I. Grantee Information					
1. Grant Number CMIC 2021-006	2. Grantee Company LakeNet LLC				
3. Address 16690 Gratiot Rd	4. City Hemloc	k	5. State MI	9	6. ZIP Code 48626
II. Financial Report (Due 30 Da	ays After the End o	f a Reporting Perio	d)		
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		Second Street Street	3 - 5/31/2023
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	- 11/30/2022		9/1/202	3 - 9/30/2023
III. Expenditure Detail (Attach Accompanying Quarterly	Financial Detail Re	port (QFDR) and in	voice/payı	ment docur	nentation)
. Expense Line Item				1	xpense by Category
Buildings and Labor		(Total from	QFDR)	\$0	
Customer Premise Equipment		(Total from 0	QFDR)	\$ 6624.85	
Customer Premise Installation		(Total from 0	QFDR)	\$ 1540.00	
Electronics		(Total from C	QFDR)	\$0	
Network Construction Labor		(Total from C	QFDR)	\$ 62492.5	0
Network Construction Material		(Total from C		\$ 87615.9	2
Permits		(Total from	QFDR)	\$ 1500.00	
Professional Services and Engineer	ing	(Total from	QFDR)	\$0	
Other		(Total from	QFDR)	\$0	
0. Total Expenses Incurred this Period		(Total From (	QFDR)	\$ 159773.	27
1. Total Match Amount this Period				\$ 47931.9	the second s
2. Total Grant Amount Invoiced this Peri	iod	(Line #10 mir	nus #11)	\$ 118841.	26
IV. Reimbursement Reques	t				
3. Total Lump Sum Payment Received a				\$ 239968.	36
4. Total Cumulative Expenditures Submi	itted to Date	(Total from previou	us QFRs)	\$0	
5. Lump Sum Payment Remaining		(Line #13 m	inus #14)	\$ 239968.	36
6. Total Grant Amount Invoiced this Peri		(1	Line #12)	\$ 118841.	26
7. Amount Requested for Reimbursemen 0, whichever is greater))	nt this Period	((Line #16 minus	s #15, or	\$ 0.00	
8. Is this your final report? 🗌 Yes 🛛	No		- <u>19</u>		
III. Certification					
I certify all statements in this report accurate to the best of my knowled termination of the grant. I underst with the conditions and provisions By way of signature, I agree with a Grantee Authorized Official Signature	age. I understand tand this grant may required by the co	failure to submit a be terminated if ontract covering th f this grant progra	any requir DTMB cor iis grant, c m.	ed reports	may result in the
an	• 55 LMR-0	511812			
Printed Name of Authorized Official	Title	of Authorized Offici Mimber	al or Finan	cial Officer	
(hristopher tabiun	and the second sec				
Reviewed	For D1 Approved By:	MB Use Only			

	I. Grantee Information					
	1. Grant Number CMIC 2021-006	2. Grantee Company LakeNet LLC				
	3. Address 16690 Gratiot Rd		City emlock	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	
ł	Professional Services and Engineering	ıg	(Total from	QFDR)	\$0	
	Other		(Total from	QFDR)	\$0	
0.	Total Expenses Incurred this Period		(Total From	QFDR)	\$ 288890	).34
1.	Total Match Amount this Period				\$86667.1	
2.	Total Grant Amount Invoiced this Peric	d	(Line #10 m	inus #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	7.10
	Total Grant Amount Invoiced this Perio			(Line #12)	\$ 202223	3.24
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:		

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I. Grantee Information					
1. Grant Number CMIC 2021-004	2. Gra Com	ntee Company c <b>ast</b>			
3. Address		4. City		State	6. ZIP Code
3500 Patterson Ave SE		Grand Rapids	MI		49512
II. Financial Report (Due 30	Days After t	he End of a Reporting Peri	od)		
7. Reporting Period					
<u> </u>	·	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		3/1/202	23 – 5/31/2023
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 - 11/30/2022		9/1/202	3 – 9/30/2023
III. Expenditure Detail (Attach Accompanying Quarter	ly Financial	Detail Report (QFDR) and i	nvoice/j	payment docur	mentation)
8. Expense Line Item				9. Total E	Expense by Category
A Buildings and Labor		(Total from	QFDR)	\$	
B Customer Premise Equipment		(Total from	QFDR)	\$	
C Customer Premise Installation		(Total from	QFDR)	\$	
D Electronics		(Total from	QFDR)	\$	
E Network Construction Labor		(Total from	QFDR)	\$ 271,916	3.61
F Network Construction Material		(Total from	QFDR)	\$	
G Permits		(Total from QFDR) \$ 65,718.75			75
H Professional Services and Engin	Engineering (Total from QFDR) \$				
I Other (Total from QFDR) \$					
10. Total Expenses Incurred this Period     (Total From QFDR)				\$ 337,635	5.36
11. Total Match Amount this Period				\$ 37,139.	89
12. Total Grant Amount Invoiced this Period       (Line #10 minus #11)       \$ 300,495.47				5.47	
IV. Reimbursement Requ	est				
13. Total Lump Sum Payment Receive	ed at Project S	Start		\$	
14. Total Cumulative Expenditures Submitted to Date       (Total from previous QFRs)       \$					
	15. Lump Sum Payment Remaining   (Line #13 minus #14)				
16. Total Grant Amount Invoiced this I			(Line #1		5.47
17. Amount Requested for Reimburse		od (Line #15 r	ninus #1	16) \$	
18. Is this your final report? Yes					
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					
Crisig Disgoittin' September 30, 2021					
Printed Name of Authorized Officia Craig D'Agostini	1	Title of Authorized Offi Vice President, Ge			
		For DTMB Use Only			
Reviewed	Approv	red By:	Date	:	

# Andrew Halfman

10/12/2021

Ι.	Grantee Information						
	. Grant Number		ee Company				
	CMIC 2021-004				1-1-		
-	. Address 500 Patterson Ave SE		City Grand Rapids	5. S MI	tate	6. ZIP Code 49512	
_						10012	
	I. Financial Report (Due 30	Days After the E	nd of a Reporting Period	d)			
	7. Reporting Period						
	10/21/2020 - 2/28/2021		/1/2021 - 2/28/2022		_	022 - 2/28/2023	
	3/1/2021 - 5/31/2021		<u>/1/2022 – 5/31/2022</u>			23 - 5/31/2023	
	6/1/2021 – 8/31/2021 9/1/2021 – 11/30/2021		/1/2022 – 8/31/2022 /1/2022 – 11/30/2022			023 – 8/31/2023 23 – 9/30/2023	
			1/2022 - 11/30/2022		9/1/20	23 - 9/30/2023	
	III. Expenditure Detail	by Financial Data	I Demost (OEDD) and in	/oioo/nov	mont doou	(antation)	
	(Attach Accompanying Quarter opense Line Item	iy Financial Detai	Report (QFDR) and Inv	voice/pay		Expense by Category	
A A			(Total from			Expense by Calegory	
B	Buildings and Labor Customer Premise Equipment		(Total from		\$ \$		
С	Customer Premise Installation		(Total from	,	\$		
D	Electronics		(Total from	,	\$		
Е	Network Construction Labor		(Total from		\$ 589,66	64.29	
F	Network Construction Material		(Total from	QFDR)	\$		
G	Permits		(Total from	י QFDR)	\$ 111,09	95.93	
Н	Professional Services and Eng	neering	(Total from	n QFDR)	\$ 3,012.	31	
I	Other		(Total from	ו QFDR)	\$		
10. T	otal Expenses Incurred this Perio	d	(Total From 0	QFDR)	\$ 703,77	72.53	
11. Total Match Amount this Period			,	,	\$ 77,414.98		
12. T	otal Grant Amount Invoiced this F	Period	(Line #10 mir	ius #11)	\$ 626,35	57.55	
	IV. Reimbursement Requ	est					
	otal Lump Sum Payment Receive				\$		
14. T	otal Cumulative Expenditures Sul	omitted to Date	(Total from previou	us QFRs)	\$		
15. L	ump Sum Payment Remaining		(Line #13 m	inus #14)	\$		
16. T	otal Grant Amount Invoiced this F	Period	(L	_ine #12)	\$ 626,35	57.55	
17. A	Amount Requested for Reimburser	ment this Period	(Line #15 mi	nus #16)	\$		
18. ls	s this your final report?  Yes	X <u>No</u>					
II	II. Certification						
l a te	certify all statements in this re ccurate to the best of my know ermination of the grant. I unde ne conditions and provisions re f signature, I agree with all the	vledge. I underst rstand this grant equired by the co	and failure to submit a may be terminated if I ontract covering this gr	iny requii DTMB co	red reports r ncludes I ar	may result in the n not in compliance with	
G	Grantee Authorized Official Signature Date						
(	maig Disgoit	December 23, 2	021				
	rinted Name of Authorized Officia Craig D'Agostini	l	Title of Authorized C Vice President,				
		Fo	or DTMB Use Only				
	Reviewed By:	Approve	d By:	Date			

Andrew Halfman	1/26/2022	
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