FORM CD-451 (REV 10-98) IF DAO 203-26	[X]GRANT []COOPERATIVE AGREEMENT	
U. S. DEPARTMENT OF COMMERCE	ACCOUNTING CODE	
AMENDMENT TO		
FINANCIAL ASSISTANCE AWARD	AWARD NUMBER	
	NT10BIX5570130	
RECIPIENT NAME Trillion Communications Corp.	AMENDMENT NUMBER	
Timon Communications Corp.	4	
STREET ADDRESS	EFFECTIVE DATE	
4000 Farr Dr.	05/22/2012	
CITY, STATE, ZIP CODE Bessemer AL 35022-4836	EXTEND WORK COMPLETION TO	
Desseniei AL 33022-4630	N/A	
CFDA NO. AND PROJECT TITLE 11 557 Recovery Act. South Central Alabama Broadband Commission (SCABC)	- CCD	

11.557 Recovery Act - South Central Alabama Broadband Commission (SCABC - CCI)

	PREVIOUS ESTIMATED COST	ADD		TOTAL ESTIMATED COST	
FEDERAL SHARE OF COST	\$59,258,545.00	\$0.00	\$0.00	\$59,258,545.00	
RECIPIENT SHARE OF COST	\$26,998,435.00	\$0.00	\$0.00	\$26,998,435.00	
TOTAL ESTIMATED COST	\$86,256,980.00	\$0.00	\$0.00	\$86,256,980.00	

REASON(S) FOR AMENDMENT

1. This grant is hereby amended to incorporate, by reference, the letter, dated May 22, 2012, which identifies deficiencies that must be addressed via a Corrective Action Plan. Failure to respond in a timely, sufficient and comprehensive manner may result in termination of the award on July 23, 2012.

2. This grant will remain in a suspended status until further notice by the Federal Government.

3. To add Special Award Conditions.

4. ALL PREVIOUS TERMS AND CONDITIONS REMAIN IN EFFECT.

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.

- [X] Special Award Conditions (Attachment B)
- [] Line Item Budget (Attachment A)
- [] Other(s)

SIGNATURE OF DEPARTMENT OF COMMERCE GRANTS OFFICER		DATE
Arlene Simpson Porter	Grants Officer	05/22/2012
TYPE NAME AND SIGNATURE OF AUTHORIZED RECIPIENT OFFICIAL	TITLE	DATE