## SCRP Status Update

FCC Form 5640

OMB Control No. 3060-1270

#### File No. SC-SU0001037

## Applicant Information

Applicant FRN	0005040092	Applicant Address	PO BOX 848
Applicant Name	Eastern Oregon Telecom, LL(	Applicant City	HERMISTON
Applicant Email	michellee@bluemountainnet.c	Applicant State	OR
Applicant Phone	5412897000	Applicant ZIP Code	97838

# Contact Information

	ls ti	Is the contact the same as the contact listed				
Ľ	on	the	Application	Request	for	Funding
	Allocation? If not, please list below.				<i>'</i> .	

Contact Name Sam Hariton	Contact Address	4031 University Dr. Ste 100
Contact Email sc.external.rfi.bluemtn@wideli	Contact City	Fairfax
Contact Phone 7032393299	Contact State	VA
	Contact ZIP Code	22030

\*Indicate which deadline you are meeting with this filing.

2022-10-13

### Explanation of Effort and Availability of Commercial Equipment

\*Provide an explanation of efforts undertaken, and challenges encountered, in permanently removing, replacing, and disposing of covered communications equipment or service.

No, my company has NOT conducted work on the removal of covered equipment between July 1 and today. We are trying to acquire personnel to work on the removal.

No, my company has NOT conducted work on the disposal of covered equipment between July 1 and today. We have not yet removed our equipment.

No, my company has NOT conducted work on the replacement of covered equipment and services between July 1 and today. We have not yet removed our equipment. \*Explain whether you are finding commercially available equipment in the marketplace. If not, then explain efforts taken to obtain replacement equipment.

We are finding that equipment is commercially available but services are not. We have expanded our search.

\* If there is additional information relevant to the preceding questions or that you believe the Commission should be aware of, please include the information below.

#### ProgramCompliance

\*Indicate whether recipient has fully complied with (or is in the process of complying with) all requirements of the Reimbursement Program.



\*Indicate whether recipient has permanently removed from its communications network, replaced, and disposed of (or is in the process of permanently removing, replacing, and disposing of) all covered communications equipment or services that were in the recipient's network as of the date of submission of therecipient's application requesting funding.



If you have not yet completed the removal, replacement, and/or disposal process, what estimated percentage of the removal, replacement, and/or disposal process have you completed?

1

\*Indicate whether recipient has fully complied with (or is in the process of complying with) the timeline submitted by the recipient. If not, provide explanation for deviation.



\*The filer has indicated no to a question in this section, please provide additional information.

Eastern Oregon Telecom is approximately 1% finished with the removal, replacement, and disposal process, but has not yet completed it.

#### Certifications

\* By checking the box and providing the electronic signature where indicated below, the Certifying Official on behalf of the filer certifies under penalty of perjury that:

(1) The Certifying Official is authorized to submit this status report on behalf of the above-1 named filer and, based on information known to me or provided to me by employees responsible for the information being submitted, the information set forth in this status report has been examined and is true, accurate, and complete, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. The Certifying Official acknowledges that any false, fictitious, or fraudulent information or statement, or the omission of any material fact on this status report or on any other document submitted by the filer may subject the filer and the undersigned to punishment by fine or forfeiture under the Communications Act (47 U.S.C. §§ 502, 503(b), 1606), or fine or imprisonment under Title 18 of the United States Code (18 U.S.C. § 1001, §§ 286-287, and § 1343), or can lead to liability under the False Claims Act (31 U.S.C. §§ 3729-3733, and §§ 3801-3812). (2) The filer is in compliance with the statute, rules, and orders governing the Reimbursement Program, including but not limited to allocations, draw downs, payments, obligations and expenditures of money, and the Certifying Official acknowledges that failure to be in compliance and remain in compliance with those statutes, rules, and orders may result in the denial of funding, cancellation of funding commitments, and/or recoupment of past disbursements. The Certifying Official acknowledges that the filer will maintain detailed records, including receipts, of all costs eligible for reimbursement actually incurred for a period of 10 years; and will file all required documentation for its expenses. The Certifying Official acknowledges that failure to comply with the statute, rules, and orders governing the Reimbursement Program could result in civil or criminal prosecution by law enforcement authorities.

### **Certifier Information**

Certifier Signature	Autumn Oseth	Certifier Phone	541-289-7000
Certifier Name	Autumn Oseth	Certifier Email	aoseth@bluemountainnet.com
Certifier Title	CFO		
Date Signed	2022-10-11		