

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 NT10BIX5570036		
RECIPIENT NAME Level 3 EON, LLC		AMENDMENT NUMBER 3		
STREET ADDRESS 1025 Eldorado Blvd		EFFECTIVE DATE 02/01/2010		
CITY, STATE, ZIP CODE Broomfield CO 80021		EXTEND WORK COMPLETION TO N/A		
CFDA NO. AND PROJECT TITLE 11.557 Recovery Act - Expanding broadband access across Tennessee				
COSTS ARE REVISED AS FOLLOWS	PREVIOUS ESTIMATED COST	ADD	DEDUCT	TOTAL ESTIMATED COST
FEDERAL SHARE OF COST	\$1,295,737.00	\$0.00	\$0.00	\$1,295,737.00
RECIPIENT SHARE OF COST	\$431,913.00	\$0.00	\$0.00	\$431,913.00
TOTAL ESTIMATED COST	\$1,727,650.00	\$0.00	\$0.00	\$1,727,650.00
REASON(S) FOR AMENDMENT - Whistleblower Protection Act Requirement: New SAC - Interest-Bearing Accounts (Applied to those subject to 15 CFR 14.22): New SAC - Environmental Assessment SAC (Replaces Existing SAC) - For-Profit Recipient Audit Requirements (Replaces or Removes Existing SAC) - Davis-Bacon Act Requirement: New SAC				
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 checked="" type="checkbox"/> Special Award Conditions (Attachment B) <input type="checkbox"/> Line Item Budget (Attachment A) <input type="checkbox"/> Other(s)				
SIGNATURE OF DEPARTMENT OF COMMERCE GRANTS OFFICER Sonja Wyatt		TITLE Grants Officer		DATE 07/12/2010
TYPE NAME AND SIGNATURE OF AUTHORIZED RECIPIENT OFFICIAL Monisha Merchant		TITLE Director, Product Management		DATE 07/30/2010