

FORM CD-451 (REV 10-98) LF DAO 203-26 U. S. DEPARTMENT OF COMMERCE AMENDMENT TO FINANCIAL ASSISTANCE AWARD		<input checked="" type="checkbox"/> GRANT <input type="checkbox"/> COOPERATIVE AGREEMENT		
		ACCOUNTING CODE		
		AWARD NUMBER NT10BIX5570104		
RECIPIENT NAME Contact Network Inc. d/b/a InLine		AMENDMENT NUMBER 3		
STREET ADDRESS 600 Lakeshore Parkway		EFFECTIVE DATE 08/01/2013		
CITY, STATE, ZIP CODE Birmingham AL 35209-6361		EXTEND WORK COMPLETION TO 09/30/2013		
CFDA NO. AND PROJECT TITLE 11.557 Recovery Act - Mississippi Delta Broadband Infrastructure Project				
COSTS ARE REVISED AS FOLLOWS	PREVIOUS ESTIMATED COST	ADD	DEDUCT	TOTAL ESTIMATED COST
FEDERAL SHARE OF COST	\$11,584,467.00	\$0.00	\$0.00	\$11,584,467.00
RECIPIENT SHARE OF COST	\$2,896,117.00	\$0.00	\$0.00	\$2,896,117.00
TOTAL ESTIMATED COST	\$14,480,584.00	(\$-0.00)	\$0.00	\$14,480,584.00
REASON(S) FOR AMENDMENT 1. To extend the award project through 09/30/2013 in accordance with the recipients request dated 05/16/2013 which is incorporated by reference. 2. To incorporate DOC Financial Assistance Standard Terms and Conditions.				
This Amendment approved by the Grants Officer is issued in triplicate and constitute an obligation of Federal funding. By signing the three documents, the Recipient agrees to comply with the Amendment provisions checked below and attached, as well as previous provisions incorporated into the Award. Upon acceptance by the Recipient, two signed Amendment documents shall be returned to the Grants Officer and the third document shall be retained by the Recipient. If not signed and returned without modification by the Recipient within 30 days of receipt, the Grants Officer may unilaterally terminate this Amendment.				
<input type="checkbox"/> Special Award Conditions (Attachment B) <input type="checkbox"/> Line Item Budget (Attachment A) <input checked="" type="checkbox"/> Other(s) FRN Vol 77, No. 242, page 74634, December 17, 2012.				
SIGNATURE OF DEPARTMENT OF COMMERCE GRANTS OFFICER Larry Jenkins		TITLE Grants Officer		DATE 06/26/2013
TYPE NAME AND SIGNATURE OF AUTHORIZED RECIPIENT OFFICIAL Michele Boner		TITLE Accounting Manager		DATE 06/26/2013