

SCRPS Status Update

FCC Form 5640

OMB Control No. 3060-1270

File No. SC-SU0002645

Applicant Information

Applicant FRN 0002531879

Applicant Address 48054 State Highway 6

Applicant Name Mark Twain Communications Applicant City Hurdland

Applicant Email gm@marktwain.coop Applicant State MO

Applicant Phone 6604236822 Applicant ZIP Code 63547

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 10300 Eaton Place, Suite 442

Contact Email sc.external.rfi.marktwain@wid Contact City Fairfax

Contact Phone 703-239-3299 Contact State VA

Contact ZIP Code 22030

*Indicate which deadline you are meeting with this filing.

2024-07-08

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. The remaining 3 Huawei Sites were decommissioned. Yes, my company has conducted work on the disposal of covered equipment since the submittal of the last form. Our disposal vendor collected equipment in April. We have yet to receive notice that the equipment has been disposed of or received disposal documents. Yes, my company has conducted work on the replacement of covered equipment and services since the submittal of the last form. Work was completed on the replacement cores.

*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 some equipment and services are commercially available, and some are not. We have used internal labor and resources to move the project forward, taking away from our other business segments and obligations. We have tried to forecast equipment needs and order early, but we are at the mercy of our suppliers, and they have other customers to take care of. The short time-frame of this program is causing supply chain issues and product and service shortages.

* 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.

Supply chain issues and labor and service shortages have negatively impacted our experience with the project. We have made every effort to mitigate the supply chain issues and move the project forward. We have taken valuable resources away from other obligations and projects to complete the requirements of the program. The reimbursement, modification, and RFI process is unnecessarily burdensome and slow. This has caused a financial strain on our operations and slowed down our progress of the removal and replacement of equipment.

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?

*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?

90

*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?

90

*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.

Timeline Deviation: We originally anticipated the disposal and project completion would be done in December 2023. Given the labor, service, and equipment shortages, we did not have the disposal or project complete by 12/31/2023. At this time, we are waiting for confirmation that the equipment has been disposed of and wiped from our disposal vendor. We also still have work to do on commissioning the replacement core equipment.

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	Alexandra Gregory	Certifier Phone	660-423-5200
Certifier Name	Alexandra Gregory	Certifier Email	agregory@marktwain.coop
Certifier Title	Controller		
Date Signed	2024-06-25		