DOCKET NO. UM 1688

Cover Sheet for Submission of 2014 Annual ETC Certification Reports

Name of Eligible Telecommunications Carrier: <u>Eagle Telephone System, INC dba Snake</u> <u>River PCS</u>
Filing date: <u>06/30/2014</u>
Is this: Original submission?XOR Revised submission?
Person to contact for questions:
Name: Brandi Sangster
Phone number: <u>541-893-6115</u>
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
Form 690 (Mobility Fund per 47 CFR § 54.1009)
Affidavit for High-Cost Support
Filing deadlines: The deadlines for filing the state of t

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

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Website & Privacy Policies

	Fund §54,1009 Annual Reporting ection Form		FCC Form Approved by OMB OMB 3060-1185 Avg. Burden Estimate per Respondent: 18 Hours
<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>	julieseagletelephone.com	
draforoday yay .			
<040>	Has the information required pursuant to §54.1009 <041> Attach a description of the documents file <042> Cite the Study Area Code (SAC) for the Followship (SAC)	ed with the Form 481 reporting	(check box when complete) (1) <040> (041> <042>
	<043> Cite the date of the Form 481 reporting		<043>
<050>	Carrier Contact Information (has the contact info. char	nged since prior filing? Yes or No) (If yes, complete the attached worksheet)	<050>
<060>	Coverage and Performance Report	(complete attached worksheet)	<060> 4
<070>	Urban Rate Comparability Certification	(complete attached certification)	<070> 4
<080>	Tribal Lands Reporting (y/n?) (Does this study area cover	er tribal lands? Yes or No)	$oldsymbol{\circ}$
		(If yes, complete the attached worksheet)	<080>
<090>	Project Update Information	(complete attached worksheet)	<090> 4
<100>	Certifications		
		ete attached certification)	<101> 4
	<102> Agent Certification (comple	ete attached certification)	<102>

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) Ca	rrier Contact Form	
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Application (Approved by OMB
		OMB Control No. 3060-1185
	The Control of the Co	Page 2 of 8
<010>		538001
<015>	Study Area Name	Eagle Telephone System, Inc.
<020>		2014
<030> <035>	Contact Name - Person USAC should contact regarding this data	Julie Zaccone
<039>	Contact Telephone Number - Number of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030>	5418936111 ext.
	Contact Enter Address - Enter Address of person identified in data line <030>	iulie@eagletelephone.com
Reportin	g 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 Zip-Code	
<117>	Telephone Number	
<118>	Fax Number	
<119>	Email Address	
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Contact le	oformation	
- STEELER IN	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>	Zíp-Code	
<126>	Telephone Number	
<127>	Fax Number	
<128>	Email Address	
Authorize	d 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	

(060) Cov	erage and	Performance	a.Report							FCC Form Ap prove OMB Con Page 3 or	d by ON atrol No.	1B 306[[[[]]]
<010>	Study Ar	ea Code				53800						
<015>		ea Name										
<020>	Program	•	· · · · · · · · · · · · · · · · · · ·			Eagle 2014	Telephon	e System,	Inc.	···		
<030>			n LICAC about				Zadcone		· · · · · · · · · · · · · · · · · · ·	·		
<035>				contact regardin					-			
<039>				er of person iden			6111 ext					
	Contact	ciliali Addiess	- Einan Addre	ss of person iden	tifled in data line	2 <030> Julie	eagletel	ephone.com	α	.		
<140>	Coverage	e and Perform	ance Report Y	ear 07/2013	- 12/2013		·					
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(141)	2975	<a2></a2>	<a3></a3>	<b1> ○</b1>	/ √ <b2></b2>	<b3></b3>	_ <c1>_</c1>	<62>	_ <c3> ∶</c3>	ુ <d>> 1</d>	<e></e>	<f>></f>
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	State	County		Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	covered per Census	uploade	Result s are upload ed (yes/n	Certify that Scattered Site Tests are uploaded (yes/no)
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		-			ee attach	ed works	heet					
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(070) Urban Rate Comparability Certifica	tion Compliance		FCC Form 690
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			Approved by OMB
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			OMB Control No. 3060-1185
Notice and the second second of the control of the			DIVID CUTITUDING, SUDU-1103
			Dana A a E O
			Page 4 of 8

<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

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

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: Eagl	e Telephone System, Inc.			
Signature of Authorized Officer:	CERTIFIED ONLINE		Date 07/23/2014	
Printed name of Authorized Officer:	Mike Lattin			
itle or position of Authorized Officer:	President			
elephone number of Authorized Officer:	5418936111 ext.			
Study Area Code of Reporting Carrier:	538001	Filing Due Date for this form:	7/31/2014	

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

I certify that (Name of Agent)	Is authorized to submit the information reported on behalf of the reporting ting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the authorized agent is accurate
Name of Authorized Agent:	
Name of Reporting Carrier:	11170 to the contract of the c
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 puni unde	shed by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment er Title 18 of the United States Code, 18 U.S.C. § 1001.

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 authorized data provided by the reporting carrier; and, to the best of my I	to submit the certification ⊞behalf of the reporting carrier; I have provided the data reported herein based on nowledge, 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:	
itle or position of Authorized Agent or Employee of Agent	
elephone number of Authorized Agent or Employee of Agent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:

(080) Trib:	al Lands Reporting		FCC Form 690
	o o transportario del trapportario dell'estima di particolori		Approved by GMB
			OMB: Control No.: 3060-1185
			Page 5 of 8
<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		Julie Zaccone
<035> <039>	Contact Telephone Number - Number of person identif Contact Email Address - Email Address of person identif		
	Contact Entail Address - Entail Address of person identif	neu in data line s	iulie@eagletelephone.com
<142>	State		
-1435	County		
<143>	County		
.4.4.6.	Title 11 . W.) It I stop		
<144>	Tribal Land(s) on which ETC Serves		
			
<145>	Tribal Government Engagement Obligation	<u></u>	
		Name of Attached	a vocument (.paj)
	If your company serves Tribal lands, please select (Yes,N	No. NA) for	
	each of these boxes to confirm the status described on	the attached	
	PDF, on line 145, demonstrates coordination with the 1		
	government pursuant to § 54.1004 includes:		
			Select
<146>	Needs assessment and deployment planning with a foo	tus on Tribal	(Yes,No, NA)
- 	community anchor institutions;	Jus VII TTIVAF	
<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) Projec	t Update Information	FCC Form 690
		Approved by OMB
	and the second of the second o	DMR Control No. 3060-1185
		Page 6 of 8
<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> <039>	Contact Telephone Number - Number of person identified in data line <030>	· - , <u>- </u>
CU39 2	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)	O O
<209>	Certify Network will Support 4G Mobile Service (Yes / No)	\circ
<210>	Actual Completion Date	12/31/2013
<211>	Project Status Description (attached)	538001_PSD_OR.pdf
	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.	{Name of PDF attached}
<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

<010>	Study Area Code	538001
<015>	Study Area Name	Ragle 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

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 l 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.

Eagle Telephone System, Inc. Name of Reporting Carrier:

CERTIFIED ONLINE Signature of Authorized Officer:

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.

(102) Certification - Agent / C	tier °FCC Form 690 Approved by OMB OMB Control No. 3060:1185 Page 8:of 8
-010 - Children - C	

<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

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

Contification of Officer to Authority		
Certification of Officer to Authorize an Agent	t 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 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:	The state of the s	
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 under Ti	ed by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment fitle 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Autho	orized to File Annual Reports for Mobility Fund Recipients	on Behalf of Reporting Carrier
l, as agent for the reporting carrier, certify that I am auth reported herein based on data provided by the reporting	horized to submit the annual reports for Mobility Fund recipients or g carrier; and, to the best of my knowledge, the information reports	n behalf of the reporting carrier; I have provided the data ed 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 Ager	nt	
Telephone number of Authorized Agent or Employee of A	Agent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	
Persons willfully making false statements on this form	n can be punished by fine or forfeiture under the Communications Act of 193 18 of the United States Code, 18 U.S.C. § 1001.	14, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title

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