RECIPIENT NAME:lowa Health System AWARD NUMBER: NT10BIX5570084

DATE: 02/16/2011

OMB CONTROL NUMBER: 0660-0037 EXPIRATION DATE: 12/31/2013

ANNUAL PERFORMANCE PROGRESS REPORT FOR BROADBAND INFRASTRUCTURE PROJECTS					
General Information					
Federal Agency and Organizational Element to Which Report is Submitted 2.	. Award Identifica	tion Number	3. DUNS Number		
Department of Commerce, National Telecommunications and Information Administration	NT10BIX557008	4	836204271		
4. Recipient Organization					
Iowa Health System 1200 Pleasant Street, Des Moines	s, IA 50309-1406				
5. Current Reporting Period End Date (MM/DD/YYYY)		6. Is this the last Annual Report of the Award Period?			
12-31-2010					
7. Certification: I certify to the best of my knowledge and be purposes set forth in the award documents.	belief that this rep	ort is correct and o	complete for performance of activities for the		
7a. Typed or Printed Name and Title of Certifying Official		7c. Telephone (area code, number and extension)			
Stephanie Young		X			
		7d. Email Address			
		YoungSJ@ihs.or	rg		
7b. Signature of Certifying Official		-	ubmitted (MM/DD/YYYY):		
Submitted Electronically		02-16-2011			

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## **OVERALL PROJECT PERFORMANCE INDICATORS**

1. Please provide the following average cost figures for your project. Please review the instructions to determine how to calculate these figures. Write "0" in the second column and "N/A" in the third column if your project does not yet have this information. Depending on whether your project contains Middle Mile and/or Last Mile components, some metrics may not apply. Please provide a narrative description if the total is different from the target provided in your baseline plan (600 words or less).

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Cost Indicator Average Cost / Speed		Narrative (describe your reasons for any variance from the baseline plan		
Cost maidator	, ago ooot / opeca	or any other relevant information)		
Average cost per new mile (Middle Mile)	N/A	No new BTOP network was physically deployed in calendar year 2010		
Average cost per household passed (Last Mile)	N/A	No new BTOP network was physically deployed in calendar year 2010		
Average cost per subscriber (Last Mile)	N/A	No new BTOP network was physically deployed in calendar year 2010		
Maximum broadband speed advertised (Middle Mile)	N/A	No new BTOP network was physically deployed in calendar year 2010		
Maximum broadband speed advertised (Last Mile)	N/A	No new BTOP network was physically deployed in calendar year 2010		
Average broadband speed provided (Middle Mile)	N/A	No new BTOP network was physically deployed in calendar year 2010		
Average broadband speed provided (Last Mile)	N/A	No new BTOP network was physically deployed in calendar year 2010		

2. Please provide each facility name and type, the county where the facility is located, and census tract information for any facilities funded by your project during this annual reporting period. Report only facilities for which construction has been completed.

Facility Identifier / Name	Facility Type	County	Census Tracts
N/A	N/A	N/A	N/A

Add Facility Remove Facility

3. Please identify (1) the total number of interconnection, peering, and/or transit agreements entered into during this annual reporting period; (2) the total number of agreements of each type that you are currently negotiating; and (3) whether you have denied any request for interconnection and if so, why. If you have not entered into any agreements, please write "N/A."

Interconnection Agreements (600 words or less)

N/A - No new BTOP network was physically deployed in calendar year 2010

Peering and Transit Agreements (600 words or less)

N/A - No new BTOP network was physically deployed in calendar year 2010

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## CAPACITY, UTILIZATION, AND CAPABILITY INDICATORS

4. Community Anchor Institutions: In the chart below, please provide information on the types of community anchor institutions capable of receiving service (i.e., anchor institutions connected to your network plus those passed by your network) as a result of BTOP funds.

Type of Community Anchor Institution	Total Number Within Service Area	Type of Community Anchor Institution	Total Number Within Service Area
Schools (K-12)	0	Public Housing	0
Libraries	0	Other Institutions of Higher Education	0
Medical and Healthcare Providers	0	Other Community Support Organizations	0
Public Safety Entities	0	Other Government Facilities	0
Community Colleges	0	Total Community Anchor Institutions	

5. Please indicate the average increase in broadband speed provided to the community anchor institution customers as a result of your project, including a description of how this increase was calculated (600 words or less).

N/A - No new BTOP network was physically deployed in calendar year 2010

6. What retail services are being provided by this project? Please describe below. (600 words or less). As an attachment to this report, please provide pricing plans (in \$ per month) associated with each retail service. Retail services description:

N/A - No new BTOP network was physically deployed in calendar year 2010

7a. What network management policies (e.g., bandwidth limitations, traffic prioritization) are in place for the services provided by your project? 7b. Have you ever limited or blocked consumers from accessing any lawful content, service, service provider, or application, or prevented any consumers from attaching any legal device to the network? If so, please explain why (300 words or less)?

N/A - No new BTOP network was physically deployed in calendar year 2010

8. If applicable, please provide the total number and the percentage of subscribers who have dropped the broadband service provided through this project (total number of households and/or businesses and the "churn rate") and the subscribers' reasons for discontinuing their service (600 words or less).

N/A - No new BTOP network was physically deployed in calendar year 2010

9. Please provide the following information regarding the number of fiber strand-miles:

Total Number of	Total Number of Active Fiber	Total Number of Leased Fiber	Total Number of Dark Fiber	Total Number of Strand-miles Being Built		
Strand-miles	s Strand-miles Used by Recipient	Strand-miles	Strand-miles	Active	Leased	Dark
0	0	0	0	0	0	0

10. If you wholesale dark fiber, please list your wholesale customers and the number of fiber miles you currently are leasing to those customers:

N/A - No new BTOP network was physically deployed in calendar year 2010

11. Please provide the following information regarding the facility collocation capacity:

	otal Facility (total square feet for all facilities)  Number of Square Feet Used by Recipient		Number of Square Feet Leased	Number of Square Feet Available	
	0	0	0	0	
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12. If you do not own collocation space, please describe how and where other network providers and/or customers interconnect with your network (600 words or less).