SCRPStatus Update

FCC Form 5640

OMB Control No. 3060-1270

File No. SC-SU0001103

Applicant Information

Applicant FRN 0001646470 Applicant Address 61 HWY 13 South

Applicant Name NEMONT TELEPHONE COC Applicant City Scobey

Applicant Email dionne.nieskens@nemont.coc 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., Ste 100

Contact Email sc.external.rfi.nemont@widelit Contact City Fairfax

Contact Phone (703) 239-3299 Contact State VA

Contact ZIP Code 22030

2022-10-13

^{*}Indicate which deadline you are meeting with this filing.

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 between July 1 and today. We removed Huawei CDMA RAN equipment from 34 of 66 cell sites. Yes, my company has conducted work on the disposal of covered equipment between July 1 and today. We have handed over equipment from 34 of 66 CDMA sites to Ericsson and it is being transported for destruction. Yes, my company has conducted work on the replacement of covered equipment and services between July 1 and today. We have installed the switching infrastructure to support the replacement network. We have ordered the RAN equipment for 25 of 115 sites.

*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.

* 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.

Not being fully funded continues to drive uncertainty in our business.

ProgramCompliance *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, 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. Yes No
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?
10
*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.

Nemont Telephone Cooperative, Inc. is approximately 10% finished with the removal, replacement, and disposal process, but has not yet completed it. Timeline Deviation. Until we have 100% funding for the project, we will not be able to completely build out the replacement network. We will do our best to keep to the removal and destruction portion of the timeline.

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 abovenamed 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 mayresult in thedenial 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 406-783-2295

Certifier Name Dionne Nieskens

Certifier Email dionne.nieskens@nemont.coo

Certifier Title Controller

Date Signed 2022-10-10