AWARD NUMBER: NT10BIX5570027 DATE: 10/30/2012			EXPIRATION DATE: 12/31/2013			
QUARTERLY PERFORMANCE PROC	RESS REPORT	FOR BROADBAN	ID INFRASTRUCTURE PROJECTS			
General Information						
Federal Agency and Organizational Element to Which Report is Submitted	2. Award Identific	ation Number	3. DUNS Number			
Department of Commerce, National Telecommunications and Information Administration	NT10BIX557002	27	009848524			
4. Recipient Organization						
E.N.M.R. Telephone Cooperative 7111 N Prince , Clovis, NM 88101-9730	e St					
5. Current Reporting Period End Date (MM/DD/YYY	Υ)	6. Is this the last Repo	ort of the Award Period?			
09-30-2012			○ Yes ● No			
7. Certification: I certify to the best of my knowledg purposes set forth in the award documents.	e and belief that thi	is report is correct and	complete for performance of activities for the			
7a. Typed or Printed Name and Title of Certifying O	fficial	7c. Telepho	one (area code, number and extension)			
Tom Phelps		5753894220				
		7d. Email Address				
		tphelps@p	olateautel.com			
7b. Signature of Certifying Official		7e. Date Re	port Submitted (MM/DD/YYYY):			
Submitted Electronically		10-30-201	10-30-2012			

DATE: 10/30/2012

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).

Splicing has been completed and equipment procurement and installation is proceeding ahead of schedule and should be complete Q4 2012. Anchor institutions are continuing to be contact and community outreach is being conducted.

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	96	Positive variance.
2b.	Environmental Assessment	100	No variance.
2c.	Network Design	100	No variance.
2d.	Rights of Way	0	N/A
2e.	Construction Permits and Other Approvals	100	No variance.
2f.	Site Preparation	100	No variance.
2g.	Equipment Procurement	95	Equipment procurement expect to be complete next quarter.
2h.	Network Build (all components - owned, leased, IRU, etc)	96	Network build expect to be completed next quarter. Finalizing splicing and reconciling final invoicing.
2i.	Equipment Deployment	95	Equipment deployment follows procurement. Expect to be complete next quarter.
2j.	Network Testing	95	Testing follows deployment and procurement. Expect to be complete next quarter.
2k.	Other (please specify): N/A	0	N/A

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).

None, ENMR-Plateau has been able to surpass projected milestones.

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).

	1	
Indicator	Total	Narrative (describe your reasons for any variance from the baseline plan or any other relevant information)
New network miles deployed	91	Positive variance.
New network miles leased	528	No variance.
Existing network miles upgraded	1,268	Not reflected as separate line item in baseline. No variance.
Existing network miles leased	0	N/A
Number of miles of new fiber (aerial or underground)	1,887	Positive variance.
Number of new wireless links	0	N/A
Number of new towers	0	N/A

AWARD NUMBER: NT10BIX5570027

OMB CONTROL NUMBER: 0660-0037 DATE: 10/30/2012 EXPIRATION DATE: 12/31/2013

Indicator	Total	Narrative (describe your reasons for any variance from the baseline plan or any other relevant information)
Number of new and/or upgraded interconnection points	20	N/A

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	11
Number of agreements currently being negotiated with broadband wholesalers or last mile providers	0
Average term of signed agreements (in quarters)	12

- 5b. Please list the names of the wholesale and last mile providers with whom you have signed agreements (100 words or less). Providers: Windstream, TLSN, CableOne, Sierra Communications, South Plains Telephone Cooperative, WT Services, Inc., Delcom, Five Area Systems, Yucca Communications, Penasco Valley Telecom, Conterra Ultra Broadband
- 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:

Long Haul Special Access Services which are typically point to point Ethernet services from Interconnection Point to Interconnection Point; Local Access Services which are typically Ethernet services from the local Interconnection Point to the anchor institution.

- 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 Wholesalers or Last Mile Providers		3	There are 3 providers currently receiving new access to ENMR-Plateau's core middle mile network.
	Providers with signed agreements receiving improved access	8	There are 8 providers currently receiving improved access to ENMR-Plateau's core middle mile network.
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	14	DS1 - 0, DS3 - 0, OC3 - 0, OC12 - 2, 50Mb - 1, 100Mb - 5, 200Mb - 2, 1Gb - 1, 2.5Gb - 1, 10Gb - 2
Community Anchor Institutions (including Government institutions)	Total subscribers served	223	N/A
	Subscribers receiving new access	219	N/A

AWARD NUMBER: NT10BIX5570027

DATE: 10/30/2012

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 improved access			4		N/A		
	Please identify the speed tiers that are available and the number or subscribers for each			33		1.5Mb - 1, 5Mb - 6, 10Mb - 0, 15Mb - 0, 20Mb - 2, 30Mb - 0, 40Mb - 1, 50Mb - 0, 100Mb - 0, 1Gb - 23		
Residential / Households	Entities passe	ed		0		N/A		
	Total subscril	bers served		0		N/A		
	Subscribers r	eceiving new acce	ess	0		N/A		
	Subscribers r	eceiving improved	access	0		N/A		
		y the speed tiers the the number of or each	hat are	0		N/A		
Businesses	Entities passe	ed		0		N/A		
	Total subscril	bers served		0		N/A		
	Subscribers r	eceiving new acce	ess	0		N/A		
	Subscribers r	eceiving improved	l access	0		N/A		
		y the speed tiers the the number of or each	hat are	0		N/A		
7. Please describe any s N/A 8a. Have your network i						◯ Yes		
8b. If so, please describ				raot quarto				
N/A								
Using the table below, p connected to your network cumulatively). Also indi	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. Figures should be reported for the most recent reporting quarter only (NOT cumulatively). 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 (300 words or less).							
Institution Name	Area (town or county)  Institution (as defined in your baseline)  baseline)  broa service for instit		broad service for institu	also the dband provider this ution?	Narr	ative description of how anchor institutions are using BTOP- funded infrastructure		
N/A	N/A	N/A	N	I/A		N/A		
Project Indicators (Next	,							
_	<ol> <li>Please describe significant project accomplishments planned for completion during the next quarter (600 words or less).</li> <li>Finalize splicing and acceptance testing. Finalize equipment procurement and deployment.</li> </ol>							

RECIPIENT NAME: E.N.M.R. Telephone Cooperative

AWARD NUMBER: NT10BIX5570027

OMB CONTROL NUMBER: 0660-0037 DATE: 10/30/2012 EXPIRATION DATE: 12/31/2013

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	100	Positive variance.
2b.	Environmental Assessment	100	No variance.
2c.	Network Design	100	No variance.
2d.	Rights of Way	0	N/A
2e.	Construction Permits and Other Approvals	100	No variance.
2f.	Site Preparation	100	No variance.
2g.	Equipment Procurement	100	Positive variance.
2h.	Network Build (all components - owned, leased, IRU, etc.)	100	Positive variance.
2i.	Equipment Deployment	100	Positive variance.
2j.	Network Testing	100	Positive variance.
2k.	Other (please specify): N/A	0	N/A

<sup>3.</sup> 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 (600 words or less).

No potential challenges or issues known at this time. Construction and equipment deployment are expected to be completed ahead of baseline projections. The total for part i. Construction under Matching Funds for the "Actuals from Project Inception through End of Current Report Period" below includes \$370,991 of ENMR Telephone Cooperative's in-kind matching requirement.

DATE: 10/30/2012

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

## 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					from Project nd 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, appraisals, etc.	\$736,764	\$226,028	\$510,736	\$736,764	\$226,028	\$510,736	\$736,764	\$226,028	\$510,736
c. Relocation expenses and payments	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
d. Architectural and engineering fees	\$1,942,560	\$595,948	\$1,346,612	\$1,942,560	\$595,948	\$1,346,612	\$1,942,560	\$595,948	\$1,346,612
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	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
h. Demolition and removal	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
i. Construction	\$8,953,674	\$3,004,028	\$5,949,646	\$8,575,884	\$2,881,687	\$5,694,197	\$8,953,674	\$3,004,028	\$5,949,646
j. Equipment	\$4,969,701	\$1,524,629	\$3,445,072	\$4,709,129	\$1,440,993	\$3,268,136	\$4,969,701	\$1,524,629	\$3,445,072
k. Miscellaneous	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
I. SUBTOTAL (add a through k)	\$16,602,699	\$5,350,633	\$11,252,066	\$15,964,337	\$5,144,656	\$10,819,681	\$16,602,699	\$5,350,633	\$11,252,066
m. Contingencies	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
n. TOTALS (sum of I and m)	\$16,602,699	\$5,350,633	\$11,252,066	\$15,964,337	\$5,144,656	\$10,819,681	\$16,602,699	\$5,350,633	\$11,252,066

<sup>2.</sup> 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