AWARD NUMBER: NT10BIX5570077 DATE: 11/26/2012

QUARTERLY PERFORMANCE PROGRESS REPORT FOR BROADBAND INFRASTRUCTURE PROJECTS							
General Information							
1. Federal Agency and Organizational Element to Which Report is Submitted	2. Award Identifica	3. DUNS Number					
Department of Commerce, National Telecommunications and Information Administration	NT10BIX557007	7	061463618				
4. Recipient Organization	1		1				
Silver Star Telephone Company, INC. 104101 U	S Hwy 89, Stop 2,	Freedom, WY 83120-	8809				
5. Current Reporting Period End Date (MM/DD/YYY	Y)	6. Is this the last Repo	rt of the Award Period?				
09-30-2012			⊖ Yes ● No				
7. Certification: I certify to the best of my knowledg purposes set forth in the award documents.	je and belief that thi	s report is correct and	complete for performance of activities for the				
7a. Typed or Printed Name and Title of Certifying O	fficial	7c. Telepho	ne (area code, number and extension)				
Michelle Motzkus X							
		7d. Email A	ddress				
mamotzkus@silverstar.net							
7b. Signature of Certifying Official	7b. Signature of Certifying Official 7e. Date Report Submitted (MM/DD/YYYY):						
Submitted Electronically	11-26-2012						
		ŀ					

AWARD NUMBER: NT10BIX5570077 DATE: 11/26/2012

Project Indicators (This Quarter)

1. Please describe significant project accomplishments completed during this quarter (600 words or less).

Recipient experienced no issues or challenges during this past quarter; project progress is well ahead of project baseline indicators.

2. Please provide the percent complete for the following key milestones in your project. Write "0" in the Percent Complete column and "N/ A" in the Narrative column if your project does not include this activity. If you provided additional milestones in your baseline plan, please insert them at the bottom of the table. Unless otherwise indicated in the instructions, figures should be reported cumulatively from award inception to the end of the most recent reporting quarter. Please provide a narrative description if the percent complete is different from the target provided in your baseline plan (300 words or less).

	Milestone	Percent Complete	Narrative (describe reasons for any variance from baseline plan or subsequent written updates provided to your program officer)
2a.	Overall Project	92	Variance due to accelerated construction progress
2b.	Environmental Assessment	100	No Variance
2c.	Network Design	100	No Variance
2d.	Rights of Way	0	N/A
2e.	Construction Permits and Other Approvals	100	No Variance
2f.	Site Preparation	0	N/A
2g.	Equipment Procurement	100	Variance due to accelerated construction progress
2h.	Network Build (all components - owned, leased, IRU, etc)	100	Variance due to accelerated construction progress
2i.	Equipment Deployment	98	Variance due to accelerated construction progress
2j.	Network Testing	90	Variance due to accelerated construction progress
2k.	Other (please specify):	0	N/A

3. To the extent not covered above, please describe any challenges or issues faced during this past quarter in achieving planned progress against the project milestones listed above. In particular, please identify any areas or issues where technical assistance from the BTOP program may be useful (600 words or less).

N/A

4. Please report the following information regarding network build progress. Write "0" in the Total column and "N/A" in the Narrative column if your project does not include this activity. Unless otherwise indicated in the instructions, figures should be reported cumulatively from award inception to the end of the most recent reporting quarter. Please provide a narrative description if the total is different from the target provided in your baseline plan (600 words or less).

Indicator	Total	Narrative (describe your reasons for any variance from the baseline plan or any other relevant information)
New network miles deployed	39	Progress is on schedule
New network miles leased	0	N/A
Existing network miles upgraded	0	N/A
Existing network miles leased	0	N/A
Number of miles of new fiber (aerial or underground)	39	Progress is on schedule
Number of new wireless links	0	N/A
Number of new towers	0	N/A
Number of new and/or upgraded interconnection points	0	N/A

RECIPIENT NAME: Silver Star Telephone Company, INC.

AWARD NUMBER: NT10BIX5570077 DATE: 11/26/2012

For questions 5 and 6 please include information relating to agreements that you are negotiating or have entered into, or that your sub recipient, contractor or subcontractor is negotiating or entered into.

5a. If applicable, please provide the following information with regard to agreements with broadband wholesalers and/or last mile providers as a result of your project.

Indicators	
Number of signed agreements with broadband wholesalers or last mile providers	0
Number of agreements currently being negotiated with broadband wholesalers or last mile providers	0
Average term of signed agreements (in quarters)	0

5b. Please list the names of the wholesale and last mile providers with whom you have signed agreements (100 words or less). Providers: N/A

5c. What wholesale services are being provided by this project? Please describe below. As an attachment to this report, please provide pricing plans (in \$ per month) associated with each wholesale service provided by your product (100 words or less). Wholesale services description: N/A

5d. If you have designated a third party to operate all or a portion of your network, please provide the name and contact information for this third party, indicate if this entity is a sub recipient, contractor, and/or subcontractor, and describe with specificity the portion of your network this this third party operates (600 words or less). N/A

6. Please provide the data according to the type of subscriber. Write "0" in the Total column and "N/A" in the Narrative column if your project does not pass or serve a particular subscriber type. Unless otherwise indicated in the instructions, figures should be reported cumulatively from award inception to the end of the most recent reporting quarter. Please provide a narrative description if the total is different from the target provided in your baseline plan (300 words or less).

Subscriber Type	Access Type	Total	Narrative (describe your reasons for any variance from the baseline plan or any other relevant information)
Broadband Wholesalers or Last Mile Providers	Providers with signed agreements receiving new access	0	N/A
	Providers with signed agreements receiving improved access	0	N/A
	Providers with signed agreements receiving access to dark fiber	0	N/A
	Please identify the speed tiers that are available and the number of subscribers for each	0	N/A
Community Anchor Institutions (including Government institutions)	Total subscribers served	43	CAI's include elementary education entities, several Federal department/division entities. Teton County, Town of Jackson, US Post Office and US Forest Service entities, as well as medical facilities and community support organizations. Variance due to accelerated construction schedule.
	Subscribers receiving new access	0	N/A
	Subscribers receiving improved access	43	CAI's include elementary education entities, several Federal department/division entities. Teton County, Town of Jackson, US Post Office and US Forest Service entities, as well as medical facilities and community support organizations.
	Please identify the speed tiers that are available and the number or	1	Maximum 1 Gbps; No Variance

RECIPIENT NAME:Silver Star Telephone Company, INC.

AWARD NUMBER: NT10BIX5570077

DATE: 11/26/2012

			Normathan (documents and a second for an and a second for an the
Subscriber Type Access Type		Tota	Narrative (describe your reasons for any variance from the baseline plan or any other relevant information)
	subscribers for each		
Residential / Households	Entities passed	0	N/A
	Total subscribers served	0	N/A
	Subscribers receiving new acces	ss 0	N/A
	Subscribers receiving improved	access 0	N/A
	Please identify the speed tiers th available and the number of subscribers for each	at are 0	N/A
Businesses	Entities passed	0	N/A
	Total subscribers served	4	N/A
	Subscribers receiving new acces	ss 0	N/A
	Subscribers receiving improved	access 4	N/A
	Please identify the speed tiers th available and the number of subscribers for each	at are	100 Mbps
7. Please describe any N/A			
N/A 8a. Have your network 8b. If so, please descri	management practices changed o	•	
N/A 8a. Have your network 8b. If so, please descri N/A 9. Community Anchor Using the table below, p connected to your netw cumulatively). Also ind	management practices changed of be the changes (300 words or less nstitutions: blease provide a list by service are ork as a result of BTOP funds. Fi icate whether your organization is	s). ea of the commur gures should be s currently provic	ter? Yes No
N/A 8a. Have your network 8b. If so, please descri N/A 9. Community Anchor Using the table below, p connected to your netw cumulatively). Also ind	management practices changed of be the changes (300 words or less nstitutions: blease provide a list by service are ork as a result of BTOP funds. Finiticate whether your organization is icon with examples of how institution Service Type of Anchor A Area (town Institution (as	s). ea of the commur gures should be s currently provic	ter? Yes INO hity anchor institutions (including Government institutions) reported for the most recent reporting quarter only (NOT ling broadband service to the anchor institution. Finally, provide a 'OP-funded infrastructure (300 words or less).
N/A 8a. Have your network 8b. If so, please descri N/A 9. Community Anchor Using the table below, p connected to your netw cumulatively). Also ind short narrative descript	management practices changed of be the changes (300 words or less nstitutions: blease provide a list by service are ork as a result of BTOP funds. Finiticate whether your organization is ion with examples of how institution ion with examples of how institution Service Area (town or county) Unstitution (as defined in your baseline)	ea of the commur gures should be s currently provic ions are using B1 Are you also the broadband service provider for this institution?	ter? Yes No hity anchor institutions (including Government institutions) reported for the most recent reporting quarter only (NOT ling broadband service to the anchor institution. Finally, provide a 'OP-funded infrastructure (300 words or less). Narrative description of how anchor institutions are using BTOP-
N/A Ba. Have your network Bb. If so, please descri N/A 9. Community Anchor Using the table below, p connected to your netw cumulatively). Also ind short narrative descript Institution Name Town of Jackson Start	management practices changed of be the changes (300 words or less nstitutions: blease provide a list by service are ork as a result of BTOP funds. Fij icate whether your organization is ion with examples of how instituti Service Type of Anchor Area (town or county) Institution (as defined in your baseline)	ea of the commur gures should be s currently provic ions are using BT Are you also the broadband service provider for this institution? (Yes / No)	ter? Yes No hity anchor institutions (including Government institutions) reported for the most recent reporting quarter only (NOT ling broadband service to the anchor institution. Finally, provide a "OP-funded infrastructure (300 words or less). Narrative description of how anchor institutions are using BTOP- funded infrastructure
N/A Ba. Have your network Bb. If so, please descri N/A 9. Community Anchor Using the table below, p connected to your netw cumulatively). Also ind short narrative descript Institution Name Town of Jackson Start Bus Teton Village Fire	management practices changed of be the changes (300 words or less nstitutions: blease provide a list by service are ork as a result of BTOP funds. Finiticate whether your organization is icon with examples of how institution Area (town or county) Type of Anchor Area (town or county) defined in your baseline) Jackson OGF Teton Public Safety	ea of the commur gures should be s currently provic ions are using B1 Are you also the broadband service provider for this institution? (Yes / No) N/A	ter? Yes No hity anchor institutions (including Government institutions) reported for the most recent reporting quarter only (NOT ling broadband service to the anchor institution. Finally, provide a 'OP-funded infrastructure (300 words or less). Narrative description of how anchor institutions are using BTOP- funded infrastructure Drop has been placed and CAI is connected but unserved
N/A Ba. Have your network Bb. If so, please descri N/A 9. Community Anchor Using the table below, p connected to your netw cumulatively). Also ind short narrative descript Institution Name Town of Jackson Start Bus Teton Village Fire Department Town of Jackson	management practices changed of be the changes (300 words or less nstitutions: blease provide a list by service are ork as a result of BTOP funds. Finicate whether your organization is ion with examples of how institution Area (town or county) Jackson OGF Jackson OGF	ea of the commun gures should be s currently provic ions are using B1 Are you also the broadband service provider for this institution? (Yes / No) N/A N/A	ter? Yes No hity anchor institutions (including Government institutions) reported for the most recent reporting quarter only (NOT ling broadband service to the anchor institution. Finally, provide a "OP-funded infrastructure (300 words or less). Narrative description of how anchor institutions are using BTOP-funded infrastructure Drop has been placed and CAI is connected but unserved Drop has been placed and CAI is connected but unserved
N/A 8a. Have your network 8b. If so, please descri N/A 9. Community Anchor Using the table below, p connected to your netw cumulatively). Also ind short narrative descript Institution Name Town of Jackson Start Bus Teton Village Fire Department Town of Jackson Parking Garage Town of Jackson	management practices changed of be the changes (300 words or less nstitutions: blease provide a list by service are ork as a result of BTOP funds. Finicate whether your organization is ion with examples of how institution Area (town or county) Jackson OGF Jackson OGF	ea of the commur gures should be s currently provic ions are using BT Are you also the broadband service provider for this institution? (Yes / No) N/A N/A N/A	ter? Yes No hity anchor institutions (including Government institutions) reported for the most recent reporting quarter only (NOT ling broadband service to the anchor institution. Finally, provide a OP-funded infrastructure (300 words or less). Narrative description of how anchor institutions are using BTOP-funded infrastructure Drop has been placed and CAI is connected but unserved Drop has been placed and CAI is connected but unserved Drop has been placed and CAI is connected but unserved

AWARD NUMBER: NT10BIX5570077

DATE: 11/26/2012

ATE: 11/26/2012				EXPIRATION DATE: 12/31/2013
Institution Name	Service Area (town or county)	Type of Anchor Institution (as defined in your baseline)	Are you also the broadband service provider for this institution? (Yes / No)	Narrative description of how anchor institutions are using BTOP funded infrastructure
Teton County Animal Shelter	Jackson	OGF	N/A	Drop has been placed and CAI is connected but unserved
Teton County Administration	Jackson	OGF	N/A	Drop has been placed and CAI is connected but unserved
Colter Elementary	Jackson	Education	N/A	Drop has been placed and CAI is connected but unserved
Jackson Hole Middle School	Jackson	Education	N/A	Drop has been placed and CAI is connected but unserved
St. Johns Clinic @ Teton Village	Teton Village	Medical	N/A	Drop has been placed and CAI is connected but unserved
USPS @ Teton VIIIage	Teton Village	OGF	N/A	Drop has been placed and CAI is connected but unserved
Wilson Elementary	Wilson	Education	N/A	Drop has been placed and CAI is connected but unserved
Wilson Medical Clinic	Wilson	Medical	N/A	Drop has been placed and CAI is connected but unserved
Teton Pines Fire Station Highway 390	Jackson	OGF	N/A	Drop has been placed and CAI is connected but unserved

Project Indicators (Next Quarter)

1. Please describe significant project accomplishments planned for completion during the next quarter (600 words or less).

Recipient anticipates 100% completion of the project construction and CAI drops and 100% overall project completion. Nearly 42 fiber network miles will be placed and 50 CAI's will be connected to the network.

2. Please provide the percent complete for the following key milestones in your project. Write "0" in the Planned Percent Complete column and "N/A" in the Narrative column if your project does not include this activity. If you provided additional milestones in your baseline plan, please insert them at the bottom of the table. Unless otherwise indicated in the instructions, figures should be reported cumulatively from award inception to the end of the next reporting quarter. Please provide a narrative description if the percent complete is different from the target provided in your baseline plan (300 words or less).

	Milestone	Planned Percent Complete	Narrative (describe reasons for any variance from baseline plan or any other relevant information)
2a.	Overall Project	100	Variance due to accelerated construction progress
2b.	Environmental Assessment	100	No Variance
2c.	Network Design	100	No Variance
2d.	Rights of Way	0	N/A
2e.	Construction Permits and Other Approvals	100	No Variance
2f.	Site Preparation	0	N/A
2g.	Equipment Procurement	100	Variance due to accelerated construction progress
2h.	Network Build (all components - owned, leased, IRU, etc.)	100	Variance due to accelerated construction progress
2i.	Equipment Deployment	100	Variance due to accelerated construction progress
2j.	Network Testing	100	Variance due to accelerated construction progress
2k.	Other (please specify):	0	N/A
	·		

RECIPIENT NAME: Silver Star Telephone Company, INC.

AWARD NUMBER: NT10BIX5570077 DATE: 11/26/2012

3. Please describe any challenges or issues anticipated during the next quarter that may impact planned progress against the project milestones listed above. In particular, please identify any areas or issues where technical assistance from the BTOP program may be useful (600 words or less).

Recipient anticipates that project construction will be completed by quarter end and expects to experience no issues or challenges. Following the construction contract close-out anticipated to be completed by early November, recipient will begin award close-out activities. AWARD NUMBER: NT10BIX5570077

DATE: 11/26/2012

Infrastructure Budget Execution Details

Activity Based Expenditures (Infrastructure)

1. Please provide details below on your total budget, cumulative actual expenditures (for the period ending the current quarter), and cumulative anticipated expenditures (for the period ending next quarter) for each line item, including detailed disbursements of both matching funds and federal funds from project inception through end of this quarter (actual) or next quarter (anticipated). Actual and anticipated figures should be reported cumulatively from award inception to the end of the applicable reporting quarter.

Budget for Entire Project					Actuals from Project Inception through End of Current Reporting Period			Anticipated Actuals from Project Inception through End of Next Reporting Period		
Cost Classification	Total Cost (plan)	Matching Funds (plan)	Federal Funds (plan)	Total Cost	Matching Funds	Federal Funds	Total Costs	Matching Funds	Federal Funds	
a. Administrative and legal expenses	\$20,000	\$20,000	\$0	\$17,945	\$17,945	\$0	\$20,000	\$20,000	\$0	
b. Land, structures, right-of-ways, appraisals, etc.	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
c. Relocation expenses and payments	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
d. Architectural and engineering fees	\$405,948	\$405,948	\$0	\$40,594	\$405,948	\$0	\$405,948	\$405,948	\$0	
e. Other architectural and engineering fees	\$9,700	\$9,700	\$0	\$6,656	\$6,656	\$0	\$9,700	\$9,700	\$0	
f. Project inspection fees	\$304,800	\$304,800	\$0	\$304,800	\$304,800	\$0	\$304,800	\$304,800	\$0	
g. Site work	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
h. Demolition and removal	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
i. Construction	\$5,043,298	\$275,006	\$4,768,293	\$4,417,065	\$185,152	\$4,231,913	\$5,043,298	\$275,006	\$4,768,293	
j. Equipment	\$562,825	\$267,494	\$295,330	\$551,965	\$267,494	\$259,548	\$562,825	\$267,494	\$295,330	
k. Miscellaneous	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
I. SUBTOTAL (add a through k)	\$6,346,571	\$1,282,948	\$5,063,623	\$5,339,025	5 \$1,187,995	\$4,491,461	\$6,346,571	\$1,282,948	\$5,063,623	
m. Contingencies										
n. TOTALS (sum of I and m)	\$6,346,571	\$1,282,948	\$5,063,623	\$5,339,025	\$1,187,995	\$4,491,461	\$6,346,571	\$1,282,948	\$5,063,623	
2. Program Incomore reporting period.	e: Please prov	vide the progr	am income yo	ou listed in y	our application	budget and a	ctuals to date	through the e	nd of the	
a. Application Bud	get Program I	ncome: \$0		b. Pi	b. Program Income to Date: \$3,248					