| QUARTERLY PERFORMANCE PROGRESS REPORT FOR BROADBAND INFRASTRUCTURE PROJECTS                       |                                 |                                         |                                                |  |  |  |
|---------------------------------------------------------------------------------------------------|---------------------------------|-----------------------------------------|------------------------------------------------|--|--|--|
| General Information                                                                               |                                 |                                         |                                                |  |  |  |
| 1. Federal Agency and Organizational Element to Which Report is Submitted                         | 2. Award Identification Number  |                                         | 3. DUNS Number                                 |  |  |  |
| Department of Commerce, National<br>Telecommunications and Information<br>Administration          | NT10BIX5570051                  |                                         | 787589290                                      |  |  |  |
| 4. Recipient Organization                                                                         | 1                               |                                         | 1                                              |  |  |  |
| First Step Internet, L.L.C. 1420 S. Blaine St #10,                                                | Moscow, ID 83843-3973           |                                         |                                                |  |  |  |
| 5. Current Reporting Period End Date (MM/DD/YYY                                                   | Y) 6. Is this                   | the last Repo                           | rt of the Award Period?                        |  |  |  |
| 03-31-2015                                                                                        | ○ Yes 		● No                    |                                         |                                                |  |  |  |
| 7. Certification: I certify to the best of my knowledg purposes set forth in the award documents. | e and belief that this report i | s correct and                           | complete for performance of activities for the |  |  |  |
| 7a. Typed or Printed Name and Title of Certifying O                                               | fficial                         | 7c. Telepho                             | ne (area code, number and extension)           |  |  |  |
| Kevin Owen                                                                                        |                                 | 2088828869                              |                                                |  |  |  |
|                                                                                                   |                                 | 7d. Email Address                       |                                                |  |  |  |
| President                                                                                         | kowen@fsr.com                   |                                         |                                                |  |  |  |
| 7b. Signature of Certifying Official                                                              |                                 | 7e. Date Report Submitted (MM/DD/YYYY): |                                                |  |  |  |
| Submitted Electronically                                                                          |                                 |                                         | 05-05-2015                                     |  |  |  |
|                                                                                                   |                                 |                                         |                                                |  |  |  |

AWARD NUMBER: NT10BIX5570051 DATE: 05/05/2015

Project Indicators (This Quarter)

## 1. Please describe significant project accomplishments completed during this quarter (600 words or less).

Q1 2015 was spent addressing the final requirements to lift the suspension thus allowing First Step to go back to work completing the project. AAR#2514374 was officially approved 1/5/2015. AAR#2516131 was submitted to request additional project work to be completed. That AAR was approved 2/9/2015. 3/2/2015 received final approval from SHPO for a portion of the project that involved a 40' tower extension. First Step submitted a budget modification, AAR#2527467 was submitted 3/9/2015 to support the remaining construction work and this AAR was approved 3/20/2015. First Step began working on the projects contained in AAR#2516131. Equipment has been ordered and schedules have been created for the deployment of the equipment and completion of the tasks outlined in the AAR.

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<br>Complete | Narrative (describe reasons for any variance from baseline plan or<br>subsequent written updates provided to your program officer)                                                                                                                                                                                                                                                                                    |
|-----|-------------------------------------------------------------|---------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2a. | Overall Project                                             | 91                  | Winter weather and the Environmental requirements put the project<br>behind schedule from the very beginning. First Step has completed its<br>project improvement plan and it has been accepted. First Step has<br>completed 96% of the network. AAR# 2516131 for final project work has<br>been approved and work has started. A no cost project extension was<br>approved with a new project end date of 9/30/2015. |
| 2b. | Environmental Assessment                                    | 100                 | completed                                                                                                                                                                                                                                                                                                                                                                                                             |
| 2c. | Network Design                                              | 100                 | completed                                                                                                                                                                                                                                                                                                                                                                                                             |
| 2d. | Rights of Way                                               | 0                   | n/a                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 2e. | Construction Permits and Other Approvals                    | 100                 | All permits and approvals have been received for all NTIA approved project work.                                                                                                                                                                                                                                                                                                                                      |
| 2f. | Site Preparation                                            | 98                  | 40' of tower section to add to existing tower site and one shipping container to place on remote power site.                                                                                                                                                                                                                                                                                                          |
| 2g. | Equipment Procurement                                       | 96                  | Final equipment procurement is underway.                                                                                                                                                                                                                                                                                                                                                                              |
| 2h. | Network Build (all components - owned,<br>leased, IRU, etc) | 96                  | As the final equipment is purchased it will be installed as it arrives.<br>Currently the network is 96% built.                                                                                                                                                                                                                                                                                                        |
| 2i. | Equipment Deployment                                        | 96                  | As the final equipment arrives it will be installed.                                                                                                                                                                                                                                                                                                                                                                  |
| 2j. | Network Testing                                             | 96                  | 96% of the network is built and tested. As the remaining equipment arrives, it will be installed, configured and tested as part of the deployment process.                                                                                                                                                                                                                                                            |
| 2k. | Other (please specify): n/a                                 | 0                   | n/a                                                                                                                                                                                                                                                                                                                                                                                                                   |

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 (600 words or less).

Despite the winter delays and the delays in the final approval for tower construction, First Step was able to complete all of the initially planned paths and towers as of 6/30/2013.

First Step continues to work with the FPO team and was granted a no cost project extension on 10/16/2014 which will allow us to add an additional CAI and complete other network improvements.

First Step submitted AAR# 2516131 that would add 6 project modifications. The AAR was approved on 2/9/2015. The modifications to the originally approved project would result in providing broadband services to ~2,484 currently unserved locations, improve service to multiple CAI's currently serviced under the project, add 25 new path miles and add 1 new medical clinic CAI. All are locations within the previously approved area of the 5 county project. This work will be begin, weather permitting, when EHP and the FPO have completed their reviews and approvals of the projects.

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

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DATE: 05/05/2015 target provided in your baseline plan (600 words or less).

|                                                                                                                      |                  | Narrative (describe vour r                                                                                                                              | easons for any variance from the baseline |  |  |  |
|----------------------------------------------------------------------------------------------------------------------|------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--|--|--|
| Indicator                                                                                                            | Total            |                                                                                                                                                         | other relevant information)               |  |  |  |
| New network miles deployed                                                                                           | 551              | First Step had a baseline of 550 network miles to deploy. At 551 deployed we are in line with our original projections.                                 |                                           |  |  |  |
| New network miles leased                                                                                             | 0                | n/a                                                                                                                                                     |                                           |  |  |  |
| Existing network miles upgraded                                                                                      | 0                | n/a                                                                                                                                                     |                                           |  |  |  |
| Existing network miles leased                                                                                        | 0                | n/a                                                                                                                                                     |                                           |  |  |  |
| Number of miles of new fiber (aerial or underground)                                                                 | 0                | n/a                                                                                                                                                     |                                           |  |  |  |
| Number of new wireless links                                                                                         | 72               | First Step originally planned 69 microwave paths. As of the end of the year 72 paths were completed, 3 ahead of our projections.                        |                                           |  |  |  |
| Number of new towers                                                                                                 | 12               | First Step has added 12 new towers as part of its project. The original project had 10 and there were 2 additional towers approved through the process. |                                           |  |  |  |
| Number of new and/or upgraded interconnection points                                                                 | 13               | All anticipated interconne                                                                                                                              | ection points were installed.             |  |  |  |
| For questions 5 and 6 please include information relating recipient, contractor or subcontractor is negotiating or e |                  | s that you are negotiating or                                                                                                                           | r have entered into, or that your sub     |  |  |  |
| 5a. If applicable, please provide the following informatio as a result of your project.                              | n with regard to | o agreements with broadbar                                                                                                                              | nd wholesalers and/or last mile providers |  |  |  |
| Indicators                                                                                                           |                  |                                                                                                                                                         |                                           |  |  |  |
| Number of signed agreements with broadband wholesale                                                                 | ers or last mile | providers                                                                                                                                               | 0                                         |  |  |  |
| Number of agreements currently being negotiated with b<br>providers                                                  | roadband whol    | esalers or last mile                                                                                                                                    | 3                                         |  |  |  |

Average term of signed agreements (in quarters)

5b. Please list the names of the wholesale and last mile providers with whom you have signed agreements (100 words or less). Providers: No agreement yet signed.

0

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:

Pricing is flexible and dependent upon each requested path, as such, we don't have fixed pricing plans or tiers.

CAI and Wholesale list pricing starts at \$100/meg. Final pricing is dependent upon many factors. Factors such as expected usage, competitive pricing, other services customer may be purchasing as part of package, numbers of sites customer is servicing through First Step, collocation agreements at site or other sites, current pricing, etc all are factored into the final negotiated price with customer.

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).

First Step will operate the network.

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) |
|-----------------|-------------|-------|-------------------------------------------------------------------------------------------------------------|
|                 |             |       |                                                                                                             |

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| Subscriber Type                                                            | Access Type                                                                                     | Total | Narrative (describe your reasons for any variance from the baseline plan or any other relevant information)                                                                                                                                                                                                                                                                                                                                                        |  |  |  |
|----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| Broadband<br>Wholesalers or Last<br>Mile Providers                         | Providers with signed agreements receiving new access                                           | 0     | No providers yet signed due to the early weather and environmental construction delays.                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |
|                                                                            | Providers with signed agreements<br>receiving improved access                                   | 0     | No providers yet signed due to the early weather and environmental construction delays.                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |
|                                                                            | Providers with signed agreements<br>receiving access to dark fiber                              | 0     | n/a                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |
|                                                                            | Please identify the speed tiers that are<br>available and the number of<br>subscribers for each | 100   | \$100/meg/month                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |
| Community Anchor<br>Institutions (including<br>Government<br>institutions) | Total subscribers served                                                                        | 43    | First Step completed all builds to the projected CAI's.<br>First Step plans to install one new additional CAI in the coming<br>quarter.                                                                                                                                                                                                                                                                                                                            |  |  |  |
|                                                                            | Subscribers receiving new access                                                                | 17    | First Step met the expected project indicators for installations to new subscribers.                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |
|                                                                            | Subscribers receiving improved access                                                           | 26    | First Step met the expected project indicators for installations to improved access subscribers.                                                                                                                                                                                                                                                                                                                                                                   |  |  |  |
|                                                                            | Please identify the speed tiers that are<br>available and the number or<br>subscribers for each | 14    | First Step does not offer pre-defined "speed tiers". CAI's are ab<br>to order the exact bandwidth they believe they need for their<br>individual usage and project. Speed packages currently<br>provisioned are as follows:Current Speed Tier Matrix<br>Speed Provisioned # of CAI's<br>800k/128k: 1<br>1.5/256: 1<br>2.0/500: 6<br>2/2: 1<br>3/3: 5<br>4/2: 1<br>5/5: 4<br>6/6: 7<br>7/7: 1<br>9/3: 1<br>10/10: 6<br>12/12: 2<br>20/20: 1<br>30/30: 6<br>Total 43 |  |  |  |
| Residential /<br>Households                                                | Entities passed                                                                                 | 0     | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |
|                                                                            | Total subscribers served                                                                        | 0     | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |
|                                                                            | Subscribers receiving new access                                                                | 0     | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |
|                                                                            | Subscribers receiving improved access                                                           | 0     | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |
|                                                                            | Please identify the speed tiers that are<br>available and the number of<br>subscribers for each | 0     | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |
| Businesses                                                                 | Entities passed                                                                                 | 0     | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |
|                                                                            | Total subscribers served                                                                        | 0     | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |
|                                                                            | Subscribers receiving new access                                                                | 0     | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |
|                                                                            | Subscribers receiving improved access                                                           | 0     | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |

RECIPIENT NAME: First Step Internet, L.L.C.

## AWARD NUMBER: NT10BIX5570051

DATE: 05/05/2015

| OMB CONTROL NUMBER: 0660-0037 |
|-------------------------------|
| EXPIRATION DATE: 6/30/2015    |

| Subscriber Type Access Type                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Access Type                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Total                 | Na                            | arrative (describe your reasons for any variance from the baseline plan or any other relevant information) |                                                                                                                                                                                                                 |  |  |  |
|----------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-------------------------------|------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| Please identify the speed tiers<br>available and the number of<br>subscribers for each |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  | the number of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | that are              | 0                             | n/a                                                                                                        |                                                                                                                                                                                                                 |  |  |  |
|                                                                                        | 7. Please describe any special offerings you may provide (600 words or less).<br>No special offerings.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                       |                               |                                                                                                            |                                                                                                                                                                                                                 |  |  |  |
| 8a. H                                                                                  | 8a. Have your network management practices changed over the last quarter? O Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                       |                               |                                                                                                            |                                                                                                                                                                                                                 |  |  |  |
|                                                                                        | 8b. If so, please describe the changes (300 words or less).<br>No change.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                       |                               |                                                                                                            |                                                                                                                                                                                                                 |  |  |  |
| Using<br>conne<br>cumu                                                                 | ected to your netwo<br>latively). Also indi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | lease provide<br>ork as a result<br>cate whether | t of BTOP funds.<br>your organization                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Figures s             | should be re<br>ntly providir | ported f                                                                                                   | or institutions (including Government institutions)<br>for the most recent reporting quarter only (NOT<br>Iband service to the anchor institution. Finally, provide a<br>ed infrastructure (300 words or less). |  |  |  |
| In                                                                                     | Institution Name Service<br>Area (town<br>or county) Type of Anchor<br>Institution (as<br>defined in your<br>baseline) Service provider<br>(Yes / No)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                       |                               |                                                                                                            |                                                                                                                                                                                                                 |  |  |  |
| No                                                                                     | new connections this quarter.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | n/a                                              | n/a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | n                     | n/a                           |                                                                                                            | n/a                                                                                                                                                                                                             |  |  |  |
| Proje                                                                                  | ct Indicators (Next                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Quarter)                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                       |                               |                                                                                                            |                                                                                                                                                                                                                 |  |  |  |
| First                                                                                  | Step plans to cont                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | inue working<br>her holds, Fil                   | with NTIA and the stand the standard structure with the structure | ne FPO to<br>es being | eam as we<br>able to cor      | work to                                                                                                    | ring the next quarter (600 words or less).<br>wards completion of the project.<br>all 6 projects contained in AAR#2516131. This would                                                                           |  |  |  |
| The a<br>CAI's                                                                         | approved projects                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | would result<br>d under the p                    | in providing broa<br>roject, add 25 ne                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | dband se              | ervices to ~                  |                                                                                                            | urrently unserved locations, improve service to multiple<br>w medical clinic CAI. All are locations within the                                                                                                  |  |  |  |
| Once                                                                                   | the 6 projects are                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | completed,                                       | First Step will im                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | mediately             | y move forv                   | vard wit                                                                                                   | h close out procedures.                                                                                                                                                                                         |  |  |  |
| and "<br>pleas<br>awarc                                                                | 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). |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                       |                               |                                                                                                            |                                                                                                                                                                                                                 |  |  |  |
|                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  | P                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | lanned<br>ercent      | Narrativ                      | /e (desc                                                                                                   | ribe reasons for any variance from baseline plan or any                                                                                                                                                         |  |  |  |
| 2a.                                                                                    | M<br>Overall Project                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ilestone                                         | Cc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 99                    |                               |                                                                                                            | other relevant information)<br>es being completed with all aspects of the project by the end<br>eption of the required closeout.                                                                                |  |  |  |
| 2b.                                                                                    | Environmental As                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | sessment                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 100                   | Completed                     | ł                                                                                                          |                                                                                                                                                                                                                 |  |  |  |
| 2c.                                                                                    | Network Design                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 100                   | Completed                     | ł                                                                                                          |                                                                                                                                                                                                                 |  |  |  |
| 2d.                                                                                    | Rights of Way                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 100                   | Completed                     | ł                                                                                                          |                                                                                                                                                                                                                 |  |  |  |
|                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                       |                               |                                                                                                            |                                                                                                                                                                                                                 |  |  |  |

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|     | Milestone                                                 | Planned<br>Percent<br>Complete | Narrative (describe reasons for any variance from baseline plan or any other relevant information) |
|-----|-----------------------------------------------------------|--------------------------------|----------------------------------------------------------------------------------------------------|
| 2e. | Construction Permits and Other Approvals                  | 100                            | Completed                                                                                          |
| 2f. | Site Preparation                                          | 100                            | Completed                                                                                          |
| 2g. | Equipment Procurement                                     | 100                            | Completed                                                                                          |
| 2h. | Network Build (all components - owned, leased, IRU, etc.) | 100                            | Completed                                                                                          |
|     | Equipment Deployment                                      | 100                            | Completed                                                                                          |
| 2j. | Network Testing                                           | 100                            | Completed                                                                                          |
| 2k. | Other (please specify): n/a                               | 0                              | n/a                                                                                                |

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 (600 words or less).

With all approvals in place for all aspects of the project the only anticipated delays at this time would be due to weather. If the early Spring weather holds, First Step anticipates completed of all construction tasks by the end of Q2.

## 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<br>nd of Current<br>Period |                  | Anticipated Actuals from Project<br>Inception through End of Next<br>Reporting Period |                   |                  |
|---------------------------------------------------------------|----------------------|-----------------------------|----------------------------|------------------|-----------------------------------------|------------------|---------------------------------------------------------------------------------------|-------------------|------------------|
| Cost<br>Classification                                        | Total Cost<br>(plan) | Matching<br>Funds<br>(plan) | Federal<br>Funds<br>(plan) | Total<br>Cost    | Matching<br>Funds                       | Federal<br>Funds | Total<br>Costs                                                                        | Matching<br>Funds | Federal<br>Funds |
| a. Administrative<br>and legal<br>expenses                    | \$149,950            | \$85,922                    | \$64,028                   | \$124,975        | \$78,437                                | \$46,538         | \$127,975                                                                             | \$81,437          | \$46,538         |
| b. Land,<br>structures,<br>right-of-ways,<br>appraisals, etc. | \$520,000            | \$20,294                    | \$499,706                  | \$520,000        | \$20,294                                | \$499,706        | \$520,000                                                                             | \$20,294          | \$499,706        |
| c. Relocation<br>expenses and<br>payments                     | \$0                  | \$0                         | \$0                        | \$0              | \$0                                     | \$0              | \$0                                                                                   | \$0               | \$0              |
| d. Architectural<br>and<br>engineering<br>fees                | \$21,700             | \$21,700                    | \$0                        | \$21,700         | \$21,700                                | \$0              | \$21,700                                                                              | \$21,700          | \$0              |
| e. Other<br>architectural<br>and<br>engineering<br>fees       | \$0                  | \$0                         | \$0                        | \$0              | \$0                                     | \$0              | \$0                                                                                   | \$0               | \$0              |
| f. Project<br>inspection fees                                 | \$0                  | \$0                         | \$0                        | \$0              | \$0                                     | \$0              | \$0                                                                                   | \$0               | \$0              |
| g. Site work                                                  | \$20,000             | \$0                         | \$20,000                   | \$20,000         | \$0                                     | \$20,000         | \$20,000                                                                              | \$0               | \$20,000         |
| h. Demolition and removal                                     | \$0                  | \$0                         | \$0                        | \$0              | \$0                                     | \$0              | \$0                                                                                   | \$0               | \$0              |
| i. Construction                                               | \$531,456            | \$350,121                   | \$181,335                  | \$506,897        | \$350,121                               | \$156,776        | \$531,456                                                                             | \$350,121         | \$181,335        |
| j. Equipment                                                  | \$1,651,330          | \$112,369                   | \$1,538,961                | \$1,449,422      | \$86,469                                | \$1,362,953      | \$1,651,330                                                                           | \$112,369         | \$1,538,961      |
| k. Miscellaneous                                              | \$97,593             | \$8,000                     | \$89,593                   | \$78,942         | \$5,985                                 | \$72,957         | \$97,593                                                                              | \$8,000           | \$89,593         |
| I. SUBTOTAL<br>(add a through<br>k)                           | \$2,992,029          | \$598,406                   | \$2,393,623                | \$2,721,936      | \$563,006                               | \$2,158,930      | \$2,970,054                                                                           | \$593,921         | \$2,376,133      |
| m. Contingencies                                              | \$0                  | \$0                         | \$0                        | \$0              | \$0                                     | \$0              | \$0                                                                                   | \$0               | \$0              |
| n. TOTALS<br>(sum of I and<br>m)                              | \$2,992,029          | \$598,406                   | \$2,393,623                | \$2,721,936      | \$563,006                               | \$2,158,930      | \$2,970,054                                                                           | \$593,921         | \$2,376,133      |
| 2. Program Incom<br>reporting period.                         | e: Please prov       | vide the progr              | am income yc               | ou listed in you | ur application                          | budget and a     | ctuals to date                                                                        | through the e     | end of the       |

a. Application Budget Program Income: \$440,000

b. Program Income to Date: \$123,870