	tee Information		na di setto Antonio	
		. Grantee Company Ace Telephone Company of Mi	ichigan,	Inc
3. Addre		4. City	5. State	6. ZIP Code
5351 N	5351 M-37 Mesick MI		MI	49668
II. Fina	ancial Report (Due 30 Days A	fter the End of a Reporting Period)		
7. Repo	rting Period		-	
⊠ 7/1/20	21 - 8/31/2021	9/1/2021 - 11/30/2021		12/1/2021 - 2/28/2022
3/1/20	22 - 5/31/2022	6/1/2022 - 8/31/2022		9/1/2022 - 11/30/2022
□ 12/1/2	022 - 2/28/2023	3/1/2023 - 5/31/2023		6/1/2023 - 8/31/2023
9/1/2	023 – 11/30/2023	12/1/2023 - 2/28/2024	1	3/1/2024 – 5/31/2024
6/1/2	024 - 8/31/2024	9/1/2024 - 11/30/2024] 12/1/2024 - 2/28/2025
3/1/2	025 - 5/31/2025	G/1/2025 - 8/31/2025		9/1/2025 - 9/30/2025
III. Ex	penditure Detail		- Standard	
	A PARTY AND A REAL PROPERTY AND A PARTY AND A	icial Detail Report (QFDR) and invoi	ice/paym	ent documentation)
8. Expense				9. Total Expense by Category
A Buildin	igs and Labor	(Total from QF	DR)	\$0
B Custor	mer Premise Equipment	(Total from QFI	DR)	\$0
C Custor	mer Premise Installation	(Total from QFI	DR)	\$0
D Electro	onics	(Total from QFD	DR)	\$0
E Netwo	rk Construction Labor	DR)	\$0	
F Netwo	rk Construction Material		\$0	
G Permit	S		\$0	
H Profes	sional Services and Engineering	DR)	\$0	
I Other (Total from QFDR)				\$0
10. Total Ex	penses Incurred this Period	(Total From QFi	DR)	\$0
	atch Amount this Period			\$0
12. Total Gr	ant Amount Invoiced this Period	(Line #10 minus		\$0
IV. Re	eimbursement Request		THE SEC	
	mp Sum Payment Received at Pro	ject Start	1	\$0
	imulative Expenditures Submitted t		QFRs)	\$0
15. Lump Si	um Payment Remaining	(Line #13 minu		\$0
	ant Amount Invoiced this Period			\$0
17. Amount	Requested for Reimbursement this	Period (Line #16 minus # \$0, whichever is g		\$0
18. Is this ye	our final report? 🗌 Yes 🛛 No			
	tification	and the state of the second	Ling (Con the	
I certify accurate termina with the	all statements in this report, ind e to the best of my knowledge. tion of the grant. I understand conditions and provisions requ	cluding all requested supplementa I understand failure to submit any this grant may be terminated if DT uired by the contract covering this e conditions of this grant program.	y require FMB cone grant, or	d reports may result in the cludes I am not in compliance
Grantee	Authorized official Signature	Date 9/24/200	21	
	Name of Authorized Official Roesler	Title of Authorized Official CEO	or Financi	ial Officer

For DTMB Use Only					
Reviewed	Approved By:	Date:			
	Andrew Halfman	9/27/2021			

- 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 CMIC-2021-023 Ace Telephone Company of Michigan, Inc					
3. Address 5351 M-37			City esick	5. State MI	•	6. ZIP Code 49668
	II. Financial Report (Due 30 Day	s After the	End of a Reporting Pe	riod)		
	7. Reporting Period					
Ľ	7/1/2021 - 8/31/2021	⊠ 9/1/	2021 - 11/30/2021		12/1/20	21 - 2/28/2022
Ľ	3/1/2022 – 5/31/2022	1	2022 - 8/31/2022		9/1/202	2 - 11/30/2022
Ľ] 12/1/2022 – 2/28/2023	3/1/	2023 - 5/31/2023		6/1/202	3 - 8/31/2023
	9/1/2023 - 11/30/2023	12/	1/2023 - 2/28/2024		3/1/202	4 - 5/31/2024
C	6/1/2024 - 8/31/2024	9/1/	2024 - 11/30/2024		12/1/20	24 - 2/28/2025
C] 3/1/2025 – 5/31/2025	6/1/	2025 - 8/31/2025		9/1/202	5 – 9/30/2025
8. E	III. Expenditure Detail (Attach Accompanying Quarterly F xpense Line Item	inancial Det	ail Report (QFDR) and	l invoice/payı		nentation) xpense by Category
A	Buildings and Labor	a revea de	(Total fro	m QFDR)	\$0	
в	Customer Premise Equipment			m QFDR)	\$0	
С	Customer Premise Installation		an a	m QFDR)	\$0	and the second
D	Electronics		(Total from	n QFDR)	\$0	
E					\$0	
F					\$0	
G					\$0	
Н	Professional Services and Engineering (Total from QFDR)				\$ 5562.00	1
1	Other		(Total fro	m QFDR)	\$0	
10.	Total Expenses Incurred this Period	and the second secon	(Total Fro	m QFDR)	\$ 5562.00	
11.	Total Match Amount this Period				\$ 3337.20	
12.	Total Grant Amount Invoiced this Peric	bd	(Line #10	minus #11)	\$ 2224.80	
	IV. Reimbursement Request					
13.	Total Lump Sum Payment Received at	Project Star	t		\$0	
14.	Total Cumulative Expenditures Submit	ted to Date	(Total from pre	vious QFRs)	\$0	
15.	Lump Sum Payment Remaining		(Line #13	3 minus #14)	\$0	
	Total Grant Amount Invoiced this Perio			(Line #12)	\$ 2224.80	
17.	Amount Requested for Reimbursemen	t this Period	(Line #16 m \$0, whichev	ninus #15, or er is greater)	\$ 2224.80	
18.	ls this your final report? 🔲 Yes 🛛	No				
Part Frank	II. Certification					
1	certify all statements in this repor accurate to the best of my knowled remination of the grant. I understa with the conditions and provisions By way of signature. I agree with a	lge. I unde and this gra required by	rstand failure to subn nt may be terminated the contract covering	hit any requir I if DTMB co g this grant,	red reports ncludes I a	may result in the am not in compliance
	Grantee Authorized Official Signature		Date 12/21/	202/		
	Printed Name of Authorized Official Todd Roesler		Title of Authorized O CEO	fficial or Finan	cial Officer	

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Reviewed	Approved By:	Date:				
	Andrew Halfman	1/11/2022				

- 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					
CMIC-2021	1. Grant Number 2. Grantee Company CMIC-2021-023 Ace Telephone Company of Michigan, Inc					
3. Address 5351 M-37		4. City Mesick	5. State MI		6. ZIP Code 49668	
II. Financia	al Report (Due 30 Days After	the End of a Reporting Period)				
7. Reporting F		, persagnonou)	httigt i status ging			
7/1/2021 - 8	3/31/2021	9/1/2021 - 11/30/2021	I		A	
<u>3/1/2022 – </u>		6/1/2022 - 8/31/2022			21 - 2/28/2022	
12/1/2022 -		3/1/2023 - 5/31/2023			2 - 11/30/2022	
	11/30/2023	12/1/2023 - 2/28/2024			<u>3 - 8/31/2023</u> 4 - 5/31/2024	
6/1/2024 –		9/1/2024 - 11/30/2024			4 – 5/31/2024 24 – 2/28/2025	
	5/31/2025	6/1/2025 - 8/31/2025			5 - 9/30/2025	
	diture Detail ompanying Quarterly Financia tem	I Detail Report (QFDR) and invo	oice/paym			
A Buildings an	d Labor	(Total from QF			xpense by Category	
	remise Equipment	(Total from QF		<u>\$0</u>		
	emise Installation	(Total from QF	····	\$0 \$0		
D Electronics		(Total from QF	DR)	\$0		
E Network Cor	astruction Labor	(Total from QF	<u> </u>	\$0		
F Network Cor	struction Material	(Total from QFI		<u>\$0</u> \$0		
G Permits		(Total from QF		\$0		
H Professional	Services and Engineering	(Total from QF		\$ 14775.2	5	
I Other		(Total from QF		\$0	-	
10. Total Expense	s Incurred this Period	(Total From QF	DR)	\$ 14775.2	<u></u>	
11. Total Match Ar	mount this Period		· · · ····	\$ 8865.15		
12. Total Grant An	nount Invoiced this Period	(Line #10 minus		\$ 5910.10		
IV. Reimbu	ursement Request					
13. Total Lump Su	m Payment Received at Project	Start	ana an tha (Chana) (Chana)	\$0	ale to be a transféricit production de la construcción de la construcción de la construcción de la construcción La construcción de la construcción d	
14. Total Cumulati	ve Expenditures Submitted to Da	ate (Total from previous		\$0		
15. Lump Sum Pa	yment Remaining	(Line #13 minu	·····	\$0	and and a summary as	
	nount Invoiced this Period	(Lin	e #12)	\$ 5910.10		
······································	ested for Reimbursement this Pe	riod (Line #16 minus # \$0, whichever is g	#15, or	\$ 5910.10		
18. is this your fina	al report? 🗌 Yes 🖾 No					
III. Certifica	tion		Medical Designation of the second		na an a	
termination of with the cond By way of sig	f the grant. I understand this itions and provisions required nature, I agree with all the co	ing all requested supplementand nderstand failure to submit an grant may be terminated if D by the contract covering this inditions of this grant program	y require TMB cond grant or	d reports	may result in the	
1) who	Zed Offisial Signature	Date 3-14-22				
Michael Osb	of Authorized Official	Title of Authorized Official	or Financi	al Officer		

	For DTMB	Use Only	
Reviewed	Approved By:	Date:	

- 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 9L. This amount must match the total expension of the formation of the formation
- Add Lines 9A through 9I. This amount must match the total expenses reported in the accompanying QFDR and include both Grant and Match expenditures.
 Enter the amount of Line 10 to be applied towards your metabolic provides and the second secon
- 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 line.
- 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 the use of the second secon
- 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.
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- 18: Indicate if this is your final report, which will begin the project closeout process.

	1. Grant Number CMIC-2021-023		tee Company elephone Company of Michigan, Inc				
3. Address 5351 M-37		4. C Me	City 5. State esick MI			6. ZIP Code 49668	
	II. Financial Report (Due 30 I	Days After the E	End of a Reporting Per	riod)			
	7. Reporting Period						
	7/1/2021 – 8/31/2021	9/1/2	2021 - 11/30/2021		12/1/20	21 - 2/28/2022	
	3/1/2022 - 5/31/2022	6/1/2	2022 - 8/31/2022		9/1/202	2 – 11/30/2022	
	12/1/2022 - 2/28/2023	3/1/2	2023 - 5/31/2023		6/1/202	3 - 8/31/2023	
	9/1/2023 - 11/30/2023	12/1	/2023 – 2/28/2024			4 – 5/31/2024	
	6/1/2024 - 8/31/2024	9/1/2	2024 - 11/30/2024		12/1/20	24 - 2/28/2025	
1224	3/1/2025 - 5/31/2025	6/1/2	2025 - 8/31/2025		9/1/202	5 – 9/30/2025	
	III. Expenditure Detail (Attach Accompanying Quarterly	Financial Deta	ail Report (QFDR) and	invoice/payr	nent docur	mentation)	
8. E	Expense Line Item					xpense by Category	
A	Buildings and Labor		(Total from	m QFDR)	\$0	. , .,	
В	Customer Premise Equipment		(Total fron		\$0		
с	Customer Premise Installation		(Total fron		\$0		
D	Electronics		(Total from		\$0		
E	Network Construction Labor		(Total from		\$0		
F					\$0		
G	Permits (Total from QFDR)				\$ 8,950.0	0	
н	Professional Services and Engine	ering	(Total from		\$ 58,021.	35	
L	Other		(Total from	-	\$0		
10.	Total Expenses Incurred this Period		(Total Fror	n QFDR)	\$ 66,971.	35	
_	Total Match Amount this Period				\$ 40,182.	81	
12.	Total Grant Amount Invoiced this Pe	eriod	(Line #10 r	minus #11)	\$ 26,788.	54	
	IV. Reimbursement Reque	st					
13.	Total Lump Sum Payment Received				\$0		
14.	Total Cumulative Expenditures Sub	mitted to Date	(Total from prev	vious QFRs)	\$ 8,134.9	0	
15.	Lump Sum Payment Remaining		(Line #13	minus #14)	\$0		
16.	Total Grant Amount Invoiced this Pe	eriod		(Line #12)	\$ 26,788.	53	
17.	Amount Requested for Reimbursem	ent this Period	(Line #16 m \$0, whicheve		\$ 26,788.	53	
18.	Is this your final report? Yes	🖄 No		N/10 802			
	III. Certification						
	I certify all statements in this rep accurate to the best of my know termination of the grant. I under with the conditions and provision By way of signature, I agree with	ledge. I under stand this grains required by	stand failure to subm nt may be terminated the contract covering	it any requir if DTMB co this grant,	ed reports	s may result in the am not in compliance	
2	Grantee Authorized Official Signatur	e	Date				
	Printed Name of Authorized Official Michael Osborne		Title of Authorized Of CEO	ficial or Finan	cial Officer		

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Reviewed	Approved By:	Date:				
	Everett Root	8/15/2022				

- 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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