I. Grantee Information					
1. Grant Number CMIC 2021-006	2. Grantee Cor LakeNet LL				
3. Address 16690 Gratiot Rd	4. City Hemloo	4. City 5. Sta Hemlock MI		Э	6. ZIP Code 48626
II. Financial Report (Due 30 D	ays After the End o	of a Reporting Pe	riod)		
7. Reporting Period			-		
⊠ 10/21/2020 - 2/28/2021	12/1/202	1 - 2/28/2022		12/1/20	22 - 2/28/2023
□ 3/1/2021 – 5/31/2021					the second s
6/1/2021 – 8/31/2021 🗌 6/1/2022 – 8/31/2022					23 - 8/31/2023
9/1/2021 - 11/30/2021	9/1/2022	2 – 11/30/2022		9/1/202	3 - 9/30/2023
III. Expenditure Detail (Attach Accompanying Quarterly	Financial Detail Re	eport (QFDR) and	invoice/payı	ment docur	nentation)
. Expense Line Item				1	xpense by Category
Buildings and Labor		(Total fror	m QFDR)	\$0	
Customer Premise Equipment		(Total fron	n QFDR)	\$ 6624.85)
Customer Premise Installation		(Total fron	n QFDR)	\$ 1540.00)
Electronics		(Total from	n QFDR)	\$0	
Network Construction Labor		(Total from	n QFDR)	\$ 62492.50	
Network Construction Material (Total from QFDR)				\$ 87615.92	
G Permits (Total from QFDR)				\$ 1500.00	
H Professional Services and Engineering (Total from QFDR)				\$0	
I Other (Total from QFDR)				\$ O	
0. Total Expenses Incurred this Period		(Total Fror	m QFDR)	\$ 159773.	27
11. Total Match Amount this Period			\$ 47931.9		
12. Total Grant Amount Invoiced this Period (Line #10 minus #11)			ninus #11)	\$ 118841.	26
IV. Reimbursement Reques	st				
3. Total Lump Sum Payment Received				\$ 239968.	36
4. Total Cumulative Expenditures Subm	nitted to Date	(Total from prev	ious QFRs)	\$0	
15. Lump Sum Payment Remaining (Line #13 minus #			minus #14)	\$ 239968.	36
16. Total Grant Amount Invoiced this Period (Line #1)			(Line #12)	\$ 118841.26	
7. Amount Requested for Reimburseme 0, whichever is greater))	ent this Period	((Line #16 mi	nus #15, or	\$ 0.00	
8. Is this your final report? 🗌 Yes 🛛	No				
III. Certification			<u></u>		- X
I certify all statements in this report accurate to the best of my knowled termination of the grant. I unders with the conditions and provisions By way of signature, I agree with Grantee Authorized Official Signature	tand this grant ma required by the c all the conditions	d failure to subm ay be terminated contract covering of this grant prog	it any requir if DTMB cou this grant, o ram.	ed reports	may result in the
- Mut		511810			
Printed Name of Authorized Official	1	e of Authorized Off Mimbur	icial or Finan	cial Officer	
	For D	TMB Use Only			
Reviewed	Approved By:		Date:		

	I. Grantee Information					
	1. Grant Number CMIC 2021-006	2. Grante LakeNe	ee Company et LLC			
	3. Address 16690 Gratiot Rd	4. City 5. St		5. State MI	9	6. ZIP Code 48626
	II. Financial Report (Due 30 Day	s After the	End of a Reporting Peri	od)		
	7. Reporting Period					
E	10/21/2020 - 2/28/2021	□ 12/	1/2021 – 2/28/2022		12/1/20	022 - 2/28/2023
2	3/1/2021 – 5/31/2021	3/1	1/2022 - 5/31/2022		NO PINZ	23 - 5/31/2023
Ľ	6/1/2021 - 8/31/2021	6/1	1/2022 – 8/31/2022			23 - 8/31/2023
	9/1/2021 - 11/30/2021	9/1	/2022 – 11/30/2022		9/1/202	23 – 9/30/2023
	III. Expenditure Detail (Attach Accompanying Quarterly F	inancial Del	tail Report (QFDR) and i	nvoice/pay	ment docu	mentation)
3. E	xpense Line Item					Expense by Category
١	Buildings and Labor		(Total from	QFDR)	\$0	
	Customer Premise Equipment		(Total from	QFDR)	\$ 8821.2	0
	Customer Premise Installation		(Total from	QFDR)	\$ 1815.0	0
)	Electronics		(Total from	QFDR)	\$0	
1	Network Construction Labor		(Total from	QFDR)	\$ 230246	5.63
5	Network Construction Material		(Total from		\$ 47607.51	
3	Permits		(Total from	QFDR)	\$ 400	
H Professional Services and Engineering (Total from QFDR)				\$0		
	Other		(Total from	QFDR)	\$0	
0.	Total Expenses Incurred this Period		(Total From	QFDR)	\$ 288890).34
11. Total Match Amount this Period				\$86667.1		
12. Total Grant Amount Invoiced this Period (Line #10 minus #11)			\$ 202223	3.24		
	IV. Reimbursement Request					
3.	Total Lump Sum Payment Received at		t		\$ 239968	3.36
4.	Total Cumulative Expenditures Submit	ted to Date	(Total from previo	ous QFRs)	\$ 118841	
5.	Lump Sum Payment Remaining		(Line #13 r	ninus #14)	\$ 121127.10	
	Total Grant Amount Invoiced this Perio			(Line #12)	\$ 202223.24	
7.), w	Amount Requested for Reimbursemen	t this Period	((Line #16 min	us #15, or	\$ 81096.	14
	s this your final report? Yes	No				
	II. Certification					
l a t	certify all statements in this report accurate to the best of my knowled ermination of the grant. I understa with the conditions and provisions in By way of signature, I agree with a	ge. I unde Ind this gra required by	rstand failure to submit nt may be terminated it the contract covering t	any requir DTMB co	ed reports	s may result in the
(Grantee-Authorized Official Signature	>	Date 7/9/207	2		
Č	rinted Name of Authorized Official		Title of Authorized Office	cial or Finan	cial Officer	
	יייז דעיוא יאטואין		For DTMB Use Only			Mark and A Anna Anna Anna Anna Anna Anna Ann
	Reviewed	Approved		Deter		
			alfman	Date:		

D

1.	Grantee Information						
	. Grant Number CMIC 2021-006	2. Grant LakeN	ee Company et LLC				
	. Address 6690 Gratiot Rd			5. State MI	•	6. ZIP Code 48626	
l	I. Financial Report (Due 30	Days After the	End of a Reporting P	eriod)			
7	. Reporting Period						
	10/21/2020 - 2/28/2021	12	/1/2021 - 2/28/2022		12/1/20	22 - 2/28/2023	
	□ 3/1/2021 - 5/31/2021 □ 3/1/2022 - 5/31/2022 □ 3/1/2023 - 5/31/2023						
\boxtimes	⊠ 6/1/2021 - 8/31/2021 □ 6/1/2022 - 8/31/2022 □ 6/1/2023 - 8/31/2023						
	9/1/2021 - 11/30/2021	<u> </u>	1/2022 – 11/30/2022		9/1/202	3 – 9/30/2023	
	III. Expenditure Detail						
1	(Attach Accompanying Quarter	ly Financial De	etail Report (QFDR) an	d invoice/payı	ment docu	mentation)	
8. Ex	pense Line Item				9. Total E	Expense by Category	
Α	Buildings and Labor		(Total fr	om QFDR)	\$0		
в	Customer Premise Equipment		(Total fro	om QFDR)	\$ 7,947.1	9	
С	Customer Premise Installation		(Total fr	om QFDR)	\$ 2,695.0	00	
D	Electronics		(Total fro	om QFDR)	\$0		
E	\$ 400,792.68				\$ 400,79	2.68	
F	Network Construction Material (Total from QFDR)					6.04	
G						\$ 1,150.00	
н	H Professional Services and Engineering (Total from QFDR) \$0						
I	I Other (Total from QFDR) \$ 0						
10. 7	Total Expenses Incurred this Perio	d	(Total Fi	om QFDR)	\$ 556,8	320.91	
11. 7	11. Total Match Amount this Period				\$167,046.27		
12.	12. Total Grant Amount Invoiced this Period (Line #10 minus #11) \$389774.64						
	IV. Reimbursement Requ	est					
13.	Total Lump Sum Payment Receive	ed at Project St	art		\$ 239968	3.36	
14. Total Cumulative Expenditures Submitted to Date (Total from previous QFRs) \$ 321,064.50					4.50		
15. I	15. Lump Sum Payment Remaining (Line #13 minus #14) \$0						
16. Total Grant Amount Invoiced this Period (Line #12) \$ 389774.64				4.64			
	17. Amount Requested for Reimbursement this Period ((Line #16 minus #15, or \$389774.64)) (Line #16 minus #15, or					4.64	
18.	Is this your final report? Yes	No No					
I	II. Certification						
t t	certify all statements in this re accurate to the best of my know ermination of the grant. I under with the conditions and provision By way of signature, I agree with	wledge. I und erstand this g ons required I	derstand failure to sub rant may be terminate by the contract coveri	omit any requi ed if DTMB co ng this grant,	ired report oncludes I	ts may result in the am not in compliance	
(Grantee Authorized Official Signatu	ure >	Date 9/29/2	-1			
F	Printed Name of Authorized Officia Christopher Fabia		Title of Authorized		ncial Office	r	
			For DTMB Use On	ly	S. S. Contra		
	Reviewed	Approve	and the second	Date:			
	,	Andreu	v Halfman	10/1	2/202	21	

I. Grantee Information					
1. Grant Number CMIC 2021-006		ntee Company Net LLC			
3. Address 16690 Gratiot Rd			5. State		6. ZIP Code 48626
16690 Gratiot Rd Hemlock MI 48626					
II. Financial Report (Due	e 30 Days After th	e End of a Reporting Perio	od)		
7. Reporting Period				_	
		2/1/2021 – 2/28/2022			2022 - 2/28/2023
		3/1/2022 - 5/31/2022			23 - 5/31/2023
□ 6/1/2021 - 8/31/2021 ⊠ 9/1/2021 - 11/30/2021		□ 6/1/2022 - 8/31/2022 □ 6/1/2023 - 8/31/2023 □ 9/1/2022 - 11/30/2022 □ 9/1/2023 - 9/30/2023			
		9/1/2022 - 11/30/2022		9/1/20	23 - 9/30/2023
III. Expenditure Detail (Attach Accompanying Qua	arterly Financial D	Detail Report (QFDR) and in	nvoice/	payment doci	umentation)
8. Expense Line Item				9. Total	Expense by Category
A Buildings and Labor		(Total from	QFDR		
B Customer Premise Equipmer	nt	(Total from	QFDR)	\$ 36,59	0.10
C Customer Premise Installatio	n	(Total from	QFDR)	\$ 3,410.	00
D Electronics		(Total from	QFDR)	\$0	
E Network Construction Labor				\$ 226,9	04.75
F Network Construction Materia	al	(Total from	QFDR)	\$ 20,05	0.15
G Permits (Total from QFDR) \$1,200.00					
H Professional Services and Engineering (Total from QFDR) \$ 0					
I Other (Total from QFDR) \$ 0					
10. Total Expenses Incurred this Period (Total From QFDR) \$ 288,155.00					
11. Total Match Amount this Period \$86,446.50					
12. Total Grant Amount Invoiced th	his Period	(Line #10 m	inus #1	1) \$20170	8.50
IV. Reimbursement Re	equest				
13. Total Lump Sum Payment Received at Project Start \$ 239968.36					
14. Total Cumulative Expenditures Submitted to Date (Total from previous C			ous QF	Rs) \$71083	9.14
15. Lump Sum Payment Remaining(Line #13 minus #14)\$ 0					
16. Total Grant Amount Invoiced this Period (Line #12)				12) \$20170	8.5
17. Amount Requested for Reimbursement this Period ((Line #16 minus #15, or \$ 105,053.27)					53.27
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 Signature Date 12/29/2021					
Printed Name of Authorized Of Christopher Fabien		Title of Authorized Offi Member	cial or F	inancial Office	r
For DTMB Use Only					
Reviewed	Approve		Date):	

Andrew Halfman

1/6/2022

I. Grantee Information						
1. Grant Number		2. Grantee Company				
CMIC 2021-006				Chata	C ZID Code	
3. Address 16690 Gratiot Rd		4. City Hemlock	э. М	State	6. ZIP Code 48626	
				•	10020	
II. Financial Report (Due 30	Days After th	ne End of a Reporting Perio	od)			
7. Reporting Period	5.4					
	_	2/1/2021 - 2/28/2022			022 - 2/28/2023	
		3/1/2022 - 5/31/2022			23 - 5/31/2023	
□ 6/1/2021 - 8/31/2021 □ 9/1/2021 - 11/30/2021		□ 6/1/2022 - 8/31/2022 □ 6/1/2023 - 8/31/2023 □ 9/1/2022 - 11/30/2022 □ 9/1/2023 - 9/30/2023				
		0/1/2022 - 11/30/2022		<u> </u>	20 - 5/50/2025	
III. Expenditure Detail (Attach Accompanying Quarter)	y Financial [Detail Report (QFDR) and in	nvoice	/payment docu	umentation)	
8. Expense Line Item				9. Total	Expense by Category	
A Buildings and Labor		(Total from	QFDR	,		
B Customer Premise Equipment		(Total from	QFDR)	\$0		
C Customer Premise Installation		(Total from	QFDR)	\$ 0		
D Electronics		(Total from	QFDR)	\$ 0		
E Network Construction Labor				\$ 70,900).83	
F Network Construction Material		(Total from	QFDR)	\$0		
G Permits	G Permits (Total from QFDR)					
H Professional Services and Engineering (Total from QFDR)) \$0		
I Other (Total from QFDR) \$ 0						
10. Total Expenses Incurred this Period (Total From QFDR) \$ 70,900.83						
11. Total Match Amount this Period \$21,270.45						
12. Total Grant Amount Invoiced this P	eriod	(Line #10 m	inus #1	1) \$49,630).38	
IV. Reimbursement Reque	est					
13. Total Lump Sum Payment Received at Project Start \$ 239968.36						
14. Total Cumulative Expenditures Submitted to Date (Total from previous QFRs)				Rs) \$ 91254	7.64	
15. Lump Sum Payment Remaining(Line #13 minus #14)\$ 0						
16. Total Grant Amount Invoiced this Period(Line #12)\$ 49,630.38).38		
17. Amount Requested for Reimbursement this Period((Line #16 minus #15, or \$ 143,981.01\$0, whichever is greater))					81.01	
18. Is this your final report? Xes 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 12/29/2021					
Printed Name of Authorized Official Christopher Fabien		Title of Authorized Offi Member	cial or l	Financial Office	r	
For DTMB Use Only						
Reviewed	Approv		Date	e:		

Andrew Halfman	4/12/2022
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