

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

Project Status Description

Item: SAC 448035
County/State: San Augustine, TX
Total Award Amount: \$51,966.00

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.

| | |
|---|---|
| Mobility Fund Phase 1 - §54.1009 Annual Reporting Data Collection Form | FCC Form Approved by OMB OMB 3060-1185 Avg. Burden Estimate per Respondent: 18 Hours |
|---|---|

| | |
|---|--------------------------------|
| <010> Study Area Code | 448036 |
| <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) ☐ ☒

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

<041>

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

<042>

<080> 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-PER, 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 FormFCC Form 690
Approved by OMB
OMB Control No. 3060-1185
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| | | |
|-------|---|--------------------------------|
| <010> | Study Area Code | 448036 |
| <015> | Study Area Name | Texas 10, LLC |
| <020> | Program Year | 2016 |
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| <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 | |

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448036_CPRd_TX.zip

448036_CPRd_TX.zip

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[070] Urban Rate Comparability Certification ComplianceFCC Form 690
Approved by OMB
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| | | |
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| <039> | Contact Email Address - Email Address of person identified in data line <030> | cstrausbaugh@cellnation.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: 448036 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. 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.

TO BE COMPLETED BY THE AUTHORIZED AGENT:**Certification of Agent Authorized to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier**

I, as agent for the reporting carrier, certify that I am 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.

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.

| | | |
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| <010> | Study Area Code | 448036 |
| <015> | Study Area Name | Texas 10, LLC |
| <020> | Program Year | 2016 |
| <030> | Contact Name - Person USAC should contact regarding this data | Chad Strausbaugh |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 6105356474 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | cstrausbaugh@cellonenation.com |

<142> State _____

<143> County _____

<144> Tribal Land(s) on which ETC Serves _____

<145> Tribal Government Engagement Obligation

Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes, No, Not Applicable) for each of these boxes to confirm the status described on the attached PDF, on line 145, demonstrates coordination with the Tribal government pursuant to § 54.1004 includes:

- <146> Needs assessment and deployment planning with a focus on Tribal community anchor institutions;
- <147> Feasibility and sustainability planning;
- <148> Marketing services in a culturally sensitive manner;
- <149> Compliance with Rights of way processes
- <150> Compliance with Land Use permitting requirements
- <151> Compliance with Facilities Siting rules
- <152> Compliance with Environmental Review processes
- <153> Compliance with Cultural Preservation review processes
- <154> Compliance with Tribal Business and Licensing requirements.

| Select (Yes, No, Not Applicable) |
|-------------------------------------|
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(090) Project Update Information

FCC Form 690

Approved by OMB

OMB Control No. 3060-1185

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| | | |
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| <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

397124.92

<203> Total Mobility Fund Support Disbursed

377585.90

<210> Actual Completion Date

08/13/2015

<211> Project Status Description (attached)

448036_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) Certification - Reporting CarrierFCC Form 690
Approved by OMB
OMB Control No. 3060-1185
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| | | |
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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:**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: _____ 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: 448036 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.

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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 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 Authorized to File for Mobility Fund Recipients on Behalf of Reporting Carrier**

I, as agent for the reporting carrier, certify that I am authorized to submit the reports for Mobility Fund recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.

Name of Reporting Carrier: _____

Name of Authorized Agent Firm: _____

Signature of Authorized Agent or Employee of Agent: _____

Date: _____

Name of Authorized Agent Employee: _____

Title or position of Authorized Agent or Employee of Agent: _____

Telephone number of Authorized Agent or Employee of Agent: _____

Study Area Code of Reporting Carrier: _____

Filing Due Date for this form: _____

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Attachments

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

| | | |
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| <010> | Study Area Code | 448036 |
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| <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 |

[illegible]

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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 448036
County/State: San Augustine, TX
Total Award Amount: \$397,124.42

Project Description

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

Mobility Fund
Phase 1 - §54.1009 Annual Reporting
Data Collection Form

FCC Form
Approved by OMB
OMB 3060-1185
Avg. Burden Estimate per Respondent: 18 Hours

<010> Study Area Code 448037

<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>

☐ ☒

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

<041>

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

<042>

<080> 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

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Page 2 of 8

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

Reporting Carrier / Mobility Fund Phase 1 Winning Bidder

| | | |
|-------|-----------------------------|----------------------------------|
| <110> | FCC Registration Number | 17235110 |
| <111> | Filing Carrier Name | Texas 10, LLC |
| <112> | Winning Bidder Carrier Name | Texas 10, LLC |
| <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 |
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| <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 | |

FCC Form 690
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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 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: | 448037 |
| 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. | |

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| | |
|---|-------|
| 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: | |
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TO BE COMPLETED BY THE AUTHORIZED AGENT:

| | |
|--|-------|
| Certification of Agent Authorized to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier | |
| I, as agent for the reporting carrier, certify that I am 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. | |
| 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: | |
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<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;
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| Select (Yes, No, Not Applicable) |
|-------------------------------------|
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(090) Project Update Information

FCC Form 690

Approved by OMB

OMB Control No. 3060-1185

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

| | | |
|-------|---------------------------------------|------------|
| <200> | Date Authorized to Receive Support | 08/16/2013 |
| <201> | Targeted Completion Date | 08/17/2015 |
| <202> | Total Mobility Fund Support Awarded | 225000.00 |
| <203> | Total Mobility Fund Support Disbursed | 222817.50 |

| | | |
|-------|------------------------|------------|
| <210> | Actual Completion Date | 08/13/2015 |
|-------|------------------------|------------|

| | | |
|-------|---------------------------------------|-------------------|
| <211> | Project Status Description (attached) | 448037_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 | <input checked="" type="checkbox"/> |
| <213> | Status of Network Deployment - Construction | <input checked="" type="checkbox"/> |
| <214> | Status of Network Deployment - Deployment | <input checked="" type="checkbox"/> |
| <215> | Status of Network Deployment - Maintenance | <input checked="" type="checkbox"/> |
| <216> | Project Budget Status | <input checked="" type="checkbox"/> |
| <217> | Project Plan Status | <input checked="" type="checkbox"/> |

| | | |
|-------|---|--|
| <218> | Network will Support 3G/4G Mobile Service ? | <input checked="" type="radio"/> 3G <input type="radio"/> 4G |
|-------|---|--|

| | | |
|-------|---|--------------------------------|
| <010> | Study Area Code | 448037 |
| <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: _____ 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: 448037 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.

| | | |
|-------|---|--------------------------------|
| <010> | Study Area Code | 448037 |
| <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 Authorized to File for Mobility Fund Recipients on Behalf of Reporting Carrier**

I, as agent for the reporting carrier, certify that I am authorized to submit the reports for Mobility Fund recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.

Name of Reporting Carrier: _____

Name of Authorized Agent Firm: _____

Signature of Authorized Agent or Employee of Agent: _____

Date: _____

Name of Authorized Agent Employee: _____

Title or position of Authorized Agent or Employee of Agent: _____

Telephone number of Authorized Agent or Employee of Agent: _____

Study Area Code of Reporting Carrier: _____

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

Attachments

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

<141>

Percentage of
Total Population
Reached by
Service

Percentage of Total
Road Miles covered
by Service

0

FCC Form 690 – Coverage and Performance Data Update

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

Project Status Description

Item: SAC 448037
County/State: Shelby, TX
Total Award Amount: \$225,000.00

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.

| | |
|---|---|
| Mobility Fund Phase 1 - §54.1009 Annual Reporting Data Collection Form | FCC Form Approved by OMB OMB 3060-1185 Avg. Burden Estimate per Respondent: 18 Hours |
|---|---|

| | |
|---|--------------------------------|
| <010> Study Area Code | 448038 |
| <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>** ☐ ☒

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

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

<080> 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) Carrier Contact FormFCC Form 690
Approved by OMB
OMB Control No. 3060-1185
Page 2 of 8

| | | |
|-------|---|--------------------------------|
| <010> | Study Area Code | 448038 |
| <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 | |

(060) Coverage and Performance Report FCC Form 690
Approved by OMB
OMB Control No. 3060-1185
Page 3 of 8

Page 3 of 8

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

448038_CPRd_TX.zip

Coverage and Performance attachments

[illegible]

0

A blank coordinate grid with a vertical axis labeled '0' at the top and a horizontal axis labeled '0' at the left.

| | | |
|-------|---|--------------------------------|
| <010> | Study Area Code | 448038 |
| <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: | 448038 |
| 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. 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. | |

TO BE COMPLETED BY THE AUTHORIZED AGENT:

| | |
|--|-------|
| Certification of Agent Authorized to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier | |
| I, as agent for the reporting carrier, certify that I am 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. | |
| 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. | |

| | | |
|-------|---|-------------------------------|
| <010> | Study Area Code | 448038 |
| <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@celloneation.com |

<142> State

<143> County

<144> Tribal Land(s) on which ETC Serves

<145> Tribal Government Engagement Obligation

Name of Attached Document (pdf)

If your company serves Tribal lands, please select (Yes, No, Not Applicable) for each of these boxes to confirm the status described on the attached PDF, on line 145, demonstrates coordination with the Tribal government pursuant to § 54.1004 includes:

- <146> Needs assessment and deployment planning with a focus on Tribal community anchor institutions;
- <147> Feasibility and sustainability planning;
- <148> Marketing services in a culturally sensitive manner;
- <149> Compliance with Rights of way processes
- <150> Compliance with Land Use permitting requirements
- <151> Compliance with Facilities Siting rules
- <152> Compliance with Environmental Review processes
- <153> Compliance with Cultural Preservation review processes
- <154> Compliance with Tribal Business and Licensing requirements.

| Select (Yes, No, Not Applicable) |
|-------------------------------------|
| |
| |
| |
| |
| |
| |
| |
| |
| |

(090) Project Update Information

FCC Form 690

Approved by OMB

OMB Control No. 3060-1185

Page 5 of 8

| | | |
|-------|---|------------------------------|
| <010> | Study Area Code | 448038 |
| <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@cellonation.com |

| | | |
|-------|---------------------------------------|------------|
| <200> | Date Authorized to Receive Support | 08/16/2013 |
| <201> | Targeted Completion Date | 08/17/2015 |
| <202> | Total Mobility Fund Support Awarded | 199620.00 |
| <203> | Total Mobility Fund Support Disbursed | 192273.98 |

| | | |
|-------|------------------------|------------|
| <210> | Actual Completion Date | 07/24/2015 |
|-------|------------------------|------------|

| | | |
|-------|---------------------------------------|---|
| <211> | Project Status Description (attached) | 448038_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 | <input checked="" type="checkbox"/> |
| <213> | Status of Network Deployment - Construction | <input checked="" type="checkbox"/> |
| <214> | Status of Network Deployment - Deployment | <input checked="" type="checkbox"/> |
| <215> | Status of Network Deployment - Maintenance | <input checked="" type="checkbox"/> |
| <216> | Project Budget Status | <input checked="" type="checkbox"/> |
| <217> | Project Plan Status | <input checked="" type="checkbox"/> |

| | | |
|-------|---|--|
| <218> | Network will Support 3G/4G Mobile Service ? | <input checked="" type="radio"/> 3G <input type="radio"/> 4G |
|-------|---|--|

| | | |
|-------|---|--------------------------------|
| <010> | Study Area Code | 448038 |
| <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: _____ 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: 448038 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.

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

| | | |
|-------|---|--------------------------------|
| <010> | Study Area Code | 448038 |
| <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 Authorized to File for Mobility Fund Recipients on Behalf of Reporting Carrier**

I, as agent for the reporting carrier, certify that I am authorized to submit the reports for Mobility Fund recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.

Name of Reporting Carrier: _____

Name of Authorized Agent Firm: _____

Signature of Authorized Agent or Employee of Agent: _____

Date: _____

Name of Authorized Agent Employee: _____

Title or position of Authorized Agent or Employee of Agent: _____

Telephone number of Authorized Agent or Employee of Agent: _____

Study Area Code of Reporting Carrier: _____

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

Attachments

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

<141>

Percentage of
Total Population
Reached by
Service

Percentage of Total
Road Miles covered
by Service

1

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 448038
County/State: Shelby, TX
Total Award Amount: \$199,620.00

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.

| | |
|---|---|
| Mobility Fund Phase 1 - §54.1009 Annual Reporting Data Collection Form | FCC Form Approved by OMB OMB 3060-1185 Avg. Burden Estimate per Respondent: 18 Hours |
|---|---|

| | |
|---|--------------------------------|
| <010> Study Area Code | 448039 |
| <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>** ☐ ☒

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

<041>

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

<042>

<080> 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) Carrier Contact FormFCC Form 690
Approved by OMB
OMB Control No. 3060-1185
Page 2 of 8

| | | |
|-------|---|--------------------------------|
| <010> | Study Area Code | 448039 |
| <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 | |

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448039_CPRd_TX.zip

448039_CPRd_TX.zip

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| | | |
|-------|---|--------------------------------|
| <010> | Study Area Code | 448039 |
| <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: | 448039 |
| 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. 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. | |

TO BE COMPLETED BY THE AUTHORIZED AGENT:

| | |
|--|-------|
| Certification of Agent Authorized to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier | |
| I, as agent for the reporting carrier, certify that I am 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. | |
| 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. | |

| | | |
|-------|---|--------------------------------|
| <010> | Study Area Code | 448039 |
| <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@celloneration.com |

<142> State

<143> County

<144> Tribal Land(s) on which ETC Serves

<145> Tribal Government Engagement Obligation

Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes, No, Not Applicable) for each of these boxes to confirm the status described on the attached PDF, on line 145, demonstrates coordination with the Tribal government pursuant to § 54.1004 includes:

- <146> Needs assessment and deployment planning with a focus on Tribal community anchor institutions;
- <147> Feasibility and sustainability planning;
- <148> Marketing services in a culturally sensitive manner;
- <149> Compliance with Rights of way processes
- <150> Compliance with Land Use permitting requirements
- <151> Compliance with Facilities Siting rules
- <152> Compliance with Environmental Review processes
- <153> Compliance with Cultural Preservation review processes
- <154> Compliance with Tribal Business and Licensing requirements.

| Select (Yes, No, Not Applicable) |
|-------------------------------------|
| |
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(090) Project Update Information

FCC Form 690

Approved by OMB

OMB Control No. 3060-1185

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| | | |
|-------|---|--------------------------------|
| <010> | Study Area Code | 448039 |
| <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@cellloneation.com |

<200> Date Authorized to Receive Support

08/16/2013

<201> Targeted Completion Date

08/17/2015

<202> Total Mobility Fund Support Awarded

203139.00

<203> Total Mobility Fund Support Disbursed

201838.91

<210> Actual Completion Date

08/13/2015

<211> Project Status Description (attached)

448039_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 |

| |
|-------------------------------------|
| <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> |

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

☒ 3G ☐ 4G

(101) Certification - Reporting CarrierFCC Form 690
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| | | |
|-------|---|--------------------------------|
| <010> | Study Area Code | 448039 |
| <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: _____ 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: 448039 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.

| | |
|---|--------------------------------|
| <010> Study Area Code | 448039 |
| <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 Authorized to File for Mobility Fund Recipients on Behalf of Reporting Carrier

I, as agent for the reporting carrier, certify that I am authorized to submit the reports for Mobility Fund recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.

Name of Reporting Carrier:

Name of Authorized Agent Firm:

Signature of Authorized Agent or Employee of Agent:

Date:

Name of Authorized Agent Employee:

Title or position of Authorized Agent or Employee of Agent

Telephone number of Authorized Agent or Employee of Agent:

Study Area Code of Reporting Carrier:

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.

Attachments

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

| | | |
|-------|---|--------------------------------|
| <010> | Study Area Code | 448039 |
| <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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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 448039
County/State: Shelby, TX
Total Award Amount: \$203,139.00

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.

| | |
|---|---|
| Mobility Fund Phase 1 - §54.1009 Annual Reporting Data Collection Form | FCC Form Approved by OMB OMB 3060-1185 Avg. Burden Estimate per Respondent: 18 Hours |
|---|---|

| | |
|---|--------------------------------|
| <010> Study Area Code | 448040 |
| <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) ☐ ☒

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

<041>

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

<042>

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

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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-PER, 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.