

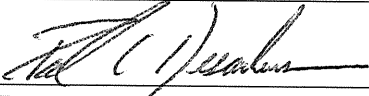
Federal Financial Report

(Follow form Instructions)

OMB Number: 4040-0014

Expiration Date: 02/28/2025

1. Federal Agency and Organizational Element to Which Report is Submitted Department of Commerce-NIST		2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) 16-40-MM020	
3. Recipient Organization (Name and complete address including Zip code) Recipient Organization Name: Syringa Networks LLC			
Street1: 12301 W Explorer Dr			
Street2:			
City: Boise		County: ADA	
State: ID: Idaho		Province:	
Country: USA: UNITED STATES		ZIP / Postal Code: 83713-1573	
4a. UEI CV2ZAN2WG9P7	4b. EIN 82-0526084	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) 602083/602084	
6. Report Type ☐ Quarterly ☒ Semi-Annual ☐ Annual ☐ Final	7. Basis of Accounting ☐ Cash ☒ Accrual	8. Project/Grant Period From: 07/01/2023 To: 05/31/2025	9. Reporting Period End Date 09/30/2023
10. Transactions			Cumulative
<i>(Use lines a-c for single or multiple grant reporting)</i>			
Federal Cash (To report multiple grants, also use FFR attachment):			
a. Cash Receipts			0.00
b. Cash Disbursements			0.00
c. Cash on Hand (line a minus b)			0.00
<i>(Use lines d-o for single grant reporting)</i>			
Federal Expenditures and Unobligated Balance:			
d. Total Federal funds authorized			6,209,732.74
e. Federal share of expenditures			0.00
f. Federal share of unliquidated obligations			0.00
g. Total Federal share (sum of lines e and f)			0.00
h. Unobligated balance of Federal Funds (line d minus g)			6,209,732.74
Recipient Share:			
i. Total recipient share required			4,535,130.67
j. Recipient share of expenditures			416.64
k. Remaining recipient share to be provided (line i minus j)			4,534,714.03
Program Income:			
l. Total Federal program income earned			0.00
m. Program Income expended in accordance with the deduction alternative			0.00
n. Program Income expended in accordance with the addition alternative			0.00
o. Unexpended program income (line l minus line m and line n)			0.00

11. Indirect Expense						
a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
g. Totals:						
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation: Add Attachment Delete Attachment View Attachment						
13. Certification: By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).						
a. Name and Title of Authorized Certifying Official Prefix: First Name: Paul Middle Name: Last Name: Desaulniers Suffix: Title: Vice President - Operations & Government Affa						
b. Signature of Authorized Certifying Official 				c. Telephone (Area code, number and extension) 2084077564		
d. Email Address pdesaulniers@syringanetworks.net				e. Date Report Submitted 10/30/2023		
				14. Agency use only:		