RECIPIENT NAME:Nevada Hospital Association AWARD NUMBER: NT10BIX5570103

AWARD NUMBER: N110BIX5570103

OMB CONTROL NUMBER: 0660-0037

EXPIRATION DATE: 12/31/2013

ANNUAL PERFORMANCE PROGRESS REPORT FOR BROADBAND INFRASTRUCTURE PROJECTS					
General Information					
Federal Agency and Organizational Element to Which Report is Submitted	2. Award Identifica	ation Number	3. DUNS Number		
Department of Commerce, National Telecommunications and Information Administration	NT10BIX557010	3	081275752		
4. Recipient Organization					
Nevada Hospital Association 5250 Neil Rd., Ste 302,	Reno, NV 89502-	6568			
5. Current Reporting Period End Date (MM/DD/YYYY)		6. Is this the last Annual Report of the Award Period?			
12-31-2011					
7. Certification: I certify to the best of my knowledge and purposes set forth in the award documents.	d belief that this rep	oort is correct and	complete for performance of activities for the		
7a. Typed or Printed Name and Title of Certifying Officia	I	7c. Telephone (are	ea code, number and extension)		
Heather Kydd		x			
		7d. Email Address	3		
		hkydd@ecarene	vada.com		
7b. Signature of Certifying Official		7e. Date Report Submitted (MM/DD/YYYY):			
Submitted Electronically		03-01-2012			

OMB CONTROL NUMBER: 0660-0037

DATE: 03/01/2012 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).

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)	0	N/A
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)	0	N/A
Maximum broadband speed advertised (Last Mile)	0	N/A
Average broadband speed provided (Middle Mile)	0	N/A
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) 0
- 2) 2
- 3) 0

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)	134	Public Housing	0
Libraries	58	Other Institutions of Higher Education	6
Medical and Healthcare Providers	37	Other Community Support Organizations	5
Public Safety Entities	73	Other Government Facilities	0
Community Colleges	2	Total Community Anchor Institutions	315

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).

No Activity for year ending December 31, 2011.

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:

No Activity for year ending December 31, 2011.

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)?

No Activity for year ending December 31, 2011.

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).

No Activity for year ending December 31, 2011.

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

Total Number of	Total Number of Active Fiber	Total Number of Leased Fiber	Total Number of Dark Fiber	Total Nun	nber of Strand-miles Be	eing Built
Strand-miles	Strand-miles Used by Recipient Strand-miles Strand-miles	Strand-miles	Active	Leased	Dark	
63,040	0	0	0	1,219	4,515	57,306

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

No Activity for year ending December 31, 2011.

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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12. If you do not own collocation space, please describe how and where network (600 words or less).	other network providers and/or customers interconnect with your
No Activity for year ending December 31, 2011.	
13. To the extent that you have made any subcontracts or sub grants, plebeen made to socially and economically disadvantaged small business (15 U.S.C. 647, as modified by NTIA's adoption of an alternative small bus of these SDB entities (150 words or less).	SDB) concerns as defined by section 8(a) of the Small Business Act,
No Activity for year ending December 31, 2011.	
14. Please describe any best practices/lessons learned that can be sha	red with other similar BTOP projects (900 words or less).
Throughout the Environmental Assessment process, the managemen preliminary program planning elements; specifically addressing Tribal including alternative routes within the EA as possible contingency plan	relation concerns and their impact upon network design. By
15. Using the Excel spreadsheet template titled "Annual PPR CCI Adde Institutions (CAIs) that you have connected and plan to connect to your I	
16. Using the Excel spreadsheet template titled "Annual PPR CCI Addennew or improved broadband service as a result of BTOP grant funds.	dum", please provide a list of community pairs that are receiving
17. Please provide up-to-date network route maps in a single file, in a Go	pogle Earth compatible format (e.g., KMZ file).