AWARD NUMBER: NT10BIX5570090

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

DATE: 02/23/2011 EXPIRATION DATE: 12/31/2013							
QUARTERLY PERFORMANCE PROC	RESS REPOR	T FOR BI	ROADBAN	D INFRASTRUCTURE PROJECTS			
General Information							
Federal Agency and Organizational Element to Which Report is Submitted	2. Award Identific	ation Num	ber	3. DUNS Number			
Department of Commerce, National Telecommunications and Information Administration	NT10BIX557009	90		615928405			
4. Recipient Organization	,						
DCN, LLC 3901 Great Plains Dr South, Fargo, N	ID 58104-3916						
5. Current Reporting Period End Date (MM/DD/YYY	Υ)	6. Is this t	he last Repoi	rt of the Award Period?			
12-31-2010				○ Yes • No			
7. Certification: I certify to the best of my knowledg purposes set forth in the award documents.	e and belief that th	is report is	correct and	complete for performance of activities for the			
7a. Typed or Printed Name and Title of Certifying O	fficial		7c. Telephoi	ne (area code, number and extension)			
Kayla Shafer			7013558701				
			7d. Email Address				
KLJ Engineering			kayla.shafer@kljeng.com				
7b. Signature of Certifying Official			7e. Date Rep	port Submitted (MM/DD/YYYY):			
Submitted Electronically			02-23-2011				

DATE: 02/23/2011

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

Project Indicators (This Quarter)

1. Please describe significant project accomplishments completed during this quarter (600 words or less).

Preliminary design is finished with the final routing for environmental assessment (EA). Design has started.

2. Please provide the percent complete for the following key milestones in your project. Write "0" in the Percent Complete column and "N/A" in the Narrative column if your project does not include this activity. If you provided additional milestones in your baseline plan, please insert them at the bottom of the table. Unless otherwise indicated in the instructions, figures should be reported cumulatively from award inception to the end of the most recent reporting quarter. Please provide a narrative description if the percent complete is different from the target provided in your baseline plan (300 words or less).

	Milestone	Percent Complete	Narrative (describe reasons for any variance from baseline plan or subsequent written updates provided to your program officer)
2a.	Overall Project	5	On Schedule
2b.	Environmental Assessment	80	On Schedule
2c.	Network Design	20	On Schedule
2d.	Rights of Way	10	On Schedule
2e.	Construction Permits and Other Approvals	10	On Schedule
2f.	Site Preparation	0	N/A
2g.	Equipment Procurement	0	On Schedule
	Network Build (all components - owned, leased, IRU, etc)	0	On Schedule
2i.	Equipment Deployment	0	On Schedule
2j.	Network Testing	0	On Schedule
2k.	Other (please specify):	0	N/A

3. To the extent not covered above, please describe any challenges or issues faced during this past quarter in achieving planned progress against the project milestones listed above. In particular, please identify any areas or issues where technical assistance from the BTOP program may be useful (600 words or less).

The project is moving forward and on schedule.

4. Please report the following information regarding network build progress. Write "0" in the Total column and "N/A" in the Narrative column if your project does not include this activity. Unless otherwise indicated in the instructions, figures should be reported cumulatively from award inception to the end of the most recent reporting quarter. Please provide a narrative description if the total is different from the target provided in your baseline plan (600 words or less).

Indicator	Total	Narrative (describe your reasons for any variance from the baseline plan or any other relevant information)
New network miles deployed	0	On target
New network miles leased	0	N/A
Existing network miles upgraded	0	On target
Existing network miles leased	0	N/A
Number of miles of new fiber (aerial or underground)	0	On target
Number of new wireless links	0	N/A
Number of new towers	0	N/A
Number of new and/or upgraded interconnection points	0	N/A

AWARD NUMBER: NT10BIX5570090

DATE: 02/23/2011

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

For questions 5 and 6 please include information relating to agreements that you are negotiating or have entered into, or that your sub recipient, contractor or subcontractor is negotiating or entered into.

5a. If applicable, please provide the following information with regard to agreements with broadband wholesalers and/or last mile providers as a result of your project.

Indicators	
Number of signed agreements with broadband wholesalers or last mile providers	17
Number of agreements currently being negotiated with broadband wholesalers or last mile providers	0
Average term of signed agreements (in quarters)	8

- 5b. Please list the names of the wholesale and last mile providers with whom you have signed agreements (100 words or less). Providers: United Telephone Mutual Aide Corporation, Dakota Central Telecommunications Cooperative, Midstate Telephone Company, ND Information Technology Department, MLGC, ND Telephone Company, Northwest Communications Cooperative, Polar Communications Mutual Aid, ICTC, Reservation Telephone Cooperative, SRT Communications, Consolidated Telecom, Red River Telephone, SDN Communications
- 5c. What wholesale services are being provided by this project? Please describe below. As an attachment to this report, please provide pricing plans (in \$ per month) associated with each wholesale service provided by your product (100 words or less). Wholesale services description:

No wholesale services will be provided.

- 5d. If you have designated a third party to operate all or a portion of your network, please provide the name and contact information for this third party, indicate if this entity is a sub recipient, contractor, and/or subcontractor, and describe with specificity the portion of your network this third party operates (600 words or less).

 N/A
- 6. Please provide the data according to the type of subscriber. Write "0" in the Total column and "N/A" in the Narrative column if your project does not pass or serve a particular subscriber type. Unless otherwise indicated in the instructions, figures should be reported cumulatively from award inception to the end of the most recent reporting quarter. Please provide a narrative description if the total is different from the target provided in your baseline plan (300 words or less).

Subscriber Type	Access Type	Total	Narrative (describe your reasons for any variance from the baseline plan or any other relevant information)
Broadband Wholesalers or Last Mile Providers	Providers with signed agreements receiving new access	0	On Schedule
	Providers with signed agreements receiving improved access	0	On Schedule
	Providers with signed agreements receiving access to dark fiber	0	N/A
	Please identify the speed tiers that are available and the number of subscribers for each		On Schedule
Community Anchor Institutions (including Government institutions)	Total subscribers served	0	On Schedule
	Subscribers receiving new access	0	On Schedule
	Subscribers receiving improved access	0	On Schedule
	Please identify the speed tiers that are available and the number or subscribers for each	3	No Varriations
Residential / Households	Entities passed	0	N/A
	Total subscribers served	0	N/A

RECIPIENT NAME: DCN, LLC

AWARD NUMBER: NT10BIX5570090

DATE: 02/23/2011

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

Subscriber Type	Access Type	Total	Narrative (describe your reasons for any variance from the baseline plan or any other relevant information)
	Subscribers receiving new acces	ss 0	N/A
	Subscribers receiving improved	access 0	N/A
	Please identify the speed tiers th available and the number of subscribers for each	oat are	N/A
Businesses	Entities passed	0	N/A
	Total subscribers served	0	N/A
	Subscribers receiving new acces	ss 0	N/A
	Subscribers receiving improved	access 0	N/A
	Please identify the speed tiers th available and the number of subscribers for each	oat are	N/A
	management practices changed on the changes (300 words or less	<u> </u>	ter? O Yes No
connected to your netwo cumulatively). Also indi short narrative descripti	lease provide a list by service are ork as a result of BTOP funds. Fi cate whether your organization is on with examples of how institut	gures should be a scurrently provid	nity anchor institutions (including Government institutions) reported for the most recent reporting quarter only (NOT ing broadband service to the anchor institution. Finally, provide a OP-funded infrastructure (300 words or less).
Institution Name	Service Area (town or county) Or county) Type of Anchor Institution (as defined in your baseline)	Narrative description of how anchor institutions are using BTOP-funded infrastructure	
N/A	N/A N/A	N/A	N/A
Project Indicators (Next	Quarter)		

1. Please describe significant project accomplishments planned for completion during the next quarter (600 words or less).

Finish environmental Assessment. Complete the design of the Bismarck and Mandan area and partner project which equals 50% of the project. Prepare to solicit pricing for cable placement, equipment and start equipment installation.

2. Please provide the percent complete for the following key milestones in your project. Write "0" in the Planned Percent Complete column and "N/A" in the Narrative column if your project does not include this activity. If you provided additional milestones in your baseline plan, please insert them at the bottom of the table. Unless otherwise indicated in the instructions, figures should be reported cumulatively from award inception to the end of the next reporting quarter. Please provide a narrative description if the percent complete is different from the target provided in your baseline plan (300 words or less).

	Milestone	Planned Percent Complete	Narrative (describe reasons for any variance from baseline plan or any other relevant information)
2a.	Overall Project	20	On Schedule
2b.	Environmental Assessment	100	On Schedule
2c.	Network Design	50	On Schedule
	· · · · · · · · · · · · · · · · · · ·	·	

RECIPIENT NAME:DCN, LLC

	D NUMBER: NT10BIX5570090		OMB CONTROL NUMBER: 0660-0037				
DATE:	02/23/2011		EXPIRATION DATE: 12/31/2013				
	Milestone	Planned Percent Complete	Narrative (describe reasons for any variance from baseline plan or any other relevant information)				
2d.	Rights of Way	30	On Schedule				
2e.	Construction Permits and Other Approvals	30	On Schedule				
2f.	Site Preparation	0	N/A				
2g.	Equipment Procurement	80	On Schedule				
	Network Build (all components - owned, leased, IRU, etc.)	0	On Schedule				
2i.	Equipment Deployment	40	On Schedule				
2j.	Network Testing	0	On Schedule				
2k.	Other (please specify):	0	N/A				

3. Please describe any challenges or issues anticipated during the next quarter that may impact planned progress against the project	
milestones listed above. In particular, please identify any areas or issues where technical assistance from the BTOP program may be u	ıseful
(600 words or less).	

None at this time.

DATE: 02/23/2011

Infrastructure Budget Execution Details

Activity Based Expenditures (Infrastructure)

1. Please provide details below on your total budget, cumulative actual expenditures (for the period ending the current quarter), and cumulative anticipated expenditures (for the period ending next quarter) for each line item, including detailed disbursements of both matching funds and federal funds from project inception through end of this quarter (actual) or next quarter (anticipated). Actual and anticipated figures should be reported cumulatively from award inception to the end of the applicable reporting quarter.

OMB CONTROL NUMBER: 0660-0037

EXPIRATION DATE: 12/31/2013

Budget for Entire Project					from Project and of Current Period		Anticipated Actuals from Project Inception through End of Next Reporting Period		
Cost Classification	Total Cost (plan)	Matching Funds (plan)	Federal Funds (plan)	Total Cost	Matching Funds	Federal Funds	Total Costs	Matching Funds	Federal Funds
a. Administrative and legal expenses	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
b. Land, structures, right-of-ways,	\$355,687	\$106,706	\$248,981	\$0	\$0	\$0	\$106,706	\$32,012	\$74,694
appraisals, etc. c. Relocation expenses and payments	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
d. Architectural and engineering fees	\$627,682	\$188,305	\$439,377	\$12,023	\$3,607	\$8,416	\$313,841	\$94,152	\$219,689
e. Other architectural and engineering	\$167,377	\$50,213	\$117,164	\$1,365	\$409	\$956	\$167,377	\$50,213	\$117,164
f. Project inspection fees	\$941,506	\$282,452	\$659,054	\$0	\$0	\$0	\$0	\$0	\$0
g. Site work	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
h. Demolition and removal	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
i. Construction	\$9,860,644	\$2,958,193	\$6,902,451	\$0	\$0	\$0	\$0	\$0	\$0
j. Equipment	\$3,448,757	\$1,034,627	\$2,414,130	\$0	\$0	\$0	\$2,759,005	\$827,701	\$1,931,304
k. Miscellaneous	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
I. SUBTOTAL (add a through	\$15,401,653	\$4,620,496	\$10,781,157	\$13,388	\$4,016	\$9,372	\$3,346,929	\$1,004,078	\$2,342,851
m. Contingencies	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
n. TOTALS (sum of I and m)	\$15,401,653	\$4,620,496	\$10,781,157	\$13,388	\$4,016	\$9,372	\$3,346,929	\$1,004,078	\$2,342,851

^{2.} Program Income: Please provide the program income you listed in your application budget and actuals to date through the end of the reporting period.

a. Application Budget Program Income: \$0 b. Program Income to Date: \$0