RECIPIENT NAME:DCN, LLC AWARD NUMBER: NT10BIX5570090

DATE: 03/29/2012

OMB CONTROL NUMBER: 0660-0037 EXPIRATION DATE: 12/31/2013

cation Number	3. DUNS Number		
90	615928405		
6. Is this the last	Annual Report of the Award Period?		
	○ Yes ● No		
eport is correct and	complete for performance of activities for the		
7c. Telephone (ar	rea code, number and extension)		
7013558701			
7d. Email Addres	s		
kayla.shafer@kl	kayla.shafer@kljeng.com		
7e. Date Report S	Submitted (MM/DD/YYYY):		
03-29-2012			
	6. Is this the last eport is correct and 7c. Telephone (at 7013558701 7d. Email Addres kayla.shafer@k		

OMB CONTROL NUMBER: 0660-0037

DATE: 03/29/2012 EXPIRATION DATE: 12/31/2013

OVERALL PROJECT PERFORMANCE INDICATORS

1. Please provide the following average cost figures for your project. Please review the instructions to determine how to calculate these figures. Write "0" in the second column and "N/A" in the third column if your project does not yet have this information. Depending on whether your project contains Middle Mile and/or Last Mile components, some metrics may not apply. Please provide a narrative description if the total is different from the target provided in your baseline plan (600 words or less).

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Cost Indicator	Average Cost / Speed	Narrative (describe your reasons for any variance from the baseline plan or any other relevant information)			
Average cost per new mile (Middle Mile)	44869	So far we have been below our estimate by \$14,000/mile. But not all of our costs from sub recipients have been incurred yet. This is a good indication that our budgets should not be exceeded.			
Average cost per household passed (Last Mile)	0	N/A			
Average cost per subscriber (Last Mile)	0	N/A			
Maximum broadband speed advertised (Middle Mile)	100	Mbps			
Maximum broadband speed advertised (Last Mile)	0	N/A			
Average broadband speed provided (Middle Mile)	5	Mbps			
Average broadband speed provided (Last Mile)	0	N/A			

2. Please provide each facility name and type, the county where the facility is located, and census tract information for any facilities funded by your project during this annual reporting period. Report only facilities for which construction has been completed.

Facility Identifier / Name	Facility Type	County	Census Tracts
N/A	N/A	N/A	N/A

Add Facility Remove Facility

3. Please identify (1) the total number of interconnection, peering, and/or transit agreements entered into during this annual reporting period; (2) the total number of agreements of each type that you are currently negotiating; and (3) whether you have denied any request for interconnection and if so, why. If you have not entered into any agreements, please write "N/A."

Interconnection Agreements (600 words or less)

- 1. 17
- 2. 0 3. N/A

Peering and Transit Agreements (600 words or less)

N/A

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CAPACITY, UTILIZATION, AND CAPABILITY INDICATORS

4. Community Anchor Institutions: In the chart below, please provide information on the types of community anchor institutions capable of receiving service (i.e., anchor institutions connected to your network plus those passed by your network) as a result of BTOP funds.

Type of Community Anchor Institution	Total Number Within Service Area	Type of Community Anchor Institution	Total Number Within Service Area
Schools (K-12)	18	Public Housing	0
Libraries	2	Other Institutions of Higher Education	1
Medical and Healthcare Providers	74	Other Community Support Organizations	0
Public Safety Entities	13	Other Government Facilities	34
Community Colleges	0	Total Community Anchor Institutions	142

5. Please indicate the average increase in broadband speed provided to the community anchor institution customers as a result of your project, including a description of how this increase was calculated (600 words or less).

0 Mbps; no increase at this time since only one has been connected with no change to their purchased speed at this time. Service quality and consistency are greatly increased due to the change from copper to fiber and dedicated service.

6. What retail services are being provided by this project? Please describe below. (600 words or less). As an attachment to this report, please provide pricing plans (in \$ per month) associated with each retail service. Retail services description:

N/A

7a. What network management policies (e.g., bandwidth limitations, traffic prioritization) are in place for the services provided by your project? 7b. Have you ever limited or blocked consumers from accessing any lawful content, service, service provider, or application, or prevented any consumers from attaching any legal device to the network? If so, please explain why (300 words or less)?

7a. Only limitations are the service levels the customer is contracted to pay for (SLA). 7b. No

8. If applicable, please provide the total number and the percentage of subscribers who have dropped the broadband service provided through this project (total number of households and/or businesses and the "churn rate") and the subscribers' reasons for discontinuing their service (600 words or less).

N/A

9. Please provide the following information regarding the number of fiber strand-miles:

	Total Number of Active Fiber	Leased Fiber Dark	Total Number of Dark Fiber	Total Nun	nber of Strand-miles Being Built	
Strand-miles	Strand-miles Used by Recipient		Strand-miles	Active	Leased	Dark
5,632	3,184	0	0	408	0	2,040

10. If you wholesale dark fiber, please list your wholesale customers and the number of fiber miles you currently are leasing to those customers:

N/A

11. Please provide the following information regarding the facility collocation capacity:

0 0 0	Total Facility (total square feet for all facilities)	Number of Square Feet Used by Recipient	Number of Square Feet Leased	Number of Square Feet Available
	0	0 0		0

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DATE: 03/29/2012 EXPIRATION DATE: 12/31/2013 12. If you do not own collocation space, please describe how and where other network providers and/or customers interconnect with your network (600 words or less). Customers are connected in the space they own and DCN meets them on a cable connection demarcation equipment basis at their site. Network service providers are connected at the cable level either in DCN's space or at the serve providers location and DCN owns the equipment in either case. 13. To the extent that you have made any subcontracts or sub grants, please provide the number of subcontracts or sub grants that have been made to socially and economically disadvantaged small business (SDB) concerns as defined by section 8(a) of the Small Business Act, 15 U.S.C. 647, as modified by NTIA's adoption of an alternative small business size standard for use in BTOP. Please also provide the names of these SDB entities (150 words or less). None. 14. Please describe any best practices/lessons learned that can be shared with other similar BTOP projects (900 words or less). Have to allow extra time to accommodate reporting requirements. 15. Using the Excel spreadsheet template titled "Annual PPR CCI Addendum", please provide an updated list of Community Anchor Institutions (CAIs) that you have connected and plan to connect to your network. 16. Using the Excel spreadsheet template titled "Annual PPR CCI Addendum", please provide a list of community pairs that are receiving new or improved broadband service as a result of BTOP grant funds. 17. Please provide up-to-date network route maps in a single file, in a Google Earth compatible format (e.g., KMZ file).