FORM CD-451 (REV 10-98) IF DAO 203-26  U. S. DEPARTMENT OF COMMERCE			[X]GRANT []COOPERATIVE AGREEMENT ACCOUNTING CODE		
FINANCIAL ASSISTANCE AWARD			award number NT10BIX5570148		
RECIPIENT NAME Ronan Telephone Co.			AMENDMENT NUMBER  1		
STREET ADDRESS 312 SW Main St.			EFFECTIVE DATE 09/01/2010		
CITY, STATE, ZIP CODE Ronan MT 59864-2707			EXTEND WORK COMPLETION TO N/A		
CFDA NO. AND PROJECT TITLE 11.557 Recovery Act - Montana West					
COSTS ARE REVISED AS FOLLOWS	PREVIOUS ESTIMATED COST	ADD		DEDUCT	TOTAL ESTIMATED COST
FEDERAL SHARE OF COST	\$13,796,640.00	\$0.00		\$0.00	\$13,796,640.00
RECIPIENT SHARE OF COST	\$5,942,285.00	\$0.00		\$0.00	\$5,942,285.00
TOTAL ESTIMATED COST	\$19,738,925.00	\$0.00		\$0.00	\$19,738,925.00
In order to provide for separation of BTOP grant funding and accounting from the Ronan Telephone Company's other revenues, Ronan has established a subsidiary called Montana West, LLC. This entity is a Limited Liability Company (LLC) organized under the laws of the State of Montana and is a wholly owned subsidiary of Ronan Telephone Company. The business address, all administrative contacts, and interface with Ronan Telephone Company will remain the same. Ronan has requested approval to designate Montana West, LLC (non-competitively) as a sub-recipient under this award. This amendment approves the non-competitive sub-award from Ronan Telephone Co. to Montana West, LLC.					
This Amendment approved by the Grants Officer is issued in triplicate and constitute an obligation of Federal funding. By signing the three documents, the Recipient agrees to comply with the Amendment provisions checked below and attached, as well as previous provisions incorporated into the Award. Upon acceptance by the Recipient, two signed Amendment documents shall be returned to the Grants Officer and the third document shall be retained by the Recipient. If not signed and returned without modification by the Recipient within 30 days of receipt, the Grants Officer may unilaterally terminate this Amendment.  [ ] Special Award Conditions (Attachment B)  [ ] Line Item Budget (Attachment A)  [ ] Other(s)					
SIGNATURE OF DEPARTM	MENT OF COMMERCE GRANT	S OFFICER	TITLE Grants Office		DATE
Sonja Wyatt			Grants Offic		01/30/2011
TYPE NAME AND SIGNATURE OF AUTHORIZED RECIPIENT OFFICIAL Gerald Beeks			TITLE		<b>DATE</b> 01/31/2011