RECIPIENT NAME: AWARD NUMBER: DATE:

OMB CONTROL NUMBER: 0660-0037 EXPIRATION DATE: 12-31-2010

QUARTERLY PERFORMANCE PROGRESS REPORT FOR BROADBAND INFRASTRUCTURE PROJECTS

| General Information | | | | | | | |
|---|-------------------------------------|-----------------------------|---|--------|--------------------------------|---------------------------------|--|
| Federal Agency and Organizational Element to Which Report is Submitted NTIA | 2. Award Identific NT10BIX557003 | er | 3a. E | | Number 831201483 61-1598563 | | |
| 4. Recipient Organization (Name and complete add | ress including cour | ntry, congre | essional district, | and z | zip cod | de) | |
| LEVEL 3 EON, LLC 1025 ELDORADO BLVD BROOMFIELD, CO 800218254 CONGRESSIONAL DISTRICT 02 | | | | | | | |
| 5. Current Reporting Period End Date (MM/DD/YYY | Υ) | 6. Is this t | the last Report of the Award Period? | | | | |
| 06/30/2010 | | | | | | | |
| 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 com | plete | for pe | rformance of activities for the | |
| 7a. Typed or Printed Name and Title of Certifying O | fficial | | 7c. Telephone (a | area c | code, r | number and extension) | |
| Monisha Merchant | | | 720-888-6037 | | | | |
| | 7d. Email Address | | | | | | |
| | | monisha.merchant@level3.com | | | 3.com | | |
| 7b. Signature of Certifying Official | | | 7e. Date Report Submitted (MM/DD/YYYY): | | | | |
| Monisha Merchant | | | 07/30/2010 | | | | |

Project Indicators (This Quarter)

1. Please describe significant project accomplishments completed during this quarter (150 words or less).

Administrative set up; Special Award Conditions; marketing activities to reach last mile providers; set up procurement process; sent out RFPs for Section 106 Compliance.

2. Please provide the percent complete for the following key milestones in your project. Write "N/A" in the second 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 (100 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 | 10 | |
| 2b. | Environmental Assessment | 20 | N/A |
| 2c. | Network Design | 0 | N/A |
| 2d. | Rights of Way | 0 | N/A - All construction will be on our own property. |
| 2e. | Construction Permits and Other Approvals | 50 | N/A |
| 2f. | Site Preparation | 0 | N/A |
| 2g. | Equipment Procurement | 0 | N/A |
| | Network Build (all components - owned, leased, IRU, etc) | 0 | N/A |
| 2i. | Equipment Deployment | 0 | |
| 2j. | Network Testing | 0 | |
| 2k. | Other (please specify): | | |

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 (150 words or less).

Two delays: (1) Section 106 completion process required setting up a new procurement process to identify and select the consultant with NHPA experience. (2) Cannot expend funds until revised Accounting System Verification (ASV) SAC is released and achieved.

4. Please report the following information regarding network build progress. Write "N/A" in the second 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 (100 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 | N/A |
| New network miles leased | 0 | N/A |
| Existing network miles upgraded | 0 | |
| Existing network miles leased | 0 | |
| Number of miles of new fiber (aerial or underground) | 0 | |
| Number of new wireless links | 0 | N/A |
| Number of new towers | 0 | N/A |
| Number of interconnection points | 0 | |

For questions 5 and 6 please include information relating to agreements that you are negotiating or have entered into, or that your subrecipient, 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 | 0 |
| Number of agreements currently being negotiated with broadband wholesalers or last mile providers | 2 |
| Average term of signed agreements | 5 |

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- 5b. Please list the names of the wholesale and last mile providers with whom you have signed agreements. Providers: N/A
- 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. Wholesale services description: Protected and unprotected transport 50Mbps to 10Gbps to last mile providers. Speeds: 50M, 100M, 150M, 200M, 300M, 400M, 500M, 600M, 1G, 2.5G, 10G, OC-3, OC-12, OC-48, OC-192. Pricing varies based on length of circuit, bandwidth, type of transport, and contract term.
- 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 subrecipient, contractor, and/or subcontractor, and describe with specificity the portion of your network this third party operates (150 words or less).

 N/A
- 6. Please provide the data according to the type of subscriber. Write "N/A" 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 (100 words of less).

| | | | Narrative (describe your reasons for any variance from the baseline plan or any other |
|---|---|-------|---|
| Subscriber Type | Access Type | Total | relevant information) |
| | Providers with signed agreements receiving new access | 0 | |
| Due alleged Whater series and set Mile | Providers with signed agreements receiving improved access | 0 | |
| Broadband Wholesalers or Last Mile Providers | Providers with signed agreements receiving access to dark fiber | 0 | |
| | Please identify the speed tiers that are available and the number of subscribers for each | 0 | |
| | Total subscribers served | | N/A - Will serve anchor institutions via last mile providers. |
| | Subscribers receiving new access | | N/A - Will serve anchor institutions via last mile providers. |
| Community Anchor Institutions (including Government institutions) | Subscribers receiving improved access | | N/A - Will serve anchor institutions via last mile |
| | Please identify the speed tiers that are available and the number or subscribers for each | | providers. N/A - Will serve anchor institutions via last mile providers. |
| | Entities passed | | N/A - Will serve households via last mile providers. |
| | Total subscribers served | | N/A - Will serve households via last mile providers. |
| Residential / Households | Subscribers receiving new access | | N/A - Will serve households via last mile providers. |
| Nesidential / Households | Subscribers receiving improved access | | N/A - Will serve households via last mile providers. |
| | Please identify the speed tiers that are available and the number of subscribers for each | | N/A - Will serve households via last mile providers. |
| | Entities passed | | N/A - Will serve businesses via last mile providers. |
| | Total subscribers served | | N/A - Will serve businesses via last mile providers. |
| Businesses | Subscribers receiving new access | | N/A - Will serve businesses via last mile providers. |
| Dusillesses | Subscribers receiving improved access | | N/A - Will serve businesses via last mile providers. |
| | Please identify the speed tiers that are available and the number of subscribers for each | | N/A - Will serve businesses via last mile providers. |

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| 7 | Please describe | any special offerings you | u mav provide (150 words o | r less) |
|---|-----------------|---------------------------|----------------------------|---------|

We will provide seven new access points on Level 3's existing broadband network to enable last mile providers to offer affordable highspeed services to under served areas. The additional points of interconnection will offer broadband speeds between 50 Mbps and 10 Gbps.

| 8a | . Have your network management practices changed over the last quarter? | No | ○ Yes |
|----|---|----------------------|-------|
| 1 | . If so, please describe the changes (150 words or less). | | |
| N/ | A | | |
| | | | |
| | | | |

9. Community Anchor Institutions:

Using the table below, please provide a list by service area of the community anchor institutions (including Government institutions) connected to your network as a result of BTOP funds. Unless otherwise indicated in the instructions, figures should be reported cumulatively from award inception to the end of the most recent calendar year. Also indicate whether your organization is currently providing broadband service to the anchor institution. Finally, provide a short narrative description with examples of how institutions are using BTOP-funded infrastructure (100 words or less).

| Institution Name | Service Area (town or county) | Type of Anchor Institution (as defined in your baseline) | Are you also the broadband service provider for this institution? (Yes / No) | 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)

Please describe significant project accomplishments planned for completion during the next quarter (150 words or less).
 Issued RFP for vendor selection for Section 106 compliance, equipment, and engineering design.

2. Please provide the percent complete for the following key milestones in your project. Write "N/A" in the second 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 (100 words or less).

| | Milestone | Planned Percent Complete | Narrative (describe reasons for any variance from baseline plan or any other relevant information) |
|-----|---|--------------------------------|--|
| 2a. | Overall Project | 30 | |
| 2b. | Environmental Assessment | 100 | |
| 2c. | Network Design | 45 | |
| 2d. | Rights of Way | 0 | N/A - All construction will be on our own property. |
| 2e. | Construction Permits and Other Approvals | 75 | |
| 2f. | Site Preparation | 20 | |
| 2g. | Equipment Procurement | 15 | |
| 2h. | Network Build (all components - owned, leased, IRU, etc.) | 10 | |
| 2i. | Equipment Deployment | 10 | |
| 2j. | Network Testing | 0 | |
| 2k. | Other (please specify): | 0 | |

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 useful (150 words or less).

Purchase of equipment pending Section 106 clearance and ASV SAC. Waiting for approval to order equipment per the amended environmental SAC.

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.

| Budget for Entire Project | | | | | Actuals from Project Inception through End of Current Reporting 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 | \$80,000 | \$20,000 | \$60,000 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | |
| b. Land, structures, right-of- ways, appraisals, etc. | \$19,950 | \$4,988 | \$14,963 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | |
| c. Relocation expenses and payments | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | |
| d. Architectural and engineering fees | \$2,500 | \$625 | \$1,875 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | |
| e. Other architectural and engineering fees | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | |
| f. Project inspection fees | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | |
| g. Site work | \$118,125 | \$29,531 | \$88,594 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | |
| h. Demolition and removal | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | |
| i. Construction | \$288,300 | \$72,075 | \$216,225 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | |
| j. Equipment | \$2,246,124 | \$561,531 | \$1,684,5 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | |
| k. Miscellaneous | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | |
| I. SUBTOTAL (add a through k) | \$2,755,000 | \$688,750 | \$2,066,251 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | |
| m. Contingencies | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | |
| TOTALS (sum of I and m) | \$2,755,000 | \$688,750 | \$2,066,251 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | |

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: | b. Program Income to Date: \$0 |
|---------------------------------------|--------------------------------|
|---------------------------------------|--------------------------------|