FORM CD-451 (REV 10-98) IF DAO 203-26 U. S. DEPARTMENT OF COMMERCE AMENDMENT TO FINANCIAL ASSISTANCE AWARD			[X]GRANT []COOPERATIVE AGREEMENT ACCOUNTING CODE AWARD NUMBER NT10BIX5570040								
						RECIPIENT NAME Level 3 EON, LLC			AMENDMENT NUMBER 2		
						STREET ADDRESS 1025 Eldorado Blvd			EFFECTIVE DATE 02/01/2010		
CITY, STATE, ZIP CODE Broomfield CO 80021			EXTEND WORK COMPLETION TO N/A								
CFDA NO. AND PROJECT TITLE 11.557 Recovery Act - Expanding broadband access across Georgia											
COSTS ARE REVISED AS FOLLOWS	PREVIOUS ESTIMATED COST	ADD			TOTAL ESTIMATED COST						
FEDERAL SHARE OF COST	\$1,427,310.00	\$0.00		\$0.00	\$1,427,310.00						
RECIPIENT SHARE OF COST	\$475,770.00	\$0.00		\$0.00	\$475,770.00						
TOTAL ESTIMATED COST	\$1,903,080.00	\$0.00		\$0.00	\$1,903,080.00						
The purpose of this administrative change is to correct administrative errors and:											
(1) to revise administrative award condition "BTOP-Wide SAC - Post Award Reporting Requirements" to remove the due date.											
(2) to revise administrative award condition "PS SAC - For-Profit Recipient Audit Requirements" to change the due date from 04/01/2010 to 05/01/2011.											
This Amendment approved by the Grants Officer is issued in triplicate and constitute an obligation of Federal funding. By signing the three documents, the											
Recipient agrees to comply with the Amendment provisions checked below and attached, as well as previous provisions incorporated into the Award. Upon acceptance by the Recipient, two signed Amendment documents shall be returned to the Grants Officer and the third document shall be retained by the Recipient. If not signed and returned without modification by the Recipient within 30 days of receipt, the Grants Officer may unilaterally terminate this Amendment.											
[X] Special Award Conditions (Attachment B)											
[] Line Item Budget (Attachment A)											
[] Other(s)											
SIGNATURE OF DEPARTMENT OF COMMERCE GRANTS OFFICER Sonja Wyatt			TITLE Grants Office	er	DATE 05/07/2010						
TYPE NAME AND SIGNATURE OF AUTHORIZED RECIPIENT OFFICIAL Monisha Merchant			TITLE Director, Pro	oduct Management	DATE 07/27/2010						