I. Grantee Informatio	n							
1. Grant Number CMIC-2021-003	77 1	ntee Company er Creek Wireless						
3. Address 16998 81 st Ave N	19 1 1	4. City Maple Grove	5. Stat	е	6. ZIP Code 55311			
II. Financial Report (I	Due 30 Days After th	he End of a Reporting Perio	od)					
7. Reporting Period	-		•					
□ 10/21/2020 - 1/31/2021	1	1/1/2020 - 1/31/2021		☐ 11/1/20	20 – 1/31/2021			
☐ 2/1/2021 — 4/30/2021		□ 2/1/2021 – 4/30/2021 □ 2/1/2021 – 4/30/2021						
<u> </u>		5/1/2021 – 7/31/2021		☐ 5/1/2021 – 7/31/2021				
8/1/2021 – 10/31/2021		3/1/2021 – 10/31/2021		□ 8/1/2021 − 10/31/2021				
III. Expenditure Deta		Detail Report (QFDR) and in	···aiaa/naw					
8. Expense Line Item	dartony i manoia. 2	betall Report (GFDR) allu ili	ivoice/pay		nentation) xpense by Category			
A Buildings and Labor		(Total from	OEDR)	\$ 19.383.7				
B Customer Premise Equipm	nent	(Total from (\$ 166,559				
C Customer Premise Installa		(Total from (\$ 17,100	.04			
D Electronics		(Total from C		\$ 358,914	.62			
E Network Construction Labor	or	QFDR)	\$ 58,334.26					
F Network Construction Mate	Network Construction Material (Total from QFDR				.93			
G Permits H Professional Services and	W. J. Company of the	(Total from	QFDR)	\$ 2,150				
(Total flotti QFDR) \$ 101,384								
I Other		(Total from	QFDR)	\$				
10. Total Expenses Incurred this	Period	(Total From 0	QFDR)	\$ 1,162,52	1.61			
11. Total Match Amount this Per				\$ 313,880.				
12. Total Grant Amount Invoiced		(Line #10 mir	nus #11)	\$ 848,370.	.77			
IV. Reimbursement F								
13. Total Lump Sum Payment R				\$ 808,404.	.50			
14. Total Cumulative Expenditur		(Total from previou	us QFRs)	\$0				
15. Lump Sum Payment Remain	0	(Line #13 m	inus #14)	\$ 808,404.	50			
16. Total Grant Amount Invoiced			_ine #12)	\$ 848,370.	77			
17. Amount Requested for Reim		d (Line #15 mi	inus #16)	\$ 39,966.2	7			
18. Is this your final report? NC)							
III. Certification								
I certify all statements in the accurate to the best of my termination of the grant. I with the conditions and probably way of signature, I agree	knowledge. I und understand this gr ovisions required b	lerstand failure to submit a rant may be terminated if l by the contract covering th	any require DTMB cor sis grant c	ed reports	may result in the			
Stantee Authorized Official S		Date March 2, 2021						
Printed Name of Authorized (Kathleen M Cadwallad		Title of Authorized Official Grant Administrator	al or Finand	cial Officer				
		For DTMB Use Only						
Reviewed	Approve		Date:					
	Andre	ew Halfman	3	/11/202	1			

I. Grantee Information									
	1. Grant Number CMIC-2021-003		ntee Company er Creek Wireless						
	3. Address 16998 81 st Ave N		4. City Maple Grove	5. 5 MI	State N	6. ZIP Code 55311			
II. Financial Report (Due 30 Days After the End of a Reporting Period)									
	7. Reporting Period								
	☐ 10/1/2020 — 12/31/2020	- 12/31/2020 □ 11/1/2021 - 1/31/2022 □ 11/1/2022 - 1/31/2023							
Σ	☑ 2/1/2021 – 4/30/2021								
	☐ 5/1/2021 <i>–</i> 7/31/2021		5/1/2022 – 7/31/2022		☐ 5/1/202	23 – 7/31/2023			
	8/1/2021 – 10/31/2021	□ 8	3/1/2022 – 10/31/2022		□ 8/1/202	23 – 10/31/2023			
	III. Expenditure Detail	_							
	(Attach Accompanying Quarter	y Financial I	Detail Report (QFDR) and i	nvoice/	payment docu	mentation)			
8. E	xpense Line Item				9. Total E	Expense by Category			
Α	Buildings and Labor		(Total from	QFDR	\$ 128,99	1.36			
В	Customer Premise Equipment		(Total from	QFDR)	\$ 25,385	.26			
С	Customer Premise Installation		(Total from	QFDR)	\$ 11,100	.00			
D	Electronics	(Total from	QFDR)	\$ 127,24	8.78				
Е	Network Construction Labor	(Total from	QFDR)	\$ 62,475	62,475.56				
F	Network Construction Material	(Total from	QFDR)	\$ 109,47	5 109,477.53				
G	Permits	(Total from	n QFDR) \$300.00	\$ 300.00				
H Professional Services and Engineering			(Total from	QFDR	\$ 52,077	.75			
ı	Other		(Total from	QFDR) \$				
10.	10. Total Expenses Incurred this Period (Total From QFDR) \$517,056.24								
11.	Total Match Amount this Period			•	\$ 139,60	5.18			
12.	Total Grant Amount Invoiced this P	eriod	(Line #10 m	inus #1	1) \$ 377,45	1.06			
	IV. Reimbursement Requ	est							
13. Total Lump Sum Payment Received at Project Start \$808,404.50									
14. Total Cumulative Expenditures Submitted to Date (Total from previous QFRs) \$ 1,162,521.61									
15. Lump Sum Payment Remaining (Line #13 minus #14) \$ 0									
16.	Total Grant Amount Invoiced this P	eriod		(Line #	12) \$ 377,45	1.06			
17.	Amount Requested for Reimburser	nent this Peri	od (Line #16 mir \$0, whichever			1.06			
18.	Is this your final report? Yes	X No							
	III. Certification								
I certify all statements in this report, including all requested supplemental information, are true, complete, and accurate to the best of my knowledge. I understand failure to submit any required reports may result in the termination of the grant. I understand this grant may be terminated if DTMB concludes I am not in compliance with the conditions and provisions required by the contract covering this grant, or have falsified any information. By way of signature, I agree with all the conditions of this grant program.									
	Grantee Authorized Official Signatu	re	Date May 28,2021						
	Printed Name of Authorized Official Kathleen M Cadwallader Title of Authorized Official or Financial Officer Grant Administrator								
			For DTMB Use Only						
	Reviewed Approved By: Date:								

Andrew Halfman 6/15/2021

Attachment A – Quarterly Financial Report Instructions

The Quarterly Financial Report (QFR) and accompanying Quarterly Financial Detail Report (QFRD) are to be submitted within 30 days after the end of each reporting period. This report is a summary of grant funded expenditures for the indicated reporting period and serves as your formal request for reimbursement. If you received multiple awards, a separate and complete form must be submitted for each project.

- 1 6: Grantee information as it appears in the Grant Agreement.
- 7: Check the appropriate box to indicate the reporting period for this report
- 8 A-I: Expense Line Item categories approved in the Grant Agreement.
- 9 A-I: Enter the total expenditures by line item for this reporting period. Totals must equal the expenses reported in the accompanying QFDR and include both Grant and Match expenditures.
- 10: Add Lines 9A through 9I. This amount must match the total expenses reported in the accompanying QFDR and include both Grant and Match expenditures.
- 11: Enter the amount of Line 10 to be applied towards your match requirement. This must be equal to the match percentage identified in your grant agreement unless a match waiver has been approved.
- 12: Subtract Line 11 from Line 10. This is the total amount of grant funded expenses incurred for this period.
- 13: Enter the initial lump sum payment received at the project start.
- 14: Enter the cumulative total of Line 12 Total Grant Amount Invoiced from previous QFRs to date. This total does not include expenditures reported for this period.
- 15: Subtract Line 13 from Line 14. This is the amount remaining from the initial lump sum payment received and must be fully expended before additional payments can be requested.
- 16: Enter the total Grant Amount Invoiced this Period from Line 12 from this report.
- 17: Subtract Line 16 from Line 15. This is the reimbursement amount you are requesting for this period.
 - Your lump sum payment must be completely exhausted before any additional funds may be requested.
 - If you have not spent down your initial lump sum payment, you must still submit a report with a \$0 total
- 18: Indicate if this is your final report, which will begin the project closeout process.

I. Grantee Information									
1. Grant Number CMIC-2021-003			tee Company r Creek Wireless						
3. Address 16998 81 st Ave N			. City Naple Grove				6. ZIP Code 55311		
II. Financial Report (Due 30 Days After the End of a Reporting Period)									
7. Reporting Period									
☐ 10/21/2020 – 1/31/2021	☐ 11/1/2020 – 1/31/2021 ☐ 11/1/2020 – 1/31/2021								
☐ 2/1/2021 – 4/30/2021		☐ 2/1/2021 – 4/30/2021 ☐ 2/1/2021 – 4/30/2021							
		□ 5/	□ 5/1/2021 − 7/31/2021 □ 5/1/2021 − 7/31/2021						
□ 8/1/2021 – 10/31/2021		□ 8/	1/2021 – 10/31/2021			8/1/202	21 – 10/31/2021		
III. Expenditure Detail (Attach Accompanying Qu		nancial D	etail Report (QFDR) and i	nvoice/	/payme	ent docu	mentation)		
8. Expense Line Item					9	9. Total E	Expense by Category		
A Buildings and Labor			(Total from	QFDR) 5	\$ 67,379	.16		
B Customer Premise Equipme	ent		(Total from	QFDR))	\$ 15,496	.58		
C Customer Premise Installation	on		(Total from	QFDR)) 9	\$ 15,600	.00		
D Electronics			(Total from	QFDR)	,	\$ 70,648	3.02		
E Network Construction Labor			(Total from	QFDR)	5	\$ 60,817	.64		
F Network Construction Material (Total from QFDR) \$ 204,353.53							3.53		
G Permits (Total from QFDR) \$ 250.00									
H Professional Services and E	H Professional Services and Engineering (Total from QFDR) \$ 50,625								
I Other (Total from QFDR) \$									
10. Total Expenses Incurred this Period (Total From QFDR) \$485,169.93									
11. Total Match Amount this Period \$130,995.88							5.88		
12. Total Grant Amount Invoiced this Period (Line #10 minus #11) \$354,174.05									
IV. Reimbursement Request									
13. Total Lump Sum Payment Received at Project Start \$808,404.50									
14. Total Cumulative Expenditures Submitted to Date (Total from previous QFRs) \$ 1,677,343.91									
15. Lump Sum Payment Remaining (Line #13 minus #14) \$ 0									
16. Total Grant Amount Invoiced this Period (Line #12) \$ 354,174.05									
17. Amount Requested for Reimbursement this Period (Line #15 minus #16) \$ 354,174.05							4.05		
18. Is this your final report?	Yes N	lo. NO							
III. Certification									
I certify all statements in this report, including all requested supplemental information, are true, complete, and accurate to the best of my knowledge. I understand failure to submit any required reports may result in the termination of the grant. I understand this grant may be terminated if DTMB concludes I am not in compliance with the conditions and provisions required by the contract covering this grant, or have falsified any information. By way of signature, I agree with all the conditions of this grant program.									
Grantee Authorized Official Signature Date August 20,2021									
Printed Name of Authorized Official Title of Authorized Official or Financial Officer Kathleen M. Cadwallader Grant Administrator									
For DTMB Use Only									
Reviewed		Approve	d By:	Date	e:				
	X	Andr	ew Halfman	8/	/31/2	021			

I. Grantee Information											
	1. Grant Number CMIC-2021-003			tee Company r Creek Wireless							
	3. Address 16998 81 st Ave N			. City Maple Grove	5. State MN			6. ZIP Code 55311			
II. Financial Report (Due 30 Days After the End of a Reporting Period)											
	7. Reporting Period										
	10/21/2020 – 1/31/2021	- 1/31/2021 □ 11/1/2020 - 1/31/2021 □ 11/1/2020 - 1/31/2021									
	2/1/2021 – 4/30/2021		□ 2/1/2021 – 4/30/2021 □ 2/1/2021 – 4/30/2021								
	☐ 5/1/2021 – 7/31/2021		□ 5/	1/2021 – 7/31/2021		☐ 5/1/2021 – 7/31/2021					
	8/1/2021 – 10/31/2021										
III. Expenditure Detail (Attach Accompanying Quarterly Financial Detail Report (QFDR) and invoice/payment documentation)											
8. E	Expense Line Item						9. Total E	Expense by Category			
Α	Buildings and Labor			(Total from	QFDR)	\$ 52,591	20			
В	Customer Premise Equipme	nt		(Total from	QFDR))	\$ 38,893	80			
С	Customer Premise Installation	on		(Total from	QFDR)		\$ 12,900	.00			
D	Electronics			(Total from	QFDR)		\$ 44,404	.53			
E Network Construction Labor (Total from QFDR) \$ 94,251.60							.60				
F								26			
G	G Permits (Total from QFDR) \$ 200.00										
Н	H Professional Services and Engineering (Total from QFDR) \$53,344.23										
ı	I Other (Total from QFDR) \$										
10. Total Expenses Incurred this Period (Total From QFDR) \$385,667.62											
11. Total Match Amount this Period \$104,130.26							0.26				
12. Total Grant Amount Invoiced this Period (Line #10 minus #11) \$281,537.36											
	IV. Reimbursement Ro	equest									
13. Total Lump Sum Payment Received at Project Start \$808,404.50											
14. Total Cumulative Expenditures Submitted to Date (Total from previous QFRs) \$ 2,162,513.84											
15. Lump Sum Payment Remaining (Line #13 minus #14) \$ 0											
16. Total Grant Amount Invoiced this Period (Line #12) \$ 281,537.36								7.36			
17. Amount Requested for Reimbursement this Period (Line #15 minus #16) \$ 281,537.36								7.36			
18.	Is this your final report?	Yes 🗌 N	lo. NO								
	III. Certification										
I certify all statements in this report, including all requested supplemental information, are true, complete, and accurate to the best of my knowledge. I understand failure to submit any required reports may result in the termination of the grant. I understand this grant may be terminated if DTMB concludes I am not in compliance with the conditions and provisions required by the contract covering this grant, or have falsified any information. By way of signature, I agree with all the conditions of this grant program.											
Grantee Authorized Official Signature Date August 20,2021											
	Printed Name of Authorized O	fficial		Title of Authorized Offi	cial or F	inand	cial Officer				
Kathleen M. Cadwallader Grant Administrator											
For DTMB Use Only											
	Reviewed		Approve		Date	e:					
		A	ndre	w Halfman		12/1	13/202 ²	1			

I. Grantee Information										
1. Grant Number CMIC-2021-003			tee Company r Creek Wireless							
3. Address 16998 81 st Ave N			. City Maple Grove	5. State MN			6. ZIP Code 55311			
II. Financial Report (Due 30 Days After the End of a Reporting Period)										
7. Reporting Period				•						
☐ 10/21/2020 – 1/31/2021										
☐ 2/1/2021 – 4/30/2021			1/2021 – 4/30/2021	2/1/2021 – 4/30/2021						
☐ 5/1/2021 – 7/31/2021		□ 5/	1/2021 – 7/31/2021		□ 5/1/2021 − 7/31/2021					
☐ 8/1/2021 – 10/31/2021		□ 8/	1/2021 – 10/31/2021			8/1/202	21 – 10/31/2021			
III. Expenditure Detail (Attach Accompanying Quarterly Financial Detail Report (QFDR) and invoice/payment documentation)										
8. Expense Line Item							Expense by Category			
A Buildings and Labor			(Total from	n QFDR	.)	\$ 72,351				
B Customer Premise Equipme	ent		(Total from	QFDR))	\$ 15,117.	.11			
C Customer Premise Installation	on		(Total from	QFDR))	\$ 16,337	.50			
D Electronics			(Total from	QFDR)		\$ 82,901	.42			
E Network Construction Labor			(Total from	QFDR)		\$ 47,657	.08			
F Network Construction Material (Total from QFDR) \$ 109,179.19							9.19			
G Permits (Total from QFDR) \$50.00										
H Professional Services and Engineering (Total from QFDR) \$ 64,353.90										
I Other (Total from QFDR) \$ 3000.00										
10. Total Expenses Incurred this Period (Total From QFDR) \$ 410,947.65										
11. Total Match Amount this Period \$110,955.87										
12. Total Grant Amount Invoiced	this Period		(Line #10 m	ninus #1	1)	\$299,991	.78			
IV. Reimbursement Request										
13. Total Lump Sum Payment Received at Project Start \$808,404.50										
14. Total Cumulative Expenditures Submitted to Date (Total from previous QFRs) \$ 2,444,051.20										
15. Lump Sum Payment Remaining (Line #13 minus #14) \$ 0										
16. Total Grant Amount Invoiced this Period (Line #12) \$ 299,991.78										
17. Amount Requested for Reimbursement this Period (Line #15 minus #16) \$ 299,991.78							1.78			
18. Is this your final report?	Yes 🗌 No	o. NO								
III. Certification										
I certify all statements in this report, including all requested supplemental information, are true, complete, and accurate to the best of my knowledge. I understand failure to submit any required reports may result in the termination of the grant. I understand this grant may be terminated if DTMB concludes I am not in compliance with the conditions and provisions required by the contract covering this grant, or have falsified any information. By way of signature, I agree with all the conditions of this grant program.										
Granted Authorized Official Si	gnature		Date							
Printed Name of Authorized C	ifficial		November 24, 202 Title of Authorized Off		Financ	rial Officer				
Kathleen M. Cadwallader	mulai		Grant Administrator	iciai Ui F	manc	Jiai Ollicei				
For DTMB Use Only										
Reviewed		Approve		Date	e:					
			Root	8/1	5/22	2				

I. Grantee Information											
1. Grant Number CMIC-2021-003			er Creek Wireless								
3. Address 16998 81 st Ave N			l. City Maple Grove	5. State MN			6. ZIP Code 55311				
II. Financial Report (Due 30 Days After the End of a Reporting Period)											
7. Reporting Period	-			•							
☐ 10/21/2020 – 1/31/2021	10/21/2020 - 1/31/2021										
2/1/2021 – 4/30/2021			/1/2022 – 4/30/2022								
☐ 5/1/2021 – 7/31/2021			/1/2021 – 7/31/2022		☐ 5/1/2021 − 7/31/2023						
☐ 8/1/2021 – 10/31/2021		□ 8	/1/2021 – 10/31/2022			8/1/202	21 – 10/31/2023				
III. Expenditure Detail (Attach Accompanying Quarterly Financial Detail Report (QFDR) and invoice/payment documentation)											
8. Expense Line Item						9. Total E	Expense by Category				
A Buildings and Labor			(Total from	QFDR	1)	\$ 96,046	**				
B Customer Premise Equipme	ent		(Total from	QFDR))	\$ 46,969					
C Customer Premise Installation	on		(Total from	QFDR))	\$ 14,600	.00				
D Electronics			(Total from	QFDR))	\$ 18,453	.47				
E Network Construction Labor	,		(Total from	QFDR))	\$ 50,384	.14				
F Network Construction Material (Total from QFDR) \$ 126,569.06							9.06				
G Permits (Total from QFDR) \$ 1,650.00											
H Professional Services and Engineering (Total from QFDR) \$ 53,239.99											
I Other (Total from QFDR) \$											
10. Total Expenses Incurred this Period (Total From QFDR) \$ 407,912.64											
11. Total Match Amount this Period \$ 110,136.41											
12. Total Grant Amount Invoiced this Period (Line #10 minus #11) \$ 297,776.23											
IV. Reimbursement Request											
13. Total Lump Sum Payment Received at Project Start \$808,404.50											
14. Total Cumulative Expenditures Submitted to Date (Total from previous QFRs) \$ 2161525.02											
15. Lump Sum Payment Remaining (Line #13 minus #14) \$ 0											
16. Total Grant Amount Invoiced this Period (Line #12) \$ 297,776.23											
17. Amount Requested for Reimbursement this Period (Line #15 minus #16) \$ 297,776.23							6.23				
18. Is this your final report?	Yes N	o. NO									
III. Certification											
I certify all statements in this report, including all requested supplemental information, are true, complete, and accurate to the best of my knowledge. I understand failure to submit any required reports may result in the termination of the grant. I understand this grant may be terminated if DTMB concludes I am not in compliance with the conditions and provisions required by the contract covering this grant, or have falsified any information. By way of signature, I agree with all the conditions of this grant program.											
Grantee Authorized Official Si	gn a ture		Date June 3, 2022								
Printed Name of Authorized C	fficial		Title of Authorized Offi	icial or F	Financ	ial Officer					
Kathleen M. Cadwallader Grant Administrator											
For DTMB Use Only											
Reviewed		Approve	·	Date	e:						
	Ev	erett	Root	8/15	5/22						