	l. Grantee Information					
1	1. Grant Number 2021-040	2. Grante LakeNe	et LLC			
1	3. Address 16690 Gratiot Rd	1	City emlock	5. State MI	. A. 158	6. ZIP Code 48626
	II. Financial Report (Due 30 Da	ys After the	End of a Reporting Peri	od)		
	7. Reporting Period	27 22 650				
D	7/1/2021 – 8/31/2021	□ 9/1	/2021 – 11/30/2021		☐ 12/1/20	21 – 2/28/2022
	3/1/2022 – 5/31/2022		/2022 – 8/31/2022		_	2 – 11/30/2022
	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	read and	□ 3/1/202	4 – 5/31/2024
	6/1/2024 – 8/31/2024	☐ 9/1.	/2024 – 11/30/2024		12/1/20	24 – 2/28/2025
83	3/1/2025 – 5/31/2025	□ 6/1	/2025 – 8/31/2025	1 1 1	9/1/202	5 - 9/30/2025
	III. Expenditure Detail					
	(Attach Accompanying Quarterly I	Financial De	tail Report (QFDR) and i	nvoice/pavr	nent docu	mentation)
8. E	xpense Line Item		40 1 10 10 10 10 10 10 10 10 10 10 10 10			expense by Category
Α	Buildings and Labor	e is the	(Total from	QFDR)	\$	
В	Customer Premise Equipment		(Total from		\$	
С	Customer Premise Installation	112 6 10 11	(Total from	N SIN	\$	0.000
D	Electronics	4-1-0	(Total from		\$	
E	Network Construction Labor	20 No. 200	(Total from		\$	
F	Network Construction Material	GC BOTT	(Total from		\$	same of the same
G	Permits	P. J. in	(Total fron		\$	
Н	Professional Services and Engineer	ing	(Total from	***	\$ 700.00	
1	Other	101013	(Total fron		\$	
10	Total Expenses Incurred this Period				\$700.00	
-	Total Match Amount this Period	00 - 20kg	(Total From	I QFDR)	\$ 259.00	
	Total Grant Amount Invoiced this Period	od	(Line #10 n	ninue #11)	\$ 419.00	
12.			(Line #1011	illus #11)	ψ 419.00	
40	IV. Reimbursement Reques					
	Total Currentstins Fune additions Subsection			OFD-\	\$0	f
	Total Cumulative Expenditures Subm	itted to Date	(Total from previ		\$0	
	Lump Sum Payment Remaining Total Grant Amount Invoiced this Peri	ind	(Line #13	minus #14) (Line #12)	\$ 0	
	Amount Requested for Reimburseme		(Line #16 mi \$0, whichevel	nus #15, or	\$ 441.00	
18.	Is this your final report?	No		,		
	III. Certification					
	I certify all statements in this repo accurate to the best of my knowle termination of the grant. I unders with the conditions and provisions By way of signature, I agree with Grantee Authorized Official Signature	dge. I unde tand this gra required by	erstand failure to submant may be terminated by the contract covering itions of this grant programme 9/29/	it any requi if DTMB co this grant, ram.	red report ncludes l or have fa	s may result in the am not in compliance Isified any information.
	Printed Name of Authorized Official		Title of Authorized Off	icial or Finar	ncial Officer	

Andrew Halfman 10/12/2021

	I. Grantee Information					
	1. Grant Number	2. Grar	ntee Company			
	2021-040	Lakel	Net LLC			
	3. Address		1. City		State	6. ZIP Code
	16690 Gratiot Rd	ŀ	Hemlock	MI		48626
	II. Financial Report (Due 30 D	ays After th	e End of a Reporting Peri	od)		
	7. Reporting Period					
	7/1/2021 – 8/31/2021	⊠ 9	/1/2021 – 11/30/2021		☐ 12/1/20)21 – 2/28/2022
	☐ 3/1/2022 – 5/31/2022	□ 6	/1/2022 – 8/31/2022		□ 9/1/202	22 – 11/30/2022
	<u> 12/1/2022 – 2/28/2023</u>	□ 3	/1/2023 – 5/31/2023		G/1/202	23 – 8/31/2023
	9/1/2023 – 11/30/2023	□ 1	2/1/2023 – 2/28/2024		□ 3/1/202	24 – 5/31/2024
	6/1/2024 – 8/31/2024	□ 9	/1/2024 – 11/30/2024		<u> </u>)24 – 2/28/2025
	3/1/2025 – 5/31/2025	□ 6	/1/2025 — 8/31/2025		9/1/202	25 – 9/30/2025
	III. Expenditure Detail (Attach Accompanying Quarterly	Financial F	Octail Papert (OEDP) and i	nyoico/r	navment docu	montation)
8 F	Expense Line Item	rinanciai L	detail Report (QFDR) and i	iivoice/	-	Expense by Category
A	Buildings and Labor		(Total fron	OFDR)		-Apondo by Gatogory
В	Customer Premise Equipment		(Total from		\$ 12781.	48
С	Customer Premise Installation		(Total from		\$	
D	Electronics		(Total from		\$ 33480.	12
E	Network Construction Labor		(Total from		\$ 33400.	12
F	Network Construction Material		(Total from		\$	
G	Permits		(Total fron			
Н	Professional Services and Enginee	ring	(Total from			
ı	Other		(Total fron			
10	Total Expenses Incurred this Period		(Total From	OFDR)	\$ 46961	60
	Total Match Amount this Period		(1010111011	r Qr Drty	17375.79	
-	Total Grant Amount Invoiced this Pe	riod	(Line #10 n	ninus #11		
	IV. Reimbursement Reques	~ 4	()		, ,	
13	Total Lump Sum Payment Received		tart		\$0	
	Total Cumulative Expenditures Subn			ous QFF		
	Lump Sum Payment Remaining		(Line #13		,	
_	Total Grant Amount Invoiced this Pe	riod	· · · · · · · · · · · · · · · · · · ·	(Line #1		81
17.	Amount Requested for Reimburseme	ent this Perio	od (Line #16 mir \$0, whichever	-	1 \$ 29585	81
18.	Is this your final report? Yes	No				
	III. Certification					
	I certify all statements in this report accurate to the best of my knowle termination of the grant. I unders with the conditions and provision By way of signature, I agree with	edge. I und stand this g s required	derstand failure to submi grant may be terminated by the contract covering	t any re if DTMB this gra	quired reports 3 concludes I	s may result in the am not in compliance
-	Grantee Authorized Official Signature	, ,	Date			
	Printed Name of Authorized Official	ren	12/29/2021 Title of Authorized Off	icial or E	inancial Officer	
	Chrisopher Fabien		Member	ioiai Ul F	manda Onicei	

	For DTMB Use Only	
Reviewed	Approved By:	Date:
	Andrew Halfman	1/6/2022

Attachment A - Quarterly Financial Report Instructions

The Quarterly Financial Report (QFR) and accompanying Quarterly Financial Detail Report (QFRD) are to be submitted within 30 days after the end of each reporting period. This report is a summary of grant funded expenditures for the indicated reporting period and serves as your formal request for reimbursement. If you received multiple awards, a separate and complete form must be submitted for each project.

- 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	1. Grant Number 2021-040	1	ntee Company Net LLC			
1	3. Address 16690 Gratiot Rd	I .	4. City Hemlock	5. State	Э	6. ZIP Code 48626
	II. Financial Report (Due 30 D	ays After th	ne End of a Reporting Peri	od)		
	7. Reporting Period					
	7/1/2021 – 8/31/2021	□ 9	/1/2021 – 11/30/2021		⊠ 12/1/20	21 – 2/28/2022
	3/1/2022 – 5/31/2022	□ 6	/1/2022 – 8/31/2022			2 – 11/30/2022
	☐ 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	1	2/1/2023 – 2/28/2024		□ 3/1/202	4 - 5/31/2024
	6/1/2024 – 8/31/2024	□ 9	/1/2024 – 11/30/2024		12/1/20	24 – 2/28/2025
	3/1/2025 – 5/31/2025	□ 6	/1/2025 – 8/31/2025		9/1/202	5 – 9/30/2025
	III. Expenditure Detail	•				
	(Attach Accompanying Quarterly	Financial D	Detail Report (QFDR) and i	nvoice/payı	ment docur	mentation)
8. E	xpense Line Item				9. Total E	xpense by Category
Α	Buildings and Labor		(Total from	QFDR)	\$	
В	Customer Premise Equipment		(Total from	QFDR)	\$ 26334.6	32
С	Customer Premise Installation		(Total from	QFDR)	\$	
D	Electronics		(Total from	QFDR)	\$ 20927.3	32
E	Network Construction Labor		(Total from	QFDR)	\$	
F	Network Construction Material		(Total from	QFDR)	\$ 80792.7	74
G	Permits		(Total from	QFDR)	\$	
Н	Professional Services and Enginee	ring	(Total from	QFDR)	\$	
I	Other		(Total from	QFDR)	\$	
10.	Total Expenses Incurred this Period		(Total From	QFDR)	\$ 128,05	64.68
11.	Total Match Amount this Period				47380.23	
12.	Total Grant Amount Invoiced this Pe	riod	(Line #10 m	inus #11)	\$ 80674.4	15
	IV. Reimbursement Reques	st				
13.	Total Lump Sum Payment Received	at Project S	tart		\$ 203,068	3.75
14.	Total Cumulative Expenditures Subm	nitted to Date	e (Total from previ	ous QFRs)	\$30026.8	1
	Lump Sum Payment Remaining		(Line #13 r	ninus #14)	\$ 173041	.94
	Total Grant Amount Invoiced this Per			(Line #12)	\$ 80674.4	15
	Amount Requested for Reimburseme		od (Line #16 min \$0, whichever		\$0	
18.	ls this your final report? Yes	No				
	III. Certification					
1	certify all statements in this reportance to the best of my knowled termination of the grant. I unders with the conditions and provisions By way of signature, I agree with	edge. I und stand this g s required	derstand failure to submit rant may be terminated i by the contract covering	any requir f DTMB co this grant.	red reports ncludes I a	may result in the
	Grantee Authorized Official Signature		Date 3/24/2022			
	Printed Name of Authorized Official Christopher Fabien		Title of Authorized Office Member	cial or Finan	cial Officer	

	For DTMB Use	Only	
Reviewed	Approved By:	Date:	
	Everett Root		

Attachment A - Quarterly Financial Report Instructions

The Quarterly Financial Report (QFR) and accompanying Quarterly Financial Detail Report (QFRD) are to be submitted within 30 days after the end of each reporting period. This report is a summary of grant funded expenditures for the indicated reporting period and serves as your formal request for reimbursement. If you received multiple awards, a separate and complete form must be submitted for each project.

- 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.
- 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.

1. 0	Grantee Information					
10070 1842	Grant Number 21-040		ee Company et LLC			
	oddress 590 Gratiot Rd	1	City emlock	5. State		6. ZIP Code 48626
II.	Financial Report (Due 30 Day	s After the	End of a Reporting Pe	eriod)		
	Reporting Period	a managara				
□ 7.	/1/2021 – 8/31/2021	☐ 9/°	1/2021 – 11/30/2021		☐ 12/1/20	21 – 2/28/2022
⊠ 3,	/1/2022 – 5/31/2022		1/2022 - 8/31/2022			2 – 11/30/2022
1:	2/1/2022 - 2/28/2023	☐ 3/·	1/2023 - 5/31/2023		☐ 6/1/202	3 - 8/31/2023
	9/1/2023 – 11/30/2023	17 TO	/1/2023 - 2/28/2024		Maria	4 – 5/31/2024
	5/1/2024 - 8/31/2024	☐ 9/°	1/2024 - 11/30/2024		12/1/20	24 – 2/28/2025
	3/1/2025 - 5/31/2025	☐ 6/°	1/2025 - 8/31/2025		9/1/202	5 – 9/30/2025
111	. Expenditure Detail	111111111111111111111111111111111111111				
(A	ttach Accompanying Quarterly Fi	nancial De	etail Report (QFDR) and	l invoice/payn	nent docur	nentation)
	ense Line Item					xpense by Category
А В	uildings and Labor		(Total fro	om QFDR)	\$ 8000.00	A I SUPPLY OF SUPPLY SUPPLY OF
ВС	ustomer Premise Equipment		(Total fro	m QFDR)	\$	
CC	ustomer Premise Installation	A	(Total fro	m QFDR)	\$	
D E	lectronics		(Total from	m QFDR)	\$	Hala a Padiri
E N	etwork Construction Labor		(Total from	m QFDR)	\$	
F N	etwork Construction Material	THE STATE OF	(Total fror		\$ 37082.3	33
G P	ermits		Manager Color	om QFDR)	\$	AF TUNOL T
H Pi	rofessional Services and Engineerin	g	(Total fro	m QFDR)	\$ 4760	
1 0	ther	<u> </u>	(Total fro	om QFDR)	\$	and Carlon Barrier
10. Tota	al Expenses Incurred this Period		(Total Fro	m QFDR)	\$ 49842	.33
11. Tota	al Match Amount this Period				18441.66	
12. Tota	al Grant Amount Invoiced this Perior	d	(Line #10	minus #11)	\$ 31400.6	
IV	. Reimbursement Request					
	al Lump Sum Payment Received at	Project Sta	art		\$ 203,068	3.75
14. Tota	al Cumulative Expenditures Submitt	ed to Date	(Total from pre	vious QFRs)	\$110701.	26
15. Lun	np Sum Payment Remaining		(Line #13	3 minus #14)	\$ 92367.4	19
	al Grant Amount Invoiced this Period	100		(Line #12)	\$ 31400.6	57
	ount Requested for Reimbursement		d (Line #16 m \$0, whicheve	ninus #15, or er is greater)	\$0	
18. Is th	nis your final report? Yes X	No			au-2000	
III.	Certification	A STATE OF THE STA				
tern with By v	ertify all statements in this report curate to the best of my knowled mination of the grant. I understa in the conditions and provisions r way of signature, I agree with all intee Authorized Official Signature	ge. I unde nd this gra equired b	erstand failure to subn ant may be terminated v the contract covering	nit any requir I if DTMB cor I this grant o	ed reports	may result in the
	WS S		6/27/2022			
	ted Name of Authorized Official ristopher Fabien		Title of Authorized O	fficial or Finand	cial Officer	

	For DTMB Use	Only	
Reviewed	Approved By:	Date:	
	Everett Root		

Attachment A – Quarterly Financial Report Instructions

The Quarterly Financial Report (QFR) and accompanying Quarterly Financial Detail Report (QFRD) are to be submitted within 30 days after the end of each reporting period. This report is a summary of grant funded expenditures for the indicated reporting period and serves as your formal request for reimbursement. If you received multiple awards, a separate and complete form must be submitted for each project.

- 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.