AWARD NUMBER: NT10BIX5570057

DATE: 11/29/2011

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

QUARTERLY PERFORMANCE PROG	RESS REPOR	T FOR BE	20ADBAN	D INFRASTRUCTURE I	PROJECTS
General Information	SKEOO KEI OK	T T OK BI	COADBAIL	DINIKAOIKOOTOKEI	ROOLOTO
Federal Agency and Organizational Element to Which Report is Submitted	2. Award Identific	ation Numl	oer	3. DUNS Number	
Department of Commerce, National Telecommunications and Information Administration	NT10BIX557005	57		626155035	
4. Recipient Organization	1			,	
DigitalBridge Communications Corp. 44675 Cape Suite 130, Ashburn, VA 20147-6230	e Court				
5. Current Reporting Period End Date (MM/DD/YYY	Y)	6. Is this t	he last Repo	rt of the Award Period?	
09-30-2011					
7. Certification: I certify to the best of my knowledg purposes set forth in the award documents.	e and belief that th	is report is	correct and	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 e	xtension)
William Wallace			7037236272	2	
			7d. Email A	ddress	
Executive V.P. Policy & External Affairs			william.wal	lace@dbcmail.com	
7b. Signature of Certifying Official				port Submitted (MM/DD/YYY	():
Submitted Electronically			11-29-201	1	

DATE: 11/29/2011

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

Project Indicators (This Quarter)

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

Procurement activities completed relating to the selection of a purchaser of DigitalBridge Communications Corporation's Idaho Assets.

2. Please provide the percent complete for the following key milestones in your project. Write "0" in the Percent Complete column and "N/A" in the Narrative column if your project does not include this activity. If you provided additional milestones in your baseline plan, please insert them at the bottom of the table. Unless otherwise indicated in the instructions, figures should be reported cumulatively from award inception to the end of the most recent reporting quarter. Please provide a narrative description if the percent complete is different from the target provided in your baseline plan (300 words or less).

	Milestone	Percent Complete	Narrative (describe reasons for any variance from baseline plan or subsequent written updates provided to your program officer)
2a.	Overall Project	1	Asset sale in process
2b.	Environmental Assessment	100	N/A
2c.	Network Design	100	N/A
2d.	Rights of Way	35	Project on hold until asset sale completed
2e.	Construction Permits and Other Approvals	0	Project on hold until asset sale completed
2f.	Site Preparation	0	Project on hold until asset sale completed
2g.	Equipment Procurement	0	N/A
2h.	Network Build (all components - owned, leased, IRU, etc)	0	Project on hold until asset sale completed
2i.	Equipment Deployment	0	Project on hold until asset sale completed
2j.	Network Testing	0	N/A
2k.	Other (please specify):	35	Outreach to local libraries and responses to Idaho library RFP

^{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).

DBS Strategic shift caused need to sell Idaho assets. Proposed purchaser is committed to complete project.

4. Please report the following information regarding network build progress. Write "0" in the Total column and "N/A" in the Narrative column if your project does not include this activity. Unless otherwise indicated in the instructions, figures should be reported cumulatively from award inception to the end of the most recent reporting quarter. Please provide a narrative description if the total is different from the target provided in your baseline plan (600 words or less).

Indicator	Total	Narrative (describe your reasons for any variance from the baseline plan or any other relevant information)
New network miles deployed	0	N/A
New network miles leased	0	N/A
Existing network miles upgraded	0	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	0	N/A
Number of new towers	0	N/A
Number of new and/or upgraded interconnection points	0	N/A

RECIPIENT NAME: Digital Bridge Communications Corp.

AWARD NUMBER: NT10BIX5570057

DATE: 11/29/2011

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

For questions 5 and 6 please include information relating to agreements that you are negotiating or have entered into, or that your sub recipient, contractor or subcontractor is negotiating or entered into.

5a. If applicable, please provide the following information with regard to agreements with broadband wholesalers and/or last mile providers as a result of your project.

Indicators	
Number of signed agreements with broadband wholesalers or last mile providers	0
Number of agreements currently being negotiated with broadband wholesalers or last mile providers	1
Average term of signed agreements (in quarters)	0

5b. Please list the names of the wholesale and last mile providers with whom you have signed agreements (100 words or less). Providers: N/A

5c. What wholesale services are being provided by this project? Please describe below. As an attachment to this report, please provide pricing plans (in \$ per month) associated with each wholesale service provided by your product (100 words or less). Wholesale services description:

N/A

5d. If you have designated a third party to operate all or a portion of your network, please provide the name and contact information for this third party, indicate if this entity is a sub recipient, contractor, and/or subcontractor, and describe with specificity the portion of your network this third party operates (600 words or less).

N/A

6. Please provide the data according to the type of subscriber. Write "0" in the Total column and "N/A" in the Narrative column if your project does not pass or serve a particular subscriber type. Unless otherwise indicated in the instructions, figures should be reported cumulatively from award inception to the end of the most recent reporting quarter. Please provide a narrative description if the total is different from the target provided in your baseline plan (300 words or less).

Subscriber Type	Access Type	Total	Narrative (describe your reasons for any variance from th baseline plan or any other relevant information)				
Broadband Wholesalers or Last Mile Providers	Providers with signed agreements receiving new access	0	Project will not serve this type of subscriber				
	Providers with signed agreements receiving improved access	0	Project will not serve this type of subscriber				
	Providers with signed agreements receiving access to dark fiber	0	Project will not serve this type of subscriber				
	Please identify the speed tiers that are available and the number of subscribers for each	0	Project will not serve this type of subscriber				
Community Anchor nstitutions (including Government institutions)	Total subscribers served	0	N/A				
	Subscribers receiving new access	0	N/A				
	Subscribers receiving improved access	0	N/A				
	Please identify the speed tiers that are available and the number or subscribers for each	0	N/A				

 ${\sf RECIPIENT\ NAME:} Digital Bridge\ Communications\ Corp.$

AWARD NUMBER: NT10BIX5570057

OMB CONTROL NUMBER: 0660-0037 EXPIRATION DATE: 12/31/2013 DATE: 11/29/2011

Subscriber Type	Subscriber Type Access Type		Total		Narrative (describe your reasons for any variance from the baseline plan or any other relevant information)				
Residential / Households	Entities passo	ed		0		N/A			
	Total subscribers served			0		N/A			
	Subscribers receiving new access		0		N/A				
	Subscribers r	eceiving improved	d access	0		N/A			
		y the speed tiers t the number of or each	that are	0		N/A			
Businesses	Entities passe	ed		0		N/A			
	Total subscri	bers served		0		N/A			
	Subscribers r	eceiving new acce	ess	0		N/A			
	Subscribers r	eceiving improved	d access	0		N/A			
		y the speed tiers to the number of or each	that are	0		N/A			
7. Please describe any s N/A	special offerin	gs you may provi	de (600 v	words or le	ss).				
8a. Have your network i	management _l	practices changed	l over the	e last quart	er?	○ Yes ● No			
8b. If so, please describ N/A	e the change	s (300 words or les	ss).						
connected to your netwo	lease provide ork as a resulf cate whether	of BTOP funds. I your organization	Figures s is currei	should be intly provid	epor	nchor institutions (including Government institutions) ted for the most recent reporting quarter only (NOT roadband service to the anchor institution. Finally, provide a unded infrastructure (300 words or less).			
Institution Name	Institution Name Service Area (town or county) Institution (as defined in your baseline) Service Area (town or county) Are you also the broadband service provider for this institution? (Yes / No)								
N/A	N/A	N/A	N	I/A		N/A			
Project Indicators (Next	Quarter)								
Please describe sign Sale of DBC Assets by		•	s planned	d for comp	letior	n during the next quarter (600 words or less).			
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).									

RECIPIENT NAME: Digital Bridge Communications Corp.

AWARD NUMBER: NT10BIX5570057

OMB CONTROL NUMBER: 0660-0037 EXPIRATION DATE: 12/31/2013 DATE: 11/29/2011

	T		
	Milestone	Planned Percent Complete	Narrative (describe reasons for any variance from baseline plan or any other relevant information)
2a.	Overall Project	1	Asset Sale in process
2b.	Environmental Assessment	100	N/A
2c.	Network Design	100	N/A
2d.	Rights of Way	35	N/A
2e.	Construction Permits and Other Approvals	0	Project on hold until asset sale completed
2f.	Site Preparation	0	Project on hold until asset sale completed
2g.	Equipment Procurement	0	N/A
2h.	Network Build (all components - owned, leased, IRU, etc.)	0	Project on hold until asset sale completed
2i.	Equipment Deployment	0	Project on hold until asset sale completed
2j.	Network Testing	0	Project on hold until asset sale completed
2k.	Other (please specify):	35	Project on hold until asset sale completed

^{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).

BTOP Assistance will be required in conducting due diligence on potential buyer.

OMB CONTROL NUMBER: 0660-0037 DATE: 11/29/2011 EXPIRATION DATE: 12/31/2013

Infrastructure Budget Execution Details

Activity Based Expenditures (Infrastructure)

1. Please provide details below on your total budget, cumulative actual expenditures (for the period ending the current quarter), and cumulative anticipated expenditures (for the period ending next quarter) for each line item, including detailed disbursements of both matching funds and federal funds from project inception through end of this quarter (actual) or next quarter (anticipated). Actual and anticipated figures should be reported cumulatively from award inception to the end of the applicable reporting quarter.

В		from Project on nd of Current Period		Anticipated Actuals from Project Inception through End of Next Reporting Period					
Cost Classification	Total Cost (plan)	Matching Funds (plan)	Federal Funds (plan)	Total Cost	Matching Funds	Federal Funds	Total Costs	Matching Funds	Federal Funds
a. Administrative and legal expenses	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
b. Land, structures, right-of-ways, appraisals, etc.	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
c. Relocation expenses and payments	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
d. Architectural and engineering fees	\$106,400	\$21,280	\$85,120	\$21,280	\$21,280	\$0	\$21,280	\$21,280	\$0
e. Other architectural and engineering fees	\$7,375	\$1,475	\$5,900	\$1,475	\$1,475	\$0	\$1,475	\$1,475	\$0
f. Project inspection fees	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
g. Site work	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
h. Demolition and removal	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
i. Construction	\$572,424	\$114,485	\$457,939	\$0	\$0	\$0	\$0	\$0	\$0
j. Equipment	\$992,417	\$198,483	\$793,934	\$0	\$0	\$0	\$0	\$0	\$0
k. Miscellaneous	\$22,220	\$4,440	\$17,780	\$4,440	\$4,440	\$0	\$4,440	\$4,440	\$0
I. SUBTOTAL (add a through k)	\$1,700,836	\$340,163	\$1,360,673	\$27,195	\$27,195	\$0	\$27,195	\$27,195	\$0
m. Contingencies	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
n. TOTALS (sum of I and m)	\$1,700,836	\$340,163	\$1,360,673	\$27,195	\$27,195	\$0	\$27,195	\$27,195	\$0

^{2.} Program Income: Please provide the program income you listed in your application budget and actuals to date through the end of the reporting period.

a. Application Budget Program Income: \$0 b. Program Income to Date: \$0