

SCRPS Status Update

FCC Form 5640

OMB Control No. 3060-1270

File No. SC-SU0001734

Applicant Information

Applicant FRN 0001646470 Applicant Address 61 HWY 13 South
Applicant Name NEMONT TELEPHONE COC Applicant City Scobey
Applicant Email dionne.nieskens@nemont.co Applicant State MT
Applicant Phone 4067832295 Applicant ZIP Code 59263

Contact Information

Is the contact the same as the contact listed on the Application Request for Funding Allocation? If not, please list below.

Contact Name Sam Hariton Contact Address 4031 University Dr, 2nd Floor
Contact Email sc.external.rfi.nemont@widelit Contact City Fairfax
Contact Phone 703-239-3299 Contact State VA
Contact ZIP Code 22030

*Indicate which deadline you are meeting with this filing.

2023-07-10

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.

Yes, my company has conducted work on the removal of covered equipment since submittal of the last form.

*Explain whether you are finding commercially available equipment in the marketplace. If not, then explain efforts taken to obtain replacement equipment.

Yes, we are finding that equipment and services are commercially available.

We removed CDMA equipment from several sites. The remaining will be removed as we install the new network. UMTS and LTE equipment will be removed once we migrate our customers to the new network.

No, my company has not conducted work on the disposal of covered equipment since the submittal of the last form.

We are storing removed equipment for disposal at the end of the project.

Yes, my company has conducted work on the replacement of covered equipment and services since the submittal of the last form.

We continue to provision our core equipment, integrating 3rd party software and components such as billing, roam clearing house and 911 integration. We have installed 25 of 114 RAN sites. Testing of the RAN will be conducted once all sites are installed.

* 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.

It is imperative that full funding is provided as soon as possible. The longer funding is delayed the longer the timeline to complete the project will be impacted. If the program is not fully funded, there will be a significant reduction in coverage for our customers and roamers who use our network.

We have modified our plan and timeline based upon the lack of full funding from the program. If Nemont does not receive full funding, the number of sites installed will be reduced by at least one third if not more. This will result in lost coverage for our customers.

Program Compliance

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

Yes No

*Indicate whether recipient has permanently removed from its communications network all covered communications equipment or services that were in the recipient's network as of the date of the submission of the recipient's application request for funding.

Yes No

If recipient has not yet completed the removal process, what estimated percentage of the removal process have you completed?

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*Indicate whether recipient has replaced all covered communications equipment or services that were in the recipient's network as of the date of the submission of the recipient's application request for funding.

Yes No

If recipient has not yet completed the replacement process, what estimated percentage of the replacement process have you completed?

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*Indicate whether recipient has disposed of all covered communications equipment or services that were in the recipient's network as of the date of the submission of the recipient's application request for funding.

Yes No

If recipient has not yet completed the disposal process, what estimated percentage of the disposal process have you completed?

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*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.

Yes No

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

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-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	Dionne Nieskens	Certifier Phone	4067832295
Certifier Name	Dionne Nieskens	Certifier Email	dionne.nieskens@nemont.coo
Certifier Title	CFO		
Date Signed	2023-07-06		