

FORM CD-451 (REV 10-98) LF DAO 203-26  U. S. DEPARTMENT OF COMMERCE  <p style="text-align: center;"><b>AMENDMENT TO FINANCIAL ASSISTANCE AWARD</b></p>		<input checked="" type="checkbox"/> GRANT <input type="checkbox"/> COOPERATIVE AGREEMENT <hr/> ACCOUNTING CODE  <hr/> AWARD NUMBER NT10BIX5570090  <hr/> AMENDMENT NUMBER 3  <hr/> EFFECTIVE DATE 08/01/2013  <hr/> EXTEND WORK COMPLETION TO 09/30/2013  <hr/> CFDA NO. AND PROJECT TITLE 11.557 Recovery Act DCN's CCI Broadband Project		
RECIPIENT NAME DCN, LLC		AMENDMENT NUMBER 3		
STREET ADDRESS 3901 Great Plains Dr South		EFFECTIVE DATE 08/01/2013		
CITY, STATE, ZIP CODE Fargo ND 58104-3916		EXTEND WORK COMPLETION TO 09/30/2013		
CFDA NO. AND PROJECT TITLE 11.557 Recovery Act DCN's CCI Broadband Project				
COSTS ARE REVISED AS FOLLOWS	PREVIOUS ESTIMATED COST	ADD	DEDUCT	TOTAL ESTIMATED COST
FEDERAL SHARE OF COST	\$10,781,157.00	\$0.00	\$0.00	\$10,781,157.00
RECIPIENT SHARE OF COST	\$4,620,496.00	\$0.00	\$0.00	\$4,620,496.00
TOTAL ESTIMATED COST	\$15,401,653.00	(\$-0.00)	\$0.00	\$15,401,653.00
REASON(S) FOR AMENDMENT 1. To extend the award period 2 months per the recipient's request dated June 7, 2013 which is incorporated by reference.  2. To incorporate DOC Financial Assistance Standard Terms and Conditions.				
<p><small>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.</small></p> <p><input type="checkbox"/> Special Award Conditions (Attachment B)</p> <p><input type="checkbox"/> Line Item Budget (Attachment A)</p> <p><input type="checkbox"/> Other(s)</p>				
SIGNATURE OF DEPARTMENT OF COMMERCE GRANTS OFFICER Alan Conway		TITLE Grants Officer		DATE 07/29/2013
TYPE NAME AND SIGNATURE OF AUTHORIZED RECIPIENT OFFICIAL Kayla Shafer		TITLE KLJ Engineering		DATE 07/30/2013