	I. Grantee Information					
	1. Grant Number 2021-012		antee Company cury Wireless Indiana, I	LC		
	^{3. Address} 6004 Highview Dr, Ste B		4. City Fort Wayne	5. IN	State	6. ZIP Code 46818
	II. Financial Report (Due	e 30 Days After	the End of a Reporting Peri	iod)		
	7. Reporting Period					
	☑ 11/1/2020 – 12/31/2020		10/1/2021 – 12/31/2021		□ 10/1/2	2022 – 12/31/2022
] 1/1/2021 – 3/31/2021		1/1/2022 – 3/31/2022		□ 1/1/20	023 – 3/31/2023
	4/1/2021 - 6/30/2021		4/1/2022 - 6/30/2022		4/1/20	023 - 6/30/2023
	7/1/2021 – 9/30/2021		7/1/2022 – 9/30/2022		7/1/20	023 – 9/30/2023
	III. Expenditure Detail (Attach Accompanying Qua	arterly Financial	Detail Report (QFDR) and i	invoice	/payment doc	umentation)
8. E	Expense Line Item	-	,			Expense by Category
А	Buildings and Labor		(Total fron	n QFDR) \$0.00	
В	Customer Premise Equipmer	nt	(Total from		\$ 0.00	
С	Customer Premise Installatio	n	(Total from		\$ 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	QFDR)	\$ 0.00	
G	Permits		(Total from	n QFDR	\$ 0.00	
Н	Professional Services and Er	ngineering	(Total fron	n QFDR) \$0.00	
Ι	Other		(Total fron	n QFDR	.) \$0.00	
10.	Total Expenses Incurred this P	Period	(Total From	ו QFDR) \$0.00	
11.	Total Match Amount this Perio	d			\$ 0.00	
12.	12. Total Grant Amount Invoiced this Period (Line #10 minus #11) \$ 0.00					
	IV. Reimbursement Re	equest				
13.	Total Lump Sum Payment Rec	eived at Project	Start		\$ 81,90	0.00
14.	Total Cumulative Expenditures	Submitted to Da			,	
15.	Lump Sum Payment Remainin	ıg	(Line #13	minus #	14) \$81,90	0.00
	Total Grant Amount Invoiced th			(Line #	, .	
	Amount Requested for Reimbu	ursement this Pe	riod (Line #15	minus #	16) \$0.00	
18.	Is this your final report?	es 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					
			For DTMB Use Only			
	Reviewed	Appro	ved By:	Date	9:	

	I. Grantee Information						
	1. Grant Number 2. Grantee Company						
	2021-012 Mercury Wireless Indiana, LLC						
	3. Address4. City5. Sta6004 Highview Dr, Ste BFort WayneIN					6. ZIP Code 46818	
	II. Financial Report (Due 30) Days After th	e End of a Reporting Peri	od)			
	7. Reporting Period						
	<u>10/1/2020 – 12/31/2020</u>		0/1/2021 - 12/31/2021		_)22 – 12/31/2022	
			/1/2022 - 3/31/2022		_	23 – 3/31/2023	
	4/1/2021 - 6/30/2021		/1/2022 - 6/30/2022			23 - 6/30/2023	
	7/1/2021 – 9/30/2021		/1/2022 – 9/30/2022			23 – 9/30/2023	
	III. Expenditure Detail	rhy Einensiel D	etail Banart (OEDB) and i	nvoico/	novmont doou	mentetien	
0 0	(Attach Accompanying Quarte Expense Line Item	ny financiai d	etali Report (QFDR) and I	IIVOICe/		Expense by Category	
			/Tatal from			-vhense na caregola	
A B	Buildings and Labor Customer Premise Equipment		(Total from (Total from	,	\$ 0.00		
С	Customer Premise Installation		(Total from	,	\$ 0.00		
D	Electronics		(Total from	,	\$ 0.00		
E	Network Construction Labor		(Total from	,	\$ 0.00		
F	Network Construction Material		(Total from	QFDR)	\$ 0.00		
G	Permits		(Total from	n QFDR) \$ 0.00		
Н	Professional Services and Engir	eering	(Total from	n QFDR)	\$ 0.00		
I	Other		(Total from	n QFDR)	\$ 0.00		
10.	Total Expenses Incurred this Perio	bd	(Total From	QFDR)	\$ 0.00		
11.	Total Match Amount this Period				\$ 0.00		
12.	Total Grant Amount Invoiced this	Period	(Line #10 m	ninus #1	1) \$ 0.00		
	IV. Reimbursement Requ	iest					
	Total Lump Sum Payment Receiv				\$ 81,900	.00	
	Total Cumulative Expenditures Su	Ibmitted to Date	e (Total from previ	ous QFF	Rs) \$0.00		
	Lump Sum Payment Remaining		(Line #13)		,	.00	
	Total Grant Amount Invoiced this			(Line #	,		
17.	Amount Requested for Reimburse	ment this Peric	od (Line #16 mir \$0, whichever				
18.	Is this your final report? □ Yes	🛛 No					
	III. Certification						
	I certify all statements in this re accurate to the best of my kno termination of the grant. I und with the conditions and provisi By way of signature, I agree w	wledge. I und erstand this g ons required l	derstand failure to submi rant may be terminated i by the contract covering	t any re if DTME this gra	equired reports 3 concludes l	s may result in the am not in compliance	
	Grantee Authorized Official Signat		Date				
			4/21/2021				
	Printed Name of Authorized Officia Matthew Same	al	Title of Authorized Offi Chief of Staff	icial or F	inancial Officer		
	Matthew Sams Chief of Staff For DTMB Use Only For DTMB Use Only						
	Reviewed	Approve		Date			
		7,661010		Duit			

	Andrew Halfman	4/23/2021	
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- 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						
2021-012 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 Da	ys After the End	of a Reporting Peri	od)			
7. Reporting Period	1					
□ 10/1/2020 – 12/31/2020	10/1/202	21 – 12/31/2021		0/1/20	022 – 12/31/2022	
□ 1/1/2021 – 3/31/2021	□ 1/1/2021 – 3/31/2021 □ 1/1/2022 – 3/31/2022 □ 1/1/2023 – 3/31/2023					
<u> </u>	☑ 4/1/2021 - 6/30/2021 □ 4/1/2022 - 6/30/2022 □ 4/1/2023 - 6/30/2023				23 – 6/30/2023	
7/1/2021 – 9/30/2021	7/1/202	2 – 9/30/2022		7/1/202	23 – 9/30/2023	
III. Expenditure Detail						
(Attach Accompanying Quarterly	Financial Detail F	Report (QFDR) and i	nvoice/			
8. Expense Line Item				9. Total E	Expense by Category	
A Buildings and Labor		(Total from	ו QFDR)	\$ 0.00		
B Customer Premise Equipment		(Total from	QFDR)	\$ 0.00		
C Customer Premise Installation		(Total from	QFDR)	\$ 0.00		
D Electronics		(Total from	QFDR)	\$ 0.00		
E Network Construction Labor		(Total from	QFDR)	\$ 0.00		
F Network Construction Material		(Total from	QFDR)	\$ 0.00		
G Permits		(Total from	n QFDR) \$ 0.00		
H Professional Services and Engineer	ing	(Total from	n QFDR)	\$ 0.00		
I Other		(Total from	n QFDR	\$ 0.00		
10. Total Expenses Incurred this Period		(Total From	n QFDR)	\$ 0.00		
11. Total Match Amount this Period				\$ 0.00		
12. Total Grant Amount Invoiced this Peri	od	(Line #10 m	ninus #1	1) \$ 0.00		
IV. Reimbursement Reques	t					
13. Total Lump Sum Payment Received a	t Project Start			\$ 81,900	.00	
14. Total Cumulative Expenditures Subm	tted to Date	(Total from previ	ious QFI	Rs) \$0.00		
15. Lump Sum Payment Remaining		(Line #13	minus #	14) \$81,900	.00	
16. Total Grant Amount Invoiced this Peri			(Line #'			
17. Amount Requested for Reimburseme	nt this Period	(Line #16 mir \$0, whichever				
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	C	ate //30/21				
Printed Name of Authorized Official	Т	itle of Authorized Offi	icial or F	inancial Officer		
Matthew Sams	0	hief of Staff				
For DTMB Use Only						
Reviewed	Approved By:		Date	:		

Andrew Halfman 8/4/2021

- 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						
	2021-012 Mercury Wireless Indiana, LLC						
				-	. State 6. ZIP Code N 46818		
	II. Financial Report (Due 30 Da	ays After th	e End of a Reporting Peri	od)			
	7. Reporting Period						
	<u> </u>		0/1/2021 – 12/31/2021			2022 – 12/31/2022	
	<u>1/1/2021 – 3/31/2021</u>		/1/2022 – 3/31/2022			023 – 3/31/2023	
	4/1/2021 - 6/30/2021		/1/2022 - 6/30/2022			023 - 6/30/2023	
2	☑ 7/1/2021 – 9/30/2021		/1/2022 – 9/30/2022			023 – 9/30/2023	
	III. Expenditure Detail						
	(Attach Accompanying Quarterly	Financial D	etail Report (QFDR) and i	nvoice			
	Expense Line Item					Expense by Category	
A	Buildings and Labor		(Total from		, .		
В	Customer Premise Equipment		(Total from	,			
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	,			
G	Permits		(Total from		,		
Н	Professional Services and Engineer	ing	(Total from				
I	Other		(Total from	ו QFDR	.) \$ 0.00		
10.	Total Expenses Incurred this Period		(Total From) \$0.00		
11.	Total Match Amount this Period				\$ 0.00		
12.	Total Grant Amount Invoiced this Per	iod	(Line #10 m	ninus #1	1) \$ 0.00		
	IV. Reimbursement Reques						
	Total Lump Sum Payment Received				\$ 81,90	0.00	
	Total Cumulative Expenditures Subm	itted to Date	e (Total from previ	ous QF	Rs) \$0.00		
-	Lump Sum Payment Remaining		(Line #13)		, , ,	0.00	
	Total Grant Amount Invoiced this Per			(Line #			
17.	Amount Requested for Reimburseme	nt this Perio	od (Line #16 mir \$0, whichever				
18.	Is this your final report? \Box Yes \boxtimes	No			· •		
	III. Certification						
	I certify all statements in this repo	rt, includin	g all requested supplem	ental ir	nformation, a	re true, complete, and	
	accurate to the best of my knowle						
	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						
	Grantee Authorized Official Signature		Date				
_/	attent aus		10/27/21				
	Printed Name of Authorized Official Matthew Sams		Title of Authorized Offi Chief of Staff	icial or F	-inancial Office	er	
			For DTMB Use Only				
	Reviewed	Approve		Date	e:		
			•				

Andrew Halfman	10/27/2021

- 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						
2021-012	Mercu	ury Wireless Indiana, L	LC			
3. Address		. City	5. S	tate	6. ZIP Code	
6004 Highview Dr, Ste B		Fort Wayne	IN		46818	
II. Financial Report (Due 30 Da	ays After th	e End of a Reporting Peri	od)			
7. Reporting Period						
□ 10/1/2020 – 12/31/2020	⊠ 1	0/1/2021 – 12/31/2021		0/1/20	022 – 12/31/2022	
□ 1/1/2021 - 3/31/2021	<u> </u>	/1/2022 – 3/31/2022		1/1/202	23 – 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 D	etail Report (QFDR) and i	nvoice/p	ayment docu	mentation)	
8. Expense Line Item				9. Total E	Expense by Category	
A Buildings and Labor		(Total from	QFDR)	\$	23,117.94	
B Customer Premise Equipment		(Total from	QFDR)	\$	18,704.65	
C Customer Premise Installation		(Total from	QFDR)	\$ 0.00		
D Electronics		(Total from	QFDR)	\$	271,309.41	
E Network Construction Labor		(Total from	QFDR)	\$ 0.00		
F Network Construction Material		(Total from	QFDR)	\$	11,305.76	
G Permits		(Total from	ו QFDR)	\$ 0.00		
H Professional Services and Engineer	ing	(Total from	n QFDR)	\$ 0.00		
I Other		(Total from	n QFDR)	\$ 0.00		
10. Total Expenses Incurred this Period		(Total From	QFDR)	\$	324,437.76	
11. Total Match Amount this Period		`	,	\$	81,109.44	
12. Total Grant Amount Invoiced this Per	iod	(Line #10 m	ninus #11		243,328.32	
IV. Reimbursement Reques	t					
13. Total Lump Sum Payment Received		tart		\$	81,900.00	
14. Total Cumulative Expenditures Subm	-		ous QFR		,	
15. Lump Sum Payment Remaining		(Line #13)	minus #1	4) \$	81,900.00	
16. Total Grant Amount Invoiced this Per	iod		(Line #12		243,328.32	
17. Amount Requested for Reimburseme	nt this Peric	d (Line #16 mir \$0, whichever			161,428.32	
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 /kuthovized Official Signature		Date				
Firinted Name of Authorized Official Matthew Sams	Printed Name of Authorized Official Title of Authorized Official or Financial Officer					
		For DTMB Use Only				
Reviewed	Approve	ed By:	Date:			

	Everett Root	3/10/2022	
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- 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.