AWARD NUMBER: NT10BIX5570077

DATE: 01/21/2013

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

DATE: 01/21/2015						
QUARTERLY PERFORMANCE PROC	SRESS REPOR	I FOR BI	ROADBAN	D INFRASTRUCTURE PROJECTS		
General Information						
Federal Agency and Organizational Element to Which Report is Submitted	2. Award Identific	ation Numl	ber	3. DUNS Number		
Department of Commerce, National Telecommunications and Information Administration	NT10BIX557007	77		061463618		
4. Recipient Organization						
Silver Star Telephone Company, INC. 104101 U	S Hwy 89, Stop 2,	Freedom,	WY 83120-	8809		
5. Current Reporting Period End Date (MM/DD/YYY	Υ)	6. Is this t	he last Repo	rt of the Award Period?		
12-31-2012						
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 extension)		
Michelle Motzkus			X			
			7d. Email Address			
			mamotzkus	s@silverstar.net		
7b. Signature of Certifying Official			7e. Date Report Submitted (MM/DD/YYYY):			
Submitted Electronically			01-21-2013			

DATE: 01/21/2013

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).

Recipient completed all construction activities contemplated under the grant award and project additions. In fact, Recipient completed the project six months ahead of schedule.

The project constructed 42 main fiber cable miles, 4.6 fiber drop miles, and connected 50 CAI's. Project completion resulted in network turn-up, as contemplated under the approved project and additions. Fiber was placed, spliced and tested and the access network was turned up to the CAI's that contracted for service.

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

Recipient has completed all construction activities contemplated under the grant award; no challenges or issued were faced in achieving planned progress against the project milestones. In fact, Recipient completed the project six months ahead of schedule.

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	42	Variance due to accelerated construction schedule and additional approved construction over the original planned 41 miles.
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)	42	Variance due to accelerated construction schedule and approved construction of one additional main fiber mile.

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Indicator	Total	Narrative (describe your reasons for any variance from the baseline plan or any other relevant information)
Number of new wireless links	0	N/A
Number of new towers	0	N/A
Number of new and/or upgraded interconnection points	4	N/A

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

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

Indicators	
Number of signed agreements with broadband wholesalers or last mile providers	1
Number of agreements currently being negotiated with broadband wholesalers or last mile providers	1
Average term of signed agreements (in quarters)	80

5b. Please list the names of the wholesale and last mile providers with whom you have signed agreements (100 words or less). Providers: Gold Star Communications, LLC (last mile provider)

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 the baseline plan or any other relevant information)			
Wholesalers or I ast	Providers with signed agreements receiving new access	0	N/A			
	Providers with signed agreements receiving improved access					
Providers with signed agreements receiving access to dark fiber		0	Recipient continues to engage in discussions with providers for potential agreements to dark fiber access.			
	Please identify the speed tiers that are available and the number of subscribers for each	1	Available speed tiers are 5Mbps, 10Mbps, 20Mbps, 100Mbps, 1Gbps, OC3, OC12 and OC48.			
Community Anchor Institutions (including Government institutions)	Total subscribers served	50	CAIs include elementary and secondary education institutions, higher education institutions, several Federal government departments/divisions, Teton County offices and facilities, Town o Jackson offices and facilities, US Post Office buildings, US Forest Service facilities, as well as medical facilities, public safety facilities and community support organizations. Variance due to			

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Subscriber Type	pe Access Type		Narrative (describe your reasons for any variance from the baseline plan or any other relevant information)
			accelerated construction schedule and additional CAIs under approved construction additions.
	Subscribers receiving new access	0	N/A
	Subscribers receiving improved a	ccess 50	CAIs include elementary and secondary education institutions, higher education institutions, several Federal government departments/divisions, Teton County offices and facilities, Town of Jackson offices and facilities, US Post Office buildings, US Forest Service facilities, as well as medical facilities, public safety facilities and community support organizations. Variance due to accelerated construction schedule and additional CAIs under approved construction additions.
	Please identify the speed tiers that available and the number or subscribers for each	t are	Maximum 1Gbps
Residential / Households	Entities passed	0	N/A
	Total subscribers served	0	N/A
	Subscribers receiving new access	0	N/A
	Subscribers receiving improved a	ccess 0	N/A
	Please identify the speed tiers that available and the number of subscribers for each	t are	N/A
Businesses Entities passed		0	N/A
	Total subscribers served	11	N/A
	Subscribers receiving new access		N/A
	Subscribers receiving improved a	ccess 11	N/A
	Please identify the speed tiers that available and the number of subscribers for each	t are	100 Mbps, N/A
7. Please describe any N/A	special offerings you may provide	(600 words or le	ss).
-	management practices changed ov	·	er? O Yes O No
8b. If so, please describ	pe the changes (300 words or less).	•	
connected to your netwo	elease provide a list by service area ork as a result of BTOP funds. Fig icate whether your organization is	ures should be r currently providi	ity anchor institutions (including Government institutions) eported for the most recent reporting quarter only (NOT ing broadband service to the anchor institution. Finally, provide a OP-funded infrastructure (300 words or less).
Institution Name	Area (town Institution (as	re you also the broadband ervice provider for this institution? (Yes / No)	Narrative description of how anchor institutions are using BTOP-funded infrastructure

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Institution Name	Service Area (town or county)	Type of Anchor Institution (as defined in your baseline)	Are you also the broadband service provider for this institution? (Yes / No)	Narrative description of how anchor institutions are using BTOP-funded infrastructure
Teton County Housing Administration	Jackson	OGF	No	Drop has been placed and CAI is connected, but service has not yet been established.
Teton County School Maintenance Garage	Jackson	Education	No	Drop has been placed and CAI is connected, but service has not yet been established.
Teton County School Bus Garage	Jackson	Education	No	Drop has been placed and CAI is connected, but service has not yet been established.
Teton County Transfer Station	Jackson	OGF	No	Drop has been placed and CAI is connected, but service has not yet been established.
Teton Science School Outreach Offices	Jackson	Education	Yes	CAI is using infrastructure to connect internal networks to outlying, remote campuses and to connect to/participate in distance-learning educational opportunities.
Town of Jackson Care Center (Senior Center)	Jackson	OGF	No	Drop has been placed and CAI is connected, but service has not yet been established.
University of Wyoming Outreach Campus/4H Building	Jackson	Education	No	Drop has been placed and CAI is connected, but service has not been established.

## Project Indicators (Next Quarter)

1. Please describe significant project accomplishments planned for completion during the next quarter (600 words or less).

The project construction is 100% complete; Recipient will focus on award close-out activities over the next 90 days, anticipating completion of all required close-out activities by March 31, 2012.

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

	Milestone	Planned Percent Complete	Narrative (describe reasons for any variance from baseline plan or any other relevant information)
2a.	Overall Project	100	No Variance
2b.	Environmental Assessment	100	No Variance
2c.	Network Design	100	No Variance
2d.	Rights of Way	0	N/A
2e.	Construction Permits and Other Approvals	100	No Variance
2f.	Site Preparation	0	N/A
2g.	Equipment Procurement	100	No Variance
	Network Build (all components - owned, leased, IRU, etc.)	100	No Variance
2i.	Equipment Deployment	100	No Variance
2j.	Network Testing	100	No Variance
2k.	Other (please specify):	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).

Not applicable.

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## 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	\$20,000	\$20,000	\$0	\$20,274	\$20,274	\$0	\$20,274	\$20,274	\$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	\$405,948	\$405,948	\$0	\$500,456	\$500,456	\$0	\$500,456	\$500,456	\$0
e. Other architectural and engineering fees	\$9,700	\$9,700	\$0	\$9,953	\$9,953	\$0	\$9,953	\$9,953	\$0
f. Project inspection fees	\$304,800	\$304,800	\$0	\$372,443	\$372,443	\$0	\$372,443	\$372,443	\$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	\$5,027,222	\$275,006	\$4,752,216	\$5,046,244	\$294,028	\$4,752,216	\$5,046,244	\$294,028	\$4,752,216
j. Equipment	\$578,901	\$267,494	\$311,407	\$603,823	\$292,417	\$311,407	\$603,823	\$292,417	\$311,407
k. Miscellaneous	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
I. SUBTOTAL (add a through k)	\$6,346,571	\$1,282,948	\$5,063,623	\$6,553,193	\$1,489,571	\$5,063,623	\$6,553,193	\$1,489,571	\$5,063,623
m. Contingencies	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
n. TOTALS (sum of I and m)	\$6,346,571	\$1,282,948	\$5,063,623	\$6,553,193	\$1,489,571	\$5,063,623	\$6,553,193	\$1,489,571	\$5,063,623

<sup>2.</sup> Program Income: Please provide the program income you listed in your application budget and actuals to date through the end of the reporting period.

a. Application Budget Program Income: \$0 b. Program Income to Date: \$22,039