FORM CD-451 (REV 10-98) IF DAO 203-26 U. S. DEPARTMENT OF COMMERCE			[X]GRANT []COOPERATIVE AGREEMENT		
AMENDMENT TO FINANCIAL ASSISTANCE AWARD			AWARD NUMBER NT10BIX5570103		
RECIPIENT NAME Nevada Hospital Association			AMENDMENT NUMBER 1		
STREET ADDRESS 5250 Neil Rd., Ste 302			08/01/2011		
CITY, STATE, ZIP CODE Reno NV 89502-6568			EXTEND WORK COMPLETION TO N/A		
CFDA NO. AND PROJECT TITLE 11.557 Recovery Act Nevada Broadband Telemedicine Initiative					
COSTS ARE REVISED AS FOLLOWS	PREVIOUS ESTIMATED COST	ADD		DEDUCT	TOTAL ESTIMATED COST
FEDERAL SHARE OF COST	\$19,643,717.00	\$0.00		\$0.00	\$19,643,717.00
RECIPIENT SHARE OF COST	\$5,327,550.00	\$0.00		\$0.00	\$5,327,550.00
TOTAL ESTIMATED COST	\$24,971,267.00	\$0.00		\$0.00	\$24,971,267.00
To add a new Special Award Condition relating to lifting certain IRU sale/lease restrictions from the Award.					
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 Alan Conway			TITLE Grants Office	eer	DATE 08/29/2011
TYPE NAME AND SIGNATURE OF AUTHORIZED RECIPIENT OFFICIAL Eva LaBarge on behalf of Bill Welch			TITLE President/CI	EO	DATE 08/31/2011