	. Grantee Information					
	1. Grant Number 2021-041	LakeNe	et LLC			
	3. Address 16690 Gratiot Rd		. City Hemlock	5. State MI	i I tum	6. ZIP Code 48626
	II. Financial Report (Due 30 Days	After th	e End of a Reporting Perio	d)		
	7. Reporting Period					
Σ	7/1/2021 – 8/31/2021	□ 9 <i>i</i>	/1/2021 - 11/30/2021		12/1/20	21 - 2/28/2022
E	3/1/2022 – 5/31/2022	□ 6 <i>i</i>	/1/2022 - 8/31/2022		9/1/202	2 - 11/30/2022
	12/1/2022 – 2/28/2023	□ 3/	/1/2023 – 5/31/2023	46-96	☐ 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 <i>i</i>	/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 Fire	nancial D	etail Report (OFDR) and in	voice/payr	nent docui	mentation)
8. E	Expense Line Item	idirordi 2				Expense by Category
Α	Buildings and Labor		(Total from	QFDR)	\$	e ned Street I Liter ♥ CPRISSRY ♥ Street ♥
В	Customer Premise Equipment	_	(Total from 0		\$	
С	Customer Premise Installation		(Total from 0		\$220.00	
D	Electronics		(Total from 0	000 - VE 500 - 700 000 - VUID - 700 - 700	\$	
E	Network Construction Labor		(Total from 0		\$92,431.	20
F	Network Construction Material		(Total from C		\$13,178	the state of the s
G						
Н	Professional Services and Engineering	<b>a</b>	(Total from	CHAPTER OF THE PERSON	\$ 6,615.0	10
ı	Other		(Total from		\$	*
10.	Total Expenses Incurred this Period		(Total From	QFDR)	\$112,645	5.05
-	Total Match Amount this Period				\$ 41,115.	44
12.	Total Grant Amount Invoiced this Period	d	(Line #10 mi	nus #11)	\$	
	IV. Reimbursement Request	Halificati				
13.	Total Lump Sum Payment Received at	Project S	tart		\$0	
14.	Total Cumulative Expenditures Submitte	ed to Date	e (Total from previo	us QFRs)	\$ 112,64	5.05
15.	Lump Sum Payment Remaining		(Line #13 m	ninus #14)	\$0	
16.	Total Grant Amount Invoiced this Period	1		Line #12)	\$ 71,529.	61
17.	Amount Requested for Reimbursement	this Perio	od (Line #16 mini \$0, whichever i	10	\$ 71,529.	61
18.	Is this your final report? Yes 🔀 I	No				
	III. Certification					
	I certify all statements in this report, accurate to the best of my knowled, termination of the grant. I understa with the conditions and provisions not be way of signature, I agree with all	ge. I und nd this g equired	derstand failure to submit grant may be terminated if by the contract covering the	any requir DTMB cou his grant, o	ed reports	s may result in the am not in compliance
	Grantee Authorized Official Signature		Date 9/29/21			
COMPANIAN SON	Printed Name of Authorized Official		Title of Authorized Office Mィmらん	ial or Finan	cial Officer	

For DTMB Use Only	
Approved By:	Date:
Andrew Halfman	10/12/2021
	Approved By:

- 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 2021-041		itee Company Net LLC			
<ol> <li>Address</li> <li>16690 Gratiot Rd</li> </ol>	4	I. City	5. Sta	ate	6. ZIP Code
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	021 – 2/28/2022
☐ 3/1/2022 – 5/31/2022		/1/2022 – 8/31/2022			22 – 11/30/2022
☐ 12/1/2022 – 2/28/2023		/1/2023 – 5/31/2023			23 – 8/31/2023
☐ 9/1/2023 − 11/30/2023		2/1/2023 – 2/28/2024			24 – 5/31/2024
G/1/2024 – 8/31/2024		/1/2024 – 11/30/2024			024 – 2/28/2025
☐ 3/1/2025 – 5/31/2025		/1/2025 – 8/31/2025		_	25 – 9/30/2025
III. Expenditure Detail	_		_	_	
(Attach Accompanying Quarterly	Financial D	etail Report (QFDR) and i	nvoice/pa	yment docu	mentation)
8. Expense Line Item		1 ( )	•	-	Expense by Category
A Buildings and Labor		(Total from	QFDR)	\$	
B Customer Premise Equipment		(Total from	QFDR)	\$ 12781.	48
C Customer Premise Installation		(Total from	QFDR)	\$ 1705.0	0
D Electronics		(Total from	QFDR)	\$ 33480.	10
Network Construction Labor (Total from QFDR) \$ 2635.00					
Network Construction Material (Total from QFDR) \$					
G Permits					
Professional Services and Engineering (Total from QFDR) \$					
Other (Total from QFDR) \$					
10. Total Expenses Incurred this Period (Total From QFDR) \$50601.58					
11. Total Match Amount this Period \$ 18469.58					
12. Total Grant Amount Invoiced this Period (Line #10 minus #11) \$ 32132.00					
IV. Reimbursement Reques	st				
13. Total Lump Sum Payment Received		tart		\$0	
14. Total Cumulative Expenditures Submitted to Date (Total from previous QFRs) \$ 71529.61					
15. Lump Sum Payment Remaining (Line #13 minus #14) \$ 0					
16. Total Grant Amount Invoiced this Pe	riod		(Line #12)	) \$ 32132.	00
17. Amount Requested for Reimburseme	17. Amount Requested for Reimbursement this Period (Line #16 minus #15, or \$0, whichever is greater) \$ 32132.00				
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 l	derstand failure to submit rant may be terminated i by the contract covering	t any requ f DTMB of this grant	uired reports concludes I	s may result in the am not in compliance
Grange Authorized Official Signature		Date 12/29/2021			
Printed Name of Authorized Official  Christopher Fabien	<u> </u>	Title of Authorized Offi Member	cial or Fin	ancial Officer	

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Reviewed	Approved By:	Date:
	Andrew Halfman	1/6/2022

- 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.
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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.
- 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		ntee Company			
	2021-041	Lake	Net LLC			
	3. Address 16690 Gratiot Rd		4. City	5. State	•	6. ZIP Code
			Hemlock	MI		48626
	II. Financial Report (Due 30 Da	ys After t	he End of a Reporting Peri	od)		
	7. Reporting Period					
	7/1/2021 – 8/31/2021	□ g	9/1/2021 – 11/30/2021		⊠ 12/1/20	21 – 2/28/2022
	☐ 3/1/2022 <b>–</b> 5/31/2022	□ 6	6/1/2022 - 8/31/2022		□ 9/1/202	2 – 11/30/2022
	☐ 12/1/2022 <b>–</b> 2/28/2023	<u>□ 3</u>	3/1/2023 - 5/31/2023		□ 6/1/202	3 - 8/31/2023
	9/1/2023 – 11/30/2023		2/1/2023 – 2/28/2024		□ 3/1/202	4 - 5/31/2024
	6/1/2024 — 8/31/2024	□ g	0/1/2024 - 11/30/2024	- 1	<b>12/1/20</b>	24 – 2/28/2025
	3/1/2025 – 5/31/2025	_ □ 6	6/1/2025 – 8/31/2025		9/1/202	5 – 9/30/2025
	III. Expenditure Detail					
	(Attach Accompanying Quarterly F	inancial [	Detail Report (QFDR) and in	nvoice/payr	nent docur	mentation)
8. E	Expense Line Item				9. Total E	xpense by Category
Α	Buildings and Labor		(Total from	QFDR)	\$	
В	Customer Premise Equipment		(Total from	QFDR)	\$ 27252.7	75
С	Customer Premise Installation		(Total from	QFDR)	\$	
D	Electronics		(Total from	QFDR)	\$ 23927.3	32
E	Network Construction Labor		(Total from	QFDR)	\$	
F	Network Construction Material		(Total from	QFDR)	\$ 89187.9	96
G	Permits		(Total from	QFDR)	\$ 100.00	
Н	Professional Services and Engineeri	ng	(Total from	QFDR)	\$ 2250.00	)
1.	Other	4	(Total from	QFDR)	\$	
10.	Total Expenses Incurred this Period		(Total From	QFDR)	\$ \$142,7	18.03
11.	Total Match Amount this Period				\$ 52092.0	08
12.	Total Grant Amount Invoiced this Perio	od	(Line #10 m	inus #11)	\$ 90625.9	95
	IV. Reimbursement Request					
13.	Total Lump Sum Payment Received a	Project S	tart		\$ 265687.	.50
14.	Total Cumulative Expenditures Submit	ted to Date	e (Total from previo	ous QFRs)	\$ 103661.	.61
	Lump Sum Payment Remaining		(Line #13 r	ninus #14)	\$162025.8	89
	Total Grant Amount Invoiced this Perio			(Line #12)	\$ 90625.9	95
17.	Amount Requested for Reimbursemen	t this Perio	od (Line #16 min \$0, whichever		\$ 0	
18.	Is this your final report?	No	ψο, willchever	is greater)		
	III. Certification				-	
	certify all statements in this repor	includin	ng all requested suppleme	antal inform	ation are	true complete and
1	accurate to the best of my knowled	lge. I und	derstand failure to submit	any require	ed reports	may result in the
1	termination of the grant. I understa	and this g	rant mav be terminated if	DTMB cor	ncludes La	m not in compliance
ı `	with the conditions and provisions By way of signature, I agree with a	required I	by the contract covering t	his grant, c	r have fals	sified any information.
	Grantee Authorized Official Signature		Date	u.11.		
	Uly S	-	3/24/2022			
	Printed Name of Authorized Official Christopher Fabien		Title of Authorized Office Member	cial or Financ	cial Officer	

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Reviewed	Approved By:	Date:	
	Everett Root		

- 1 6: Grantee information as it appears in the Grant Agreement.
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- 18: Indicate if this is your final report, which will begin the project closeout process.

	I. Grantee Information					
	The state of the s	Grantee Company akeNet LLC				
	3. Address 16690 Gratiot Rd	4. City Hemlock	5. State MI	6. ZIP Code 48626		
	II. Financial Report (Due 30 Days Af	ter the End of a Reporting Perio	d)			
	7. Reporting Period					
	7/1/2021 – 8/31/2021	☐ 9/1/2021 <b>–</b> 11/30/2021		☐ 12/1/2021 — 2/28/2022		
	3/1/2022 – 5/31/2022	☐ 6/1/2022 <b>–</b> 8/31/2022	[	☐ 9/1/2022 – 11/30/2022		
	12/1/2022 – 2/28/2023	☐ 3/1/2023 <b>–</b> 5/31/2023		☐ 6/1/2023 <b>–</b> 8/31/2023		
	9/1/2023 – 11/30/2023	☐ 12/1/2023 <b>–</b> 2/28/2024		□ 3/1/2024 – 5/31/2024		
	6/1/2024 - 8/31/2024	☐ 9/1/2024 <b>–</b> 11/30/2024		12/1/2024 – 2/28/2025		
	3/1/2025 – 5/31/2025	☐ 6/1/2025 <b>-</b> 8/31/2025		☐ 9/1/2025 <b>–</b> 9/30/2025		
	III. Expenditure Detail	asia dise etimere pire a un	D aniyoux	and the same and the same		
	(Attach Accompanying Quarterly Finan	cial Detail Report (QFDR) and in	voice/paym	nent documentation)		
8. E	xpense Line Item			9. Total Expense by Category		
Α	Buildings and Labor	(Total from	QFDR)	\$		
В	Customer Premise Equipment	\$ 3751.79				
С	Customer Premise Equipment (Total from QFDR) \$ 3751.79  Customer Premise Installation (Total from QFDR) \$					
D	Electronics (Total from QFDR) \$					
Е	Network Construction Labor (Total from QFDR) \$ 199095.70					
F	Network Construction Material (Total from QFDR) \$ 105195.23					
G	Permits (Total from QFDR) \$					
Н	Professional Services and Engineering (Total from QFDR) \$ 21035.70					
1	Other	(Total from	QFDR)	\$		
10.	Total Expenses Incurred this Period	(Total From	QFDR)	\$ 329078.42		
11.	Total Match Amount this Period			\$ 120113.62		
12.	Total Grant Amount Invoiced this Period	(Line #10 mi	nus #11)	\$ 208964.80		
	IV. Reimbursement Request			Control of the contro		
13.	Total Lump Sum Payment Received at Pro	ect Start		\$ 265687.50		
14.	Total Cumulative Expenditures Submitted to	Date (Total from previo	us QFRs)	\$ 194,287.56		
15.	Lump Sum Payment Remaining	(Line #13 m	ninus #14)	\$71399.94		
16.	Total Grant Amount Invoiced this Period	(	Line #12)	\$ 208964.80		
17.	Amount Requested for Reimbursement this	Period (Line #16 minu \$0, whichever it		\$ 137,564.86		
18.	Is this your final report? Yes No					
	III. Certification		The second			
,	I certify all statements in this report, incaccurate to the best of my knowledge. termination of the grant. I understand with the conditions and provisions requirely way of signature, I agree with all the	I understand failure to submit his grant may be terminated if ired by the contract covering the	any require DTMB con	ed reports may result in the		
	Grantee Authorized Official Signature	Date 6/27/2022	reconstant			
	Printed Name of Authorized Official Christopher Fabien	Title of Authorized Offic Member	ial or Financ	sial Officer		

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

- 1 6: Grantee information as it appears in the Grant Agreement.
- 7: Check the appropriate box to indicate the reporting period for this report
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- 18: Indicate if this is your final report, which will begin the project closeout process.