SCRPStatus Update FCC Form 5640 OMB Control No. 3060-1270 File No. SC-SU0002373 **Applicant Information** Applicant FRN 0013769708 Applicant Address 1900 K Street NW, Suite 650 Applicant Name Hunter Communications & Te Applicant City Washington **Applicant State** Applicant Email Idelittle@graingp.com DC Applicant ZIP Code 20006 Applicant Phone 5414141419 Contact Information Is the contact the same as the contact listed on the Application Request for Funding Allocation? If not, please list below. **Contact Name Heather Tobias** Contact Address 801 Enterprise Dr

Contact Phone 5414141419 Contact State OR

Contact ZIP Code 97502

2024-01-06

Contact Email regulatory@hunterfiber.com Contact City Central Point

^{*}Indicate which deadline you are meeting with this filing.

Explanation of Effort and Availability of Commercial Equipment

*Provide an explanation of efforts undertaken, and challenges encountered, in permanently removing, replacing, and disposing of covered communications equipment or service.

We have no issues with receiving all the equipment needed for replacement

*Explain whether you are finding commercially available equipment in the marketplace. If not, then explain efforts taken to obtain replacement equipment.

All switching sites have been replaced and Huawei equipment has been replaced. We are still working on migrating 2 existing Huawei CMTS system locations and still expect those to be completed by January 30th, 2024. The disposal process has been started with a vendor and is pending the completion of our CMTS replacement.

* If there is additional information relevant to the preceding question Commission should be aware of, please include the information below.	s or that you	believe the

ProgramCompliance
*Indicate whether recipient has fully complied with (or is in the process of complying with) all requirements of the Reimbursement Program.
Yes No
*Indicate whether recipient has permanently removed from its communications network all covered communications equipment or services that were in the recipient's network as of the date of the submission of the recipients application request for funding.
Yes No
If recipient has not yet completed the removal process, what estimated percentage of the removal process have you completed?
*Indicate whether recipient has replaced all covered communications equipment or services that were in the recipient's network as of the date of the submission of the recipient's application request for funding.
Yes No
If recipient has not yet completed the replacement process, what estimated percentage of the replacement process have you completed?
98
*Indicate whether recipient has disposed of all covered communications equipment or services that were in the recipient's network as of the date of the submission of the recipient's application request for funding.
Yes No
If recipient has not yet completed the disposal process, what estimated percentage of the disposal process have you completed?
0
*Indicate whether recipient has fully complied with (or is in the process of complying with) the timeline submitted by the recipient. If not, provide explanation for deviation.
✓ Yes No

*The filer has indicated no to a question in this section, please provide additional information.			

Certifications

*By checking the box and providing the electronic signature where indicated below, the Certifying Official on behalf of the filer certifies under penalty of perjury that:

(1) The Certifying Official is authorized to submit this status report on behalf of the abovenamed filer and, based on information known to me or provided to me by employees responsible for the information being submitted, the information set forth in this status report has been examined and is true, accurate, and complete, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. The Certifying Official acknowledges that any false, fictitious, or fraudulent information or statement, or the omission of any material fact on this status report or on any other document submitted by the filer may subject the filer and the undersigned to punishment by fine or forfeiture under the Communications Act (47 U.S.C. §§ 502, 503(b), 1606), or fine or imprisonment under Title 18 of the United States Code (18 U.S.C. § 1001, §§ 286-287, and § 1343), or can lead to liability under the False Claims Act (31 U.S.C. §§ 3729-3733, and §§ 3801-3812). (2) The filer is in compliance with the statute, rules, and orders governing the Reimbursement Program, including but not limited to allocations, draw downs, payments, obligations and expenditures of money, and the Certifying Official acknowledges that failure to be in compliance and remain in compliance with those statutes, rules, and orders may result in the denial of funding, cancellation of funding commitments, and/or recoupment of past disbursements. The Certifying Official acknowledges that the filer will maintain detailed records, including receipts, of all costs eligible for reimbursement actually incurred for a period of 10 years; and will file all required documentation for its expenses. The Certifying Official acknowledges that failure to comply with the statute, rules, and orders governing the Reimbursement Program could result in civil or criminal prosecution by law enforcement authorities.

Certifier Information

Certifier

Signature Richard Holbo Cert

Certifier Phone 5417729282

Certifier Name Richard Holbo

Certifier Email holbor@hunterfiber.com

Certifier Title CTO

Date Signed 2024-01-08