

**Cover Sheet for Submission of
2014 Annual ETC Certification Reports**

Name of Eligible Telecommunications Carrier: Eagle Telephone System, INC dba Snake River PCS

Filing date: 06/30/2014

Is this: Original submission? X
OR
Revised submission? _____

Person to contact for questions:

Name: Brandi Sangster

Phone number: 541-893-6115

E-mail address: eagle@eagletelephone.com

Documents included in this filing (please check applicable items):

_____ CAF/ICC Support (47 CFR § 54.304)

_____ Rate Floor Data (47 CFR § 54.313(h))

_____ Form 481 (High-cost per 47 CFR § 54.313, Low-income per 54.422)¹

X Form 690 (Mobility Fund per 47 CFR § 54.1009)

_____ Affidavit for High-Cost Support

Filing deadlines: The deadlines for filing items required by 47 CFR § 54 are the same as the deadlines for filing with the FCC. The notarized affidavit for high-cost support must be filed no later than the due date for the FCC Form 481. Based on current information, it appears that all items other than CAF/ICC support data are due by July 1, 2014. The CAF/ICC support data are due the same day as the ETC's interstate access tariff filing.

¹ Lifeline-only ETCs must provide all information specified in 47 CFR § 54.422(b) even if the ETC does not submit this information to the FCC.

Mike Lattin

From: form690@usac.org
Sent: Wednesday, July 23, 2014 10:28 AM
To: mike@eagletelephone.com
Subject: Form 690 Certification Confirmation

Congratulations. Your filing has been successfully certified.

Filing Number: 3

Certification Date and Time: Wed Jul 23 13:27:40 EDT 2014

Filing Created By: mike@eagletelephone.com

SAC: 538001

SPIN: 143037281

Carrier: Eagle Telephone System, Inc.

Filing Type: Annual Reporting

Program Year: 2014

This is a system generated email. Please do not respond to this message.



[USAC Home](#) | [High Cost Program](#) | [Search Tools](#) | [Form 690](#)

CONFIRMATION

Congratulations. Your filing has been successfully certified.

Filing 3 was successfully certified on Wed 23 Jul 14 01:27:39 PM EDT by mike@eagletelephone.com .

SAC : 538001

SPIN : 143037281

Carrier Name : Eagle Telephone System, Inc.

Program Year : 2014

Filing Type : Annual Reporting

[Return to 690 Search](#)

<010> Study Area Code	538001
<015> Study Area Name	Eagle Telephone System, Inc.
<020> Program Year	2014
<030> Contact Name: Person USAC should contact with questions about this data	Julie Zaccone
<035> Contact Telephone Number: Number of the person identified in data line <030>	5418936111 ext.
<039> Contact Email: Email of the person identified in data line <030>	julie@eagletelephone.com

(check box when complete)

<040> Has the information required pursuant to §54.1009 been provided with a Form 481 filing (Y/N)	<040>	<input type="radio"/> <input checked="" type="radio"/>
<041> Attach a description of the documents filed with the Form 481 reporting	<041>	<input type="text"/>
<042> Cite the Study Area Code (SAC) for the Form 481 reporting	<042>	<input type="text"/>
<043> Cite the date of the Form 481 reporting	<043>	<input type="text"/>
<050> Carrier Contact Information (has the contact info. changed since prior filing? Yes or No)	<050>	<input type="radio"/> <input checked="" type="radio"/>
(if yes, complete the attached worksheet)		<input type="text"/>
<060> Coverage and Performance Report (complete attached worksheet)	<060>	<input type="text" value="4"/>
<070> Urban Rate Comparability Certification (complete attached certification)	<070>	<input type="text" value="4"/>
<080> Tribal Lands Reporting (y/n?) (Does this study area cover tribal lands? Yes or No)	<080>	<input type="radio"/> <input checked="" type="radio"/>
(if yes, complete the attached worksheet)		<input type="text"/>
<090> Project Update Information (complete attached worksheet)	<090>	<input type="text" value="4"/>
<100> Certifications		
<101> Reporting Carrier Certification (complete attached certification)	<101>	<input type="text" value="4"/>
<102> Agent Certification (complete attached certification)	<102>	<input type="text"/>

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.

<010>	Study Area Code	538001
<015>	Study Area Name	Eagle Telephone System, Inc.
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Julie Zaccone
<035>	Contact Telephone Number - Number of person identified in data line <030>	5418936111 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	julie@eagletelephone.com

Reporting Carrier / Mobility Fund Phase 1 Winning Bidder

- <110> FCC Registration Number _____
- <111> Filing Carrier Name _____
- <112> Winning Bidder Carrier Name _____
- <113> Street Address (or PO Box) _____
- <114> City _____
- <115> State _____
- <116> Zip-Code _____
- <117> Telephone Number _____
- <118> Fax Number _____
- <119> Email Address _____

Contact Information

if same as above, indicate in this box

- <120> Name (First, MI, Last, Suffix) _____
- <121> Filing Carrier Name _____
- <122> Street Address (or PO Box) _____
- <123> City _____
- <124> State _____
- <125> Zip-Code _____
- <126> Telephone Number _____
- <127> Fax Number _____
- <128> Email Address _____

Authorized Agent Information

if no agent, indicate in this box

- <120> Name (First, MI, Last, Suffix) _____
- <121> Company _____
- <122> Street Address (or PO Box) _____
- <123> City _____
- <124> State _____
- <125> Zip-Code _____
- <126> Telephone Number _____
- <127> Fax Number _____
- <128> Email Address _____

<010>	Study Area Code	538001
<015>	Study Area Name	Eagle Telephone System, Inc.
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Julie Zaccone
<035>	Contact Telephone Number - Number of person identified in data line <030>	5418936111 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	julie@eagletelephone.com
<140>	Coverage and Performance Report Year	07/2013 - 12/2013

E: [Barcode] [Name of Attached Document (.zip)]

D: [Barcode] [Name of Attached Document (.zip)]

[Barcode] [Name of Attached Document (.zip)]

<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<c1>	<c2>	<c3>	<d>	<e>	<f>
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 Block Newly Reached	Total Road Miles covered per Census Block	Certify that Electronic Shapefiles are uploaded (yes/no)	Certify that Drive Test Results are uploaded (yes/no)	Certify that Scattered Site Tests are uploaded (yes/no)
			-- See attached worksheet								

Percentage of Total Population Reached by Service

100

Percentage of Total Road Miles covered by Service

90

<010> Study Area Code	538001
<015> Study Area Name	Eagle Telephone System, Inc.
<020> Program Year	2014
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<035> Contact Telephone Number - Number of person identified in data line <030>	5418936111 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	julie@eagletelephone.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:	Eagle Telephone System, Inc.
Signature of Authorized Officer:	CERTIFIED ONLINE
Date:	07/23/2014
Printed name of Authorized Officer:	Mike Lattin
Title or position of Authorized Officer:	President
Telephone number of Authorized Officer:	5418936111 ext.
Study Area Code of Reporting Carrier:	538001
Filing Due Date for this form:	07/31/2014
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 <input type="checkbox"/> 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 or Employee of Agent:	
Signature of Authorized Agent or Employee of Agent:	
Date:	
Printed name of Authorized Agent or Employee of Agent:	
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	538001
<015>	Study Area Name	Bagle Telephone System, Inc.
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Julie Zaccone
<035>	Contact Telephone Number - Number of person identified in data line <030>	5418936111 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	julie@bagletelephone.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, NA) 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, NA)

<010> Study Area Code	538001
<015> Study Area Name	Eagle Telephone System, Inc.
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	Julie Zaccone
<035> Contact Telephone Number - Number of person identified in data line <030>	5418936111 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	julie@eagletelephone.com

<200> Date Authorized to Receive Support	07/18/2013
<201> Targeted Completion Date	12/31/2013
<202> Total Mobility Fund Support Awarded	7589.4
<203> Total Mobility Fund Support Disbursed	2529.8
<204> Support Applied to Network Design	2000.0
<205> Support Applied to Construction	0.0
<206> Support Applied to Deployment	529.8
<207> Support Applied to Maintenance	0.0
<208> Certify Network will Support 3G Mobile Service (Yes / No)	<input checked="" type="radio"/> <input type="radio"/>
<209> Certify Network will Support 4G Mobile Service (Yes / No)	<input type="radio"/> <input checked="" type="radio"/>
<210> Actual Completion Date	12/31/2013
<211> Project Status Description (attached)	538001_PSD_OR.pdf <i>{Name of PDF attached}</i>

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	4
<213> Status of Network Deployment - Construction	
<214> Status of Network Deployment - Deployment	4
<215> Status of Network Deployment - Maintenance	
<216> Project Budget Status	4
<217> Project Plan Status	4

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

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

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for Mobility Fund Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual 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:	Eagle Telephone System, Inc.
Signature of Authorized Officer:	CERTIFIED ONLINE Date 07/23/2014
Printed name of Authorized Officer:	Mike Lattin
Title or position of Authorized Officer:	president
Telephone number of Authorized Officer:	5418936111 ext.
Study Area Code of Reporting Carrier:	538001 Filing Due Date for this form: 07/31/2014
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>	julie@eagletelephone.com

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

Certification of Officer to Authorize an Agent to File Annual Reports 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 annual 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 Annual Reports for Mobility Fund Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual 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 or Employee of Agent: _____	
Signature of Authorized Agent or Employee of Agent: _____	Date: _____
Printed name of Authorized Agent or Employee of Agent: _____	
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.	

