Name - Person USAC should contact regarding this data Chad Strausbaugh <030> <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>

(060) Coverage and Performance Report

ing in

28 C				<b>1946</b>				and the second	
State	County	Census Block	Resident Population per Census Biock	Resident Population Newły 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	San Augustine	0000	0	0	0	0.0	0.0	0.0	Yes
							1		
			ļ						

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

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