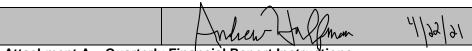
	I. Grantee Information							
	1. Grant Number 2021-008			itee Company Iry Wireless Indiana, I	LC			
3. Address 6004 Highview Dr, Ste B			4. City 5. St Fort Wayne IN		State I		6. ZIP Code 46818	
	II. Financial Report (Due	30 Days <i>A</i>	After th	e End of a Reporting Peri	iod)			
	7. Reporting Period							
	11/1/2020 – 12/31/2020		☐ 10/1/2021 − 12/31/2021			☐ 10/1/20	022 – 12/31/2022	
	☐ 1/1/2021 <i>—</i> 3/31/2021		☐ 1/1/2022 – 3/31/2022 [☐ 1/1/2023 – 3/31/2023		
	☐ 4/1/2021 <i>–</i> 6/30/2021		☐ 4/1/2022 – 6/30/2022			☐ 4/1/202	23 – 6/30/2023	
	7/1/2021 – 9/30/2021		☐ 7/1/2022 – 9/30/2022				7/1/2023 – 9/30/2023	
	III. Expenditure Detail (Attach Accompanying Qua	rterly Fina	ncial D	etail Report (QFDR) and i	invoice	/payn	nent docu	mentation)
8. E	xpense Line Item						9. Total E	Expense by Category
Α	Buildings and Labor			(Total fron	n QFDR)	\$ 0.00	
В	Customer Premise Equipmer	nt		(Total from	QFDR))	\$ 0.00	
С	Customer Premise Installatio	n		(Total from	QFDR))	\$ 0.00	
D	Electronics			(Total from	QFDR)		\$ 0.00	
Е	Network Construction Labor			(Total from	QFDR)		\$ 0.00	
F	Network Construction Materia	al		(Total from	,		\$ 0.00	
G	Permits			(Total fron		_	\$ 0.00	
H Professional Services and Engineering (Total from QFDR) (Total from QFDR)							\$ 0.00	
I Other (Total from QFDR) \$ 0.00								
10.	10. Total Expenses Incurred this Period (Total From QFDR) \$ 0.00							
11.	Total Match Amount this Period	d					\$ 0.00	
12.	Total Grant Amount Invoiced th	nis Period		(Line #10 n	ninus #1	1)	\$ 0.00	
IV. Reimbursement Request								
13.	13. Total Lump Sum Payment Received at Project Start \$102,605.42							
14. Total Cumulative Expenditures Submitted to Date (Total from previous QFRs) \$ 0.00								
15. Lump Sum Payment Remaining (Line #13 minus #14) \$ 102,605.42						5.42		
						12)	\$ 0.00	
17. Amount Requested for Reimbursement this Period (Line #15 m						16)	\$ 0.00	
18.	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 1/22/2021							
	Printed Name of Authorized Official Title of Authorized Official or Financial Officer							
	Matthew Sams Chief of Staff, Corporate Secretary							
	Reviewed		Approve	For DTMB Use Only	Date	۶.		
		,	.pp1046		Date			

	I. Grantee Information							
Grantee Information Company Company Company								
	2021-008 Mercury Wireless Indiana, LLC							
3. Address 4. City 5. Sta						6. ZIP Code		
	6004 Highview Dr, Ste B		Fort Wayne	IN		46818		
	II. Financial Report (Due 30 Days After the End of a Reporting Period)							
	7. Reporting Period							
	10/1/2020 – 12/31/2020		10/1/2021 – 12/31/2021		☐ 10/1 <i>i</i>	/2022 – 12/31/2022		
□ 10/1/2020 = 12/31/2020 □ 10/1/2021 = 12/31/2021 □ 10/1/2022 = 12/31/2022 □ 1/1/2021 = 3/31/2022 □ 1/1/2023 = 3/31/2023 □ 1/1/2023 = 3/31/2023								
	☐ 4/1/2021 — 6/30/2021		4/1/2022 – 6/30/2022		☐ 4/1/2	2023 - 6/30/2023		
	7/1/2021 – 9/30/2021		7/1/2022 – 9/30/2022		□ 7/1/2	2023 – 9/30/2023		
	III. Expenditure Detail			_				
	(Attach Accompanying Quarterly	Financial	Detail Report (QFDR) and i	nvoice/	payment do	cumentation)		
8. E	xpense Line Item				9. Tota	al Expense by Category		
Α	Buildings and Labor		(Total from	QFDR	\$ 0.00			
В	Customer Premise Equipment		(Total from	QFDR)	\$ 0.00			
С	Customer Premise Installation		(Total from	QFDR)	\$ 0.00			
D	Electronics		(Total from	QFDR)	\$ 0.00			
Е	Network Construction Labor		(Total from	QFDR)	\$ 0.00			
F	Network Construction Material		(Total from	QFDR)	\$ 0.00			
G	Permits		(Total fron	n QFDR) \$0.00			
Н	Professional Services and Engineer	ering	(Total from	QFDR) \$0.00			
ı	Other		(Total from	n QFDR) \$0.00			
10. Total Expenses Incurred this Period (Total From QFDR)								
11.	Total Match Amount this Period			\$ 0.00				
12.	Total Grant Amount Invoiced this Pe	riod	(Line #10 m	ninus #1	1) \$ 0.00			
	IV. Reimbursement Request							
13.	Total Lump Sum Payment Received	at Project S	Start		\$ 102,6	605.42		
14.	Total Cumulative Expenditures Subr	nitted to Da	te (Total from previ	ous QF	Rs) \$ 0.00			
15.	Lump Sum Payment Remaining		(Line #13	minus #	14) \$ 102,6	605.42		
16.	Total Grant Amount Invoiced this Pe	riod		(Line #	12) \$ 0.00			
17.	17. Amount Requested for Reimbursement this Period (Line #16 minus #15, or \$0.00)							
18.	18. Is this your final report? ☐ Yes ☒ No							
	III. Certification							
	I certify all statements in this repaccurate to the best of my knowletermination of the grant. I underwith the conditions and provision By way of signature, I agree with	edge. I un stand this s required	derstand failure to submi grant may be terminated by the contract covering	t any re if DTMI this gra	equired repo B concludes	orts may result in the I am not in compliance		
	Grantee Authorized Official Signature Date 4/21/2021							
	Printed Name of Authorized Official Title of Authorized Official or Financial Officer Matthew Sams Chief of Staff							
	For DTMB Use Only							
	Reviewed	Annroy	ved Bv.	Date	· ·			



Attachment A - Quarterly Financial Report Instructions

- 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 2. Grantee Company 2021-008 Mercury Wireless Indiana, LLC							
3. Address 4. City 5. Sta						6. ZIP Code		
	6004 Highview Dr, Ste B Fort Wayne IN 46818							
	II. Financial Report (Due 30 D	ays After t	the End of a Reporting Peri	od)				
	7. Reporting Period							
	□ 10/1/2020 − 12/31/2020 □ 10/1/2021 − 12/31/2021 □ 10/1/2022 − 12/31/2022							
	□ 1/1/2021 − 3/31/2021 □ 1/1/2022 − 3/31/2022 □ 1/1/2023 − 3/31/2023							
	4/1/2021 – 6/30/2021		4/1/2022 – 6/30/2022		☐ 4/1/202	23 – 6/30/2023		
	7/1/2021 – 9/30/2021		7/1/2022 – 9/30/2022		7/1/202	23 – 9/30/2023		
	III. Expenditure Detail							
	(Attach Accompanying Quarterly	Financial	Detail Report (QFDR) and in	nvoice/	payment docu	mentation)		
8. E	xpense Line Item				9. Total I	Expense by Category		
Α	Buildings and Labor		(Total from	QFDR)	\$ 0.00			
В	Customer Premise Equipment		(Total from	QFDR)	\$ 0.00			
С	Customer Premise Installation		(Total from	QFDR)	\$ 0.00			
D	Electronics		(Total from	QFDR)	\$ 0.00			
Е	Network Construction Labor		(Total from	QFDR)	\$ 0.00			
F	Network Construction Material		(Total from	QFDR)	\$ 0.00			
G	Permits		(Total from	QFDR	\$ 0.00			
Н	Professional Services and Enginee	ring	(Total from	QFDR)	\$ 0.00			
I	Other		(Total from	QFDR)	\$ 0.00			
10.	10. Total Expenses Incurred this Period (Total From QFDR) \$ 0.00							
11.	Total Match Amount this Period				\$ 0.00			
12.	Total Grant Amount Invoiced this Per	riod	(Line #10 m	inus #1	1) \$ 0.00			
	IV. Reimbursement Request							
13.	Total Lump Sum Payment Received	at Project	Start		\$ 102,60	5.42		
14.	Total Cumulative Expenditures Subm	itted to Da	te (Total from previ	ous QFF	Rs) \$ 0.00			
15. Lump Sum Payment Remaining (Line #13 minus #14) \$ 102,605.42						5.42		
16.	Total Grant Amount Invoiced this Per	iod		(Line #1	12) \$ 0.00			
17.	17. Amount Requested for Reimbursement this Period (Line #16 minus #15, or \$0, whichever is greater) \$0.00							
18.	18. Is this your final report? ☐ Yes ☒ 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	ł	Date 7/30/21					
	Printed Name of Authorized Official Matthew Sams		Title of Authorized Offi Chief of Sta		inancial Officer			
	For DTMB Use Only							
	Reviewed	Approx	15 :	Doto				

Andrew Halfman 8/4/2021

Attachment A - Quarterly Financial Report Instructions

- 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 2. Grantee Company 2021-008 Mercury Wireless Indiana, LLC							
3. Address 4. City 5. Stat						6. ZIP Code		
	6004 Highview Dr, Ste B Fort Wayne IN 46818							
	II. Financial Report (Due 30 Days After the End of a Reporting Period)							
	7. Reporting Period							
	□ 10/1/2020 − 12/31/2020 □ 10/1/2021 − 12/31/2021 □ 10/1/2022 − 12/31/2022							
	□ 1/1/2021 – 3/31/2021 □ 1/1/2022 – 3/31/2022 □ 1/1/2023 – 3/31/2023							
	☐ 4/1/2021 — 6/30/2021		1/1/2022 – 6/30/2022		4/1/202	23 – 6/30/2023		
	7/1/2021 – 9/30/2021		7/1/2022 — 9/30/2022		7/1/20	23 – 9/30/2023		
	III. Expenditure Detail							
	(Attach Accompanying Quarterly	Financial [Detail Report (QFDR) and in	nvoice/	payment docu	mentation)		
8. E	xpense Line Item				9. Total I	Expense by Category		
Α	Buildings and Labor		(Total from	QFDR)	\$ 0.00			
В	Customer Premise Equipment		(Total from	QFDR)	\$ 0.00			
С	Customer Premise Installation		(Total from	QFDR)	\$ 0.00			
D	Electronics		(Total from	QFDR)	\$ 0.00			
Е	Network Construction Labor		(Total from	QFDR)	\$ 0.00			
F	Network Construction Material		(Total from	QFDR)	\$ 0.00			
G	Permits		(Total from	QFDR)	\$ 0.00			
Н	Professional Services and Enginee	ring	(Total from	QFDR)	\$ 0.00			
I	Other		(Total from	QFDR)	\$ 0.00			
10.	10. Total Expenses Incurred this Period (Total From QFDR) \$ 0.00							
11.	Total Match Amount this Period			\$ 0.00				
12.	Total Grant Amount Invoiced this Per	(Line #10 m	inus #1	1) \$ 0.00				
IV. Reimbursement Request								
13.	13. Total Lump Sum Payment Received at Project Start \$102,605.42							
14. Total Cumulative Expenditures Submitted to Date (Total from previous QFRs) \$ 0.00								
15. Lump Sum Payment Remaining (Line #13 minus #14) \$ 102,605.42						5.42		
16.	Total Grant Amount Invoiced this Per	riod		(Line #1	12) \$ 0.00			
17.	17. Amount Requested for Reimbursement this Period (Line #16 minus #15, or \$0, whichever is greater) \$0.00							
18.	18. Is this your final report? ☐ Yes ☒ 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.								
	Graphee Authorized Official Signature Date							
	attrems aus		10/27/2021					
	Printed Name of Authorized Official Matthew Sams		Title of Authorized Offi Chief of Staff	cial or F	inancial Officer	•		
	For DTMB Use Only							
	Reviewed	Approv	- I D	Doto				

Andrew Halfman 10/27/2021

Attachment A - Quarterly Financial Report Instructions

- 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 Number2. Grantee Company2021-008Mercury Wireless Indiana, LLC							
3. Address 4. City 5. Sta 6004 Highview Dr, Ste B Fort Wayne IN					6. ZIP Code 46818		
II. Financial Report (Due 30 Days After the End of a Reporting Period)							
7. Reporting Period	-	, ,					
☐ 10/1/2020 – 12/31/2020	\boxtimes	10/1/2021 – 12/31/2021		☐ 10/1/2	2022 – 12/31/2022		
☐ 1/1/2021 – 3/31/2021							
☐ 4/1/2021 – 6/30/2021		4/1/2022 - 6/30/2022			023 – 6/30/2023		
☐ 7/1/2021 − 9/30/2021		7/1/2022 – 9/30/2022			023 – 9/30/2023		
III. Expenditure Detail	_			_			
(Attach Accompanying Quarte	rly Financial	Detail Report (QFDR) and i	nvoice/	payment doc	umentation)		
8. Expense Line Item	-			9. Total	Expense by Category		
A Buildings and Labor		(Total from	QFDR)) \$	17,338.46		
B Customer Premise Equipment		(Total from	QFDR)	\$	74,586.25		
C Customer Premise Installation		(Total from	QFDR)	\$ 0.00			
D Electronics		(Total from	QFDR)	\$	256,835.62		
E Network Construction Labor		(Total from	QFDR)	\$ 0.00			
F Network Construction Material		(Total from	QFDR)	\$	125,054.72		
G Permits		(Total from	n QFDR	\$ 0.00			
H Professional Services and Engir	neering	(Total from	QFDR)	\$ 0.00			
I Other		(Total from	QFDR	\$ 0.00			
10. Total Expenses Incurred this Peri	od	(Total From	QFDR)	\$	473,815.05		
11. Total Match Amount this Period			\$	118,453.76			
12. Total Grant Amount Invoiced this	Period	(Line #10 m	inus #1	1) \$	355,361.29		
IV. Reimbursement Request							
13. Total Lump Sum Payment Receiv	ed at Project	Start		\$	102,605.43		
14. Total Cumulative Expenditures Su	ubmitted to Da	ate (Total from previ	ous QFI	Rs) \$ 0.00			
15. Lump Sum Payment Remaining		(Line #13 i	minus #	14) \$	102,605.43		
16. Total Grant Amount Invoiced this Period (Line					355,361.29		
17. Amount Requested for Reimburse	ement this Pe	nus #15, is great		252,755.86			
18. Is this your final report? ☐ Yes ☒ 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.							
Graftee Authorized Official Signature Date 1/31/22							
Printed Name of Authorized Official Matthew Sams	al	Title of Authorized Offi Chief of Staff	cial or F	Financial Office	er		
For DTMB Use Only							
Reviewed	Appro	oved By:	Date				

10/2022
1(

Attachment A - Quarterly Financial Report Instructions

- 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.
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- 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.
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- 18: Indicate if this is your final report, which will begin the project closeout process.