(050) Car	rier Contact Form	FCC Form 690 Approved by OMB OMB Control No. 3060-1185
		Page 2 of 8
<010>	Study Area Code	448040
<015>	Study Area Name	Texas 10, LLC
<020> <030>	Program Year  Contact Name Person USAC should as at a stress with at	2016
<035>	Contact Name - Person USAC should contact regarding th Contact Telephone Number - Number of person identifie	d in diese 11
<039>	Contact Email Address - Email Address of person identifie	d in data line <030> 6105356474 ext.  d in data line <030> cstrausbauch@cellonenation.com
Poporting		CSCLAMSDAUGHSCETTOHERACTOR. COM
<110>	g Carrier / Mobility Fund Phase 1 Winning Bidder FCC Registration Number	
<111>	Filing Corrier Name	17235110
	<del>-</del>	Texas 10, LLC
<112>	Street Address (c. 80 B. )	Cexas 10, LLC
<113>	Au.	170 Devon Park Drive, Suite 104
<114>	=	Nayne
<115>	-	PA
<116>	_	9087
<117>		3105356474 ext.
<118>	Fax Number	106885209
<119>	Email Address	strausbaugh@cellonenation.com
Contact In	nformation	
×120×	if same as above, indicate in this box	
<120>		had Strausbaugh
<121>		exas 10, LLC
<122>		170 Devon Park Drive Suite 104
<123>	_	ayne
<124>	State Pi	A
<125>	Zip-Code 19	9087
<126>	Telephone Number	05356474 ext.
<127>	Fax Number 63	1.06885209
<128>	Email Address	strausbaugh@cellonenation.com
	_	
Authorized	d Agent Information	
	if no agent, indicate in this box  ✓	
<130>	Name (First, MI, Last, Suffix)	
<131>	Company	
<132>	Street Address (or PO Box)	
<133>	City	
<134>	State	· · · · · · · · · · · · · · · · · · ·
	Zip-Code	
	Telephone Number	
	Fax Number	
<138>	Email Address	
-1307	Elitali Addi 633	

(060) Coverage and Performance Report	FCC Form 690
	Ap proved by OM8
	OMB Control No. 3060-1185
	Page 3 of 8

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

Coverage and Performace attachments

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

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

(070) Uri	an Rate Comparability Certification Compliance		FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 4 of 8
<010>	Study Area Code	448040	
<015>	Study Area Name	Texas 10, LLC	
<020>	Program Year	2016	
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh	

6105356474 ext.

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

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

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

Certification of Officer or Employee as to Compliance with 47 CFR §54.1009(a)(4)				
form and in any attachments is accurate.	the reporting carrier; my resp	onsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the informat	ion reported on this	
Name of Reporting Carrier: Texas	3 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:	448040	Filing Due Date for this form: 07/01/2016		

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

Certification of Officer or Employee to authorize an A	gent to file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier
l 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 of	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 da	ata 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:
	by 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 AUTHORIZED AGENT:

Certification of Agent Authorized to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier				
l, as agent for the reporting carrier, certify that I am authoriz data provided by the reporting carrier; and, to the best of my	ed to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based or knowledge, the information reported herein is accurate.			
Name of Reporting Carrier:	AND THE STATE OF T			
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:			

(ORO) Telba	I Lands Réporting		, e contra	FCC Form 690
				Approved by OMB
*	The state of the s			OMB Control No. 3060-1185
				Page 5 of 8
<010>	Study Area Code		448040	
<015>	Study Area Name		Texas 10, LLC	
<020>	Program Year		2016	
<030> <035>	Contact Name - Person USAC should contact regarding Contact Telephone Number - Number of person identifi		O30> Classecara aut	
<039>	Contact Email Address - Email Address of person identifi			ation.com
<142>	State			<del></del>
<143>	County			
				•
<144>	Tribal Land(s) on which ETC Serves			
<145>	Tribal Government Engagement Obligation	Name of Attached	f Document ( pdf)	
			1.2	
	If your company serves Tribal lands, please select (Yes,		ole) for	
	each of these boxes to confirm the status described on PDF, on line 145, demonstrates coordination with the			
	government pursuant to § 54.1004 includes:	Tibai		
			Select	
<146>	No. 1	an Taileal	(Yes, No, Not Applicable)	
<b>\140&gt;</b>	Needs assessment and deployment planning with a foo community anchor institutions;	cus on Tribai		
<147>	Feasibility and sustainability planning;			
<147>	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 processe	s		

<154> Compliance with Tribal Business and Licensing requirements.

(090) Project	Update Information		FCC Form 690
			Approved by OMB
arita i grajo			OMB Control No. 3060-1185
			Page 6 of 8
<010>	Study Area Code	448040	
<015>	Study Area Name	Texas 10,	LLC
<020>	Program Year	2016	
<030>	Contact Name - Person USAC should contact regarding this data	Chad Stra	ısbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474	
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausba	gh@cellonenation.com
<200>	Date Authorized to Receive Support	08/16	/2013
<201>	Targeted Completion Date	08/17	/2015
<202>	Total Mobility Fund Support Awarded	85329	.00
<203>	Total Mobility Fund Support Disbursed	83417	. 63
<210>	Actual Completion Date	08/12	2/2015
<211>	Project Status Description (attached)	44804	0_PSD_TX.pdf
	·		
		{Nam	e of PDF attached}
	Please check these boxes below to confirm that the attached PDF, on line	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5 5, 7 27 200000000,
	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	<b>—</b>	7
<213>	Status of Network Deployment - Construction	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	4
<214>	Status of Network Deployment - Deployment	<b>├</b>	_
<215>	Status of Network Deployment - Maintenance	<b>—</b>	-
<216>	Project Budget Status	<b>—</b>	_
<217>	Project Plan Status	<b>—</b>	┥
121/	reject ran states	<u> </u>	
<218>	Network will Support 3G/4G Mobile Service ?	) 3G	<b>O</b> 4G

(101) Certi	ification - Reporting Carrier	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 7 of 8
<010>	Study Area Code	448040
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

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

I certify that I am an officer of the reporting carrier; my responsibilities 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: 448040	Filing Due Date for this form: 07/01/2016	

06/16/2016 404

Approved by OMB OMB Control No. 3060-1185 Page 8 of 8
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<010>	Study Area Code	448040
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

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

I certify that (Name of Agent)	e an Agent to File for Mobility Fund Recipients on Behalf of Reporting Carrier is authorized to submit the information reported on behalf of the reporting carrier. I my responsibilities include ensuring the accuracy of the data reporting requirements provided to the authorized id 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: 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**

(060) Co	verage a	ind Perform	ance Report					Transport	FCC	Form 690
										oved by OMB
									, OME	Control No. 3060-1185
-040	0							- 1,00 2 20 Lealines	(1) model (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	
<010> <015>		Area Code Area Name				448040				
(020>		m Year	79.001			2016	10, LLC		-	<del></del>
:030>	Contac	t Name - Pe	erson USAC should	contact regardin	g this data		trausbaugh			
:035>	Contac	t Telephone	Number - Number	er of person iden	tified in data lir	ne <030> 61053	6474 ext.			
:039> :140>	Covera	ge and Perf	ress - Email Addre ormance Report Y	ss of person iden	itified in data lii		sbaugh@cellonena 5 - 07/2016	tion.com	<del> </del>	
						00,201	3 - 07/2018			
141>	<a1></a1>	<a2> #</a2>	<b>₹93</b> ×	18/3 <b1></b1>	 /b2>	<b3>.</b3>	<c1> -  </c1>	(2)	( <b>₹c3</b> >1	<d>&gt;d&gt;</d>
	State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performacne data is uploaded (yes/no)
	тх	Shelby	0000	0	0	0	0.0		0.0	Yes
		<u> </u>		<u> </u>	-		0.0	0.0	0.0	
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į	-	L	L				<del></del>			
			Percentage of Total Population		0		Percentage of Tot pad Miles covere by Service			

Reached by Service

# FCC Form 690 - Coverage and Performance Data Update

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

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

### **Project Status Description**

Item: SAC 448040

County/State: Shelby, TX

Total Award Amount: \$85,329.00

### **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.

SE SECTION OF THE PROPERTY OF	Fund §54.1009 Annual Reporting lection Form	A	FCC Form Approved by OMB OMB 3060-1185 vg. Burden Estimate per Respondent: 18 Hours
<010>	Study Area Code	448041	
<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	
Park T		renti e de la compania de la compania de la compania de la compania de la compania de la compania de la compania	
<040>	Has the information required pursuant to §54.1009 l	been provided with a Form 481 filing (Y/N) <040>	0 •
	<041> Attach a description of the documents file	d with the Form 481 reporting <041>	
	<042> Cite the Study Area Code (SAC) for the For	rm 481 reporting <042>	
<080>	Tribal Lands Reporting (y/n?) (Does this study area cove	er tribal lands? Yes or No)	$\cap$ $\bullet$

### 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) Can	ner Contact Form.		FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 2 of 8
<010>	Study Area Code	4	48041
<015>	Study Area Name		exas 10, LLC
<020>	Program Year		016
<030>	Contact Name - Person USAC should contact regarding		had Strausbaugh
<035>	Contact Telephone Number - Number of person identi		105356474 ext.
<039>	Contact Email Address - Email Address of person ident	ified in data line <030> c	strausbaugh@cellonenation.com
Reporting	Carrier / Mobility Fund Phase 1 Winning Bidder		
<110>	FCC Registration Number	17235110	
<111>	Filing Carrier Name	Texas 10, LLC	
<112>	Winning Bidder Carrier Name		
<113>	Street Address (or PO Box)	Texas 10, LLC	Dush- 104
<114>	City	1170 Devon Park Drive, Wayne	Suite 104
<115>	State		
		PA	
<116> <117>	Zip-Code Telephone Number	19087	
<118>	Fax Number	6105356474 ext.	
<119>	Email Address	6106885209	
\113 <i>&gt;</i>	Enfail Address	cstrausbaugh@cellonena	tion.com
Contact In	formation		
	if same as above, indicate in this box		
<120>	Name (First, MI, Last, Suffix)	Chad Strausbaugh	
<121>	Filing Carrier Name	Texas 10, LLC	
<122>	Street Address (or PO Box)	1170 Devon Park Drive.	Suite 104
<123>	City	Wayne	
<124>	State	PA	
<125>	Zip-Code	19087	
<126>	Telephone Number	6105356474 ext.	
<127>	Fax Number	6106885209	
<128>	Email Address	cstrausbaugh@cellonenat	ion com
			201.001.
Authorized	d Agent Information		
400	if no agent, indicate in this box		
<130>	Name (First, MI, Last, Suffix)		
<131>	Company		
<132>	Street Address (or PO Box)		· · · · · · · · · · · · · · · · · · ·
<133>	City	<del></del>	
<134>	State		
<135>	Zip-Code		
<136>	Telephone Number		
<137>	Fax Number		
<138>	Email Address		
	•		

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

<010>	Study Area Code	448041	
<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		

	448041_CPRd_TX.zip	
Coverage and Performace attachments		

<b2> <br/><br/><br/><c1> <c2> <c3> **₹₫>** <a1> <a2> <a3> <b1> <141> Total Road Certify that Road Coverage and Road Miles per Miles Performance data Total Resident Miles Census covered Resident Population Population per Block per is uploaded Resident Population per Newly Reached Reached by (Yes/no) Census Newly Census Block Census Block Census Block by Service Service Block Reached State County -- See attached worksheet

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

|--|

<010>	Study Area Code	448041
<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) 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. Texas 10, LLC Name of Reporting Carrier: Signature of Authorized Officer: Date Chad Strausbaugh Printed name of Authorized Officer: Staff Counsel Title or position of Authorized Officer: 6105356474 ext. Telephone number of Authorized Officer: Filing Due Date for this form: 07/01/2016 448041 Study Area Code of Reporting Carrier: 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:

ertify that (Name of Agent)	is authorized to submit the information reported on behalf of the reporting
rrier. I also certify that I am an officer or employee of the reporting ca	rrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the
thorized agent; and, to the best of my knowledge, the reports and dat	a provided to the authorized agent is accurate.
me of Authorized Agent:	
me of Reporting Carrier:	
gnature of Authorized Officer or Employee:	Date:
inted name of Authorized Officer or Employee:	
le or position of Authorized Officer or Employee:	
lephone number of Authorized Officer or Employee:	
udy Area Code of Reporting Carrier:	Filing Due Date for this form:

### TO BE COMPLETED BY THE AUTHORIZED AGENT:

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

(080) Triba	l Lands Reporting			FCC Form 690
				Approved by OMB
				OM8 Control No. 3060-1185
				Page 5 of 8
	and developed the second of th	ar can		
<010>	Study Area Code		448041	
<015>	Study Area Name		Texas 10, LLC	
<020>	Program Year		2016	
<030>	Contact Name - Person USAC should contact regarding t	this data	Chad Strausbaugh	
<035>	Contact Telephone Number - Number of person identifi		6105356474 ext.	
<039>	Contact Email Address - Email Address of person identif	ied in data line <030>	cstrausbaugh@cellonenation.com	
<142>	State			
<143>	County			
11137	-			
<144>	Tribal Land(s) on which ETC Serves			
<145>	Tribal Government Engagement Obligation			
		Name of Attached Docume	ent (.paf)	

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

		Select
		(Yes, No, Not Applicable)
<146>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions;	
<147>	Feasibility and sustainability planning;	
<148>	Marketing services in a culturally sensitive manner;	
<149>	Compliance with Rights of way processes	
<150>	Compliance with Land Use permitting requirements	
<151>	Compliance with Facilities Siting rules	
<152>	Compliance with Environmental Review processes	
<153>	Compliance with Cultural Preservation review processes	
<154>	Compliance with Tribal Business and Licensing requirements.	

(090) Project	Update Information	FCC Form 690
		Approved by OMB
		OMB Control No. 3060-1185
i i i i i i i i i i i i i i i i i i i		Page 6 of 8
<010>	Study Area Code	448041
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>		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	263790.00
<203>	Total Mobility Fund Support Disbursed	253396.67
<210>	Actual Completion Date	08/12/2015
<211>	Project Status Description (attached)	448041_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	<b>7</b>
<213>	Status of Network Deployment - Construction	<u> </u>
<214>	Status of Network Deployment - Deployment	
<215>	Status of Network Deployment - Maintenance	<del>-</del>
<216>	Project Budget Status	<u> </u>
<217>	Project Plan Status	<del>- '</del>
	,	
<218>	Network will Support 3G/4G Mobile Service ?	3G <b>O</b> 4G

(101) Cer	tification - Reporting C	rier FCC Form 590 Approved by OM8 OMB Control No. 3060-1185 Page 7 of 8
<010>	Study Area Code	448041
∠01E>	Study Area Name	Texas 10, LLC

<010>	Study Area Code	448041
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

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

certify that I am an officer of the reporting carrier; my responsiblest of my knowledge, the information reported on this form and	ilities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the 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: 448041	Filing Due Date for this form: 07/01/2016

06/16/2016 416

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

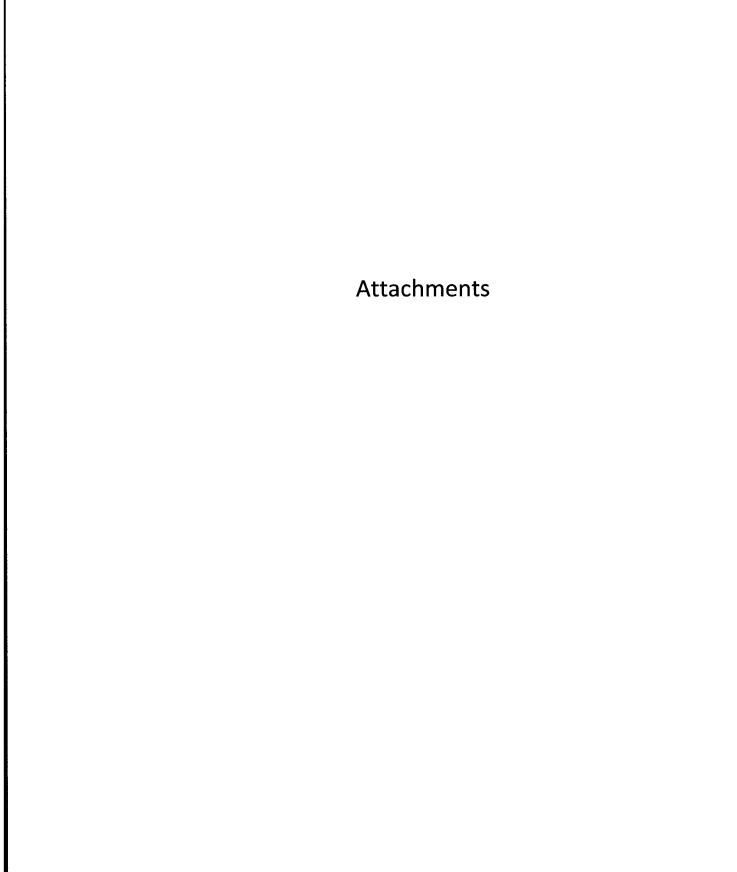
<010>	Study Area Code	448041
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

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

I certify that (Name of Agent)_ also certify that I am an officer of the reporting carrier; m agent; and, to the best of my knowledge, the reports and	is authorized to submit the information reported on behalf of the reporting carrier. y responsibilities include ensuring the accuracy of the data reporting requirements provided to the authorized data provided to the authorized agent is accurate.
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date:
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:

### 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 reported herein based on data provided by the reporting carrie		
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 18 of the United States Code, 18 U.S.C. § 1001.	of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title



(060) Coverage and Performance Report		·····································	· · · · · · · · · · · · · · · · · · ·	FCC Form 690
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				OMB Control No. 3060-1185
hternimaniscensis	STREET TO STREET STREET	HINGSHIP OF STREET		

<010>	Study Area Code	448041
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<140>	Coverage and Performance Report Year	08/2015 - 07/2016

<141>

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State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performacne data is uploaded (yes/no)
тх	Shelby	0000	0	0	0	0.0	0.0	0.0	Yes
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	1								
							***		
							<del></del>		
				· · · · · · · · · · · · · · · · · · ·					
						VF-17-12-11			

Percentage of
<b>Total Population</b>
Reached by
Service

0	

Percentage of Total
Road Miles covered
by Service

0			

# FCC Form 690 - Coverage and Performance Data Update

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

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

### **Project Status Description**

Item: SAC 448041

County/State: Shelby, TX

Total Award Amount: \$263,790.00

### **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.

55000 Stitut 178	Fund §54.1009 Annual Reporting Jection Form		FCC Form Approved by OMB OMB 3060-1185 Avg. Burden Estimate per Respondent: 18 Hours
<010>	Study Area Code	448042	
<015>	Study Area Name	Texas 10, LLC	
<020>	Program Year	2016	the law to the law to
<030>	Contact Name: Person USAC should contact with questions about this data	Chad Strausbaugh	- Application of the Application
<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	
			THE REPORT OF THE PROPERTY OF
<040>	Has the information required pursuant to §54.1009	been provided with a Form 481 filing (Y/N) <04	0> 🔘
	<041> Attach a description of the documents file	ed with the Form 481 reporting <04	11>
	<042> Cite the Study Area Code (SAC) for the Fo	rm 481 reporting <04	12>
<080>	Tribal Lands Reporting (y/n?) (Does this study area cov	er tribal lands? Yes or No)	$\circ$

### 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.

Inch o		35 TAN 18		
(050) Car	rier Contact Form		交通性 中華 临时中华	FCC Form 690
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		s Villerman		OMB Control No. 3060-1185 Page 2 of 8
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<010>	Study Area Code		448042	
<015>	Study Area Name		Texas 10, LLC	
<020>	Program Year	···	2016	
<030> <035>	Contact Name - Person USAC should contact regarding th Contact Telephone Number - Number of person identifie		Chad Strausbaugh	
<039>	Contact Email Address - Email Address of person identifie		6105356474 ext.	
			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>	Charles Address ( DOD )	1170 Devon Park Dri	ve, Suite 104	
<114>		Wayne		
<115>	State			
<116>	Tio Code			
<117>	Telenhone Number	19087	······································	
<118>	Fax Number	5105356474 ext.		
<119>		5106885209		
		strausbaugh@cellone	enation.com	
Contact Ir	formation			
	if same as above, indicate in this box			
<120>		had Strausbaugh		
<121>	Filing Carrier Name	exas 10, LLC		
<122>	Street Address (or PO Box)	170 Devon Park Driv	e. Suite 104	
<123>	City	ayne		
<124>	State	A		
<125>	Zip-Code	9087		
<126>	Telephone Number	105356474 ext.		
<127>	Fax Number	¥		
<128>	Email Address	106885209		
		strausbaugh@cellone	nation.com	
Authorized	d Agent Information			
	if no agent, indicate in this box			
<130>	Name (First, MI, Last, Suffix)			
<131>	Company			
<132>	Street Address (or PO Box)			
<133>	City			
<134>	State			
<135>	Zip-Code			
<136>	Telephone Number	· · · · · · · · · · · · · · · · · · ·		<del></del>
<137>	Fax Number			
<138>	Email Address			···
-1302			***	

(000) Coverage different methods	FCC Form 690
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	OMB Control No. 3060-1185
	Page 3 of 8

<010>	Study Area Code	448042
<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	Aller Market

Coverage and Performace attachments

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						ļ		i	
					:		Road	Total Road	Certify that
		-				Road	Miles per	Miles	Coverage and
				Resident	Total Resident	1	Census	covered	Performance data
			Resident Population per	Population Newly Reached	Population Reached by	per Census	Block Newly	per Census	is uploaded (Yes/no)
State	County	Census Block		by Service	Service	Block		Block	(,,
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	<del>-</del>	<del>                                     </del>		1 <del></del>	la di venita	h a a t	<del>├</del> -		
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						<del>                                     </del>			
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	0		0
Percentage of Total		Percentage of Total	
Population Reached by		Road Miles covered	
Service		by Service	

(070) Url	pan Rate Comparability Certification Compliance		FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 4 of 8
<010>	Study Area Code	448042	
<015>	Study Area Name	Texas 10, LLC	
<020>	Program Year	2016	
<030>	Contact Name - Person LISAC should contact regarding this data	Chad Straushaugh	

6105356474 ext.

cstrausbaugh@cellonenation.com

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

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

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

c	ertification of Officer or	Employee as to Compliance with 47	CFR §54.1009(a)(4)
certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this formand in any attachments is accurate.			
Name of Reporting Carrier: Texas	s 10, LLC		
Signature of Authorized Officer:			Date
Printed name of Authorized Officer:	Chad Strausbaugh		
Title or position of Authorized Officer:	Staff Counsel		
Telephone number of Authorized Officer:	6105356474 ext.		
Study Area Code of Reporting Carrier:	448042	Filing Due Date for this form:	07/01/2016
Persons willfully making false statement		by fine or forfeiture under the Communications e 18 of the United States Code, 18 U.S.C. § 1001	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 reporting
carrier. I also certify that I am an officer or employee of the rep	orting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the
authorized agent; and, to the best of my knowledge, the report	s and data provided to the authorized agent is accurate.
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer or Employee:	Date:
Printed name of Authorized Officer or Employee:	
Fitle or position of Authorized Officer or Employee:	
Felephone 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:

data provided by the reporting carrier; and, to the best of m	owledge, the information reported herein is accurate.
Name of Reporting Carrier:	
Name of Authorized Agent Firm:	
Signature of Authorized Agent or Employee of Agent:	Date:
Name of Authorized Agent Employee:	
Title or position of Authorized Agent or Employee of Agent	
Telephone number of Authorized Agent or Employee of Agen	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:

(080) Triba	l Lands Reporting			FCC Form 690 Approved by OMB OMB Control No. 3060-1185
				Page 5 of 8
<010>	Study Area Code		448042	
<015>	Study Area Name		Texas 10, LLC	
<020>	Program Year		2016	
<030>	Contact Name - Person USAC should contact regarding		Chad Strausbaugh	
<035>	Contact Telephone Number - Number of person identif		6105356 <b>4</b> 74 ext.	
<039>	Contact Email Address - Email Address of person identif	fied 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 Docum	ent (.pdf)	
	If your company serves Tribal lands, please select (Yes, each of these boxes to confirm the status described on PDF, on line 145, demonstrates coordination with the 1 government pursuant to § 54.1004 includes:	the attached		

		Select
		(Yes, No, Not Applicable)
<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.	

(090) Project	Update Information	FCC Form 690
		Approved by OMB OMB Control No. 3060-1185
		Page 6 of 8
<010>	Study Area Code	
<015>	Study Area Name	448042 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	300821.48
<203>	Total Mobility Fund Support Disbursed	292458.64
<210>	Actual Completion Date	08/10/2015
<211>	Project Status Description (attacks 4)	448042 PSD TX.pdf
<b>\211&gt;</b>	Project Status Description (attached)	110010_1001
		{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	<b>√</b>
<217>	Project Plan Status	<b>✓</b>
<218>	Network will Support 3G/4G Mobile Service ?	
<b>~Z10</b> /	Network will Support 3G/4G Mobile Service?	3G <b>(</b> ) 4G

(101) Cert	ification - Reporting Carrier	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 7 of 8
<010>	Study Area Code	448042
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

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

certify that I am an officer of the reporting carrier; my responsib best of my knowledge, the information reported on this form and	ilities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the In any attachments is accurate.
Name of Reporting Carrier: Texas 10, LLC	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer: Chad Strausbaugh	
Fitle or position of Authorized Officer: Staff Counsel	
Felephone number of Authorized Officer: 6105356474 ext.	
Study Area Code of Reporting Carrier: 448042	Filing Due Date for this form: 07/01/2016

06/16/2016 428

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

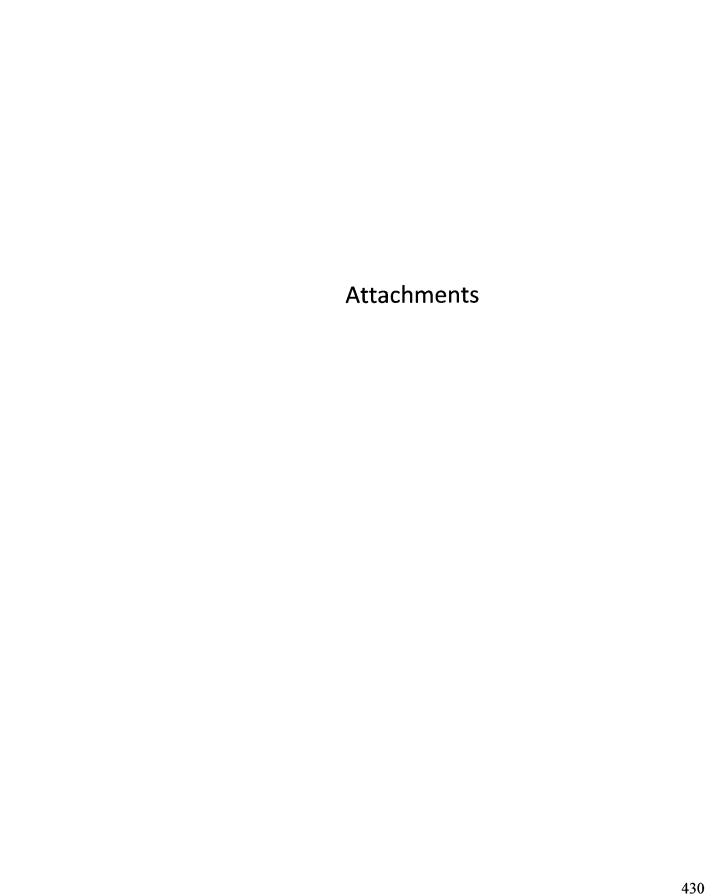
<010>	Study Area Code	448042
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email 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:

is authorized to submit the information reported on behalf of the reporting carrier. I bilities include ensuring the accuracy of the data reporting requirements provided to the authorized ded to the authorized agent is accurate.
Date:
Filing Due Date for this form:

### TO BE COMPLETED BY THE AUTHORIZED AGENT:

# Certification of Agent Authorized to File for Mobility Fund Recipients on Behalf of Reporting Carrier I, as agent for the reporting carrier, certify that I am authorized to submit the reports for Mobility Fund recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate. Name of Reporting Carrier: Name of Authorized Agent Firm: Signature of Authorized Agent or Employee of Agent: Date: Name of Authorized Agent Employee: Title or position of Authorized Agent or Employee of Agent Telephone number of Authorized Agent or Employee of Agent: Study Area Code of Reporting Carrier: 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.



		Approved by OMB OMB Control No. 3060-1185			
<010>	Study Area Code	448042			
<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>

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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)
TX	Shelby	0000	0	0	0	0.0	0.0	0.0	Yes
									<u> </u>
									-
							<u> </u>		
									- acena
				j					

Percentage of			
Total Population			
Reached by			
Service			

0			

Percentage of Total						
Road Miles covered						
hy Service						

0			

# FCC Form 690 - Coverage and Performance Data Update

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

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

### **Project Status Description**

Item: SAC 448042

County/State: Shelby, TX

Total Award Amount: \$300,821.48

## **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.

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