

SCRPS Status Update

FCC Form 5640

OMB Control No. 3060-1270

File No. SC-SU0002837

Applicant Information

Applicant FRN 0017235110

Applicant Address 900 West Valley Road, Suite 600

Applicant Name Texas 10, LLC

Applicant City Wayne

Applicant Email atufte@cellonenation.com

Applicant State PA

Applicant Phone 6105356900

Applicant ZIP Code 19087

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 440

Contact Email sc.external.rfi.cellone-la@wide

Contact City Fairfax

Contact Phone 703-239-3299

Contact State VA

Contact ZIP Code 22030

*Indicate which deadline you are meeting with this filing.

2024-10-07

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 since the submittal of the last form. Removal of covered equipment was completed.
No, my company has not conducted work on the disposal of covered equipment since the submittal of the last form. Disposal of covered equipment was completed. We have notified the FCC that we will not be proceeding with the replacement of our network (only removal and disposal), the revised narratives and timeline have been submitted to and approved by the Fund Administrator.

*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

* 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.

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?

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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?

*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.

We have notified the FCC that we will not be proceeding with the replacement of our network (only removal and disposal), the revised narratives and timeline have been submitted to and approved by the Fund Administrator.

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	Neka C. Hicks	Certifier Phone	832-477-5377
Certifier Name	Neka C. Hicks	Certifier Email	nhicks@cellonenation.com
Certifier Title	VP & CTO		
Date Signed	2024-09-18		