



phone 585-697-5100  
 fax 585-442-9709  
 300 Meridian Centre  
 Rochester, NY 14618

**EXHIBIT A - PRODUCT ORDER # 02\_\_**  
**Renewal of Job #08-9265, Circuit ID's: COSSDRKALBALB.00001 & COSSDRKALBALB.00002**

**I. CONTACT INFORMATION**

<b>LESSOR ADDRESS</b>		<b>LESSEE ADDRESS</b>	
Fiber Technologies Networks, L.L.C. 300 Meridian Centre Rochester, New York 14618		City of Saratoga Springs 474 Broadway Saratoga Springs, NY 12866	
<b>CONTACT: Joe Deeb</b>	<b>PHONE: 518-376-3332</b>	<b>CONTACT: Kevin Kling</b>	<b>PHONE: 518-587-0781 x2572</b>
<b>PAYMENT ADDRESS</b>		<b>INVOICE ADDRESS</b>	
Fiber Technologies Networks, L.L.C. 300 Meridian Centre Rochester, New York 14618		City of Saratoga Springs City Hall/Finance Dept./ 474 Broadway Saratoga Springs, NY 12866	
<b>ATTN: Accounts Receivable</b>	<b>PHONE: (585) 697-5100</b>	<b>ATTN: Cathy Lozier</b>	<b>PHONE: 518-587-3550 x2567</b>

**II. DESCRIPTION OF ROUTE<sup>12</sup>**

<b>ROUTE DESCRIPTION:</b> See Schedule 1 below.	
<b>DELIVERY INTERVAL:</b>	
<b>Product Order Number</b> 2	<b>Product Order Term</b> ( 3 ) Years from Route Acceptance Date
<b>Attached Schedules:</b> Schedule 1 – Dark Fiber Route Map and Route Description Schedule 2 – Route Pricing Schedule 3 – Route Specifications	

**III. GRANT**

Upon the Acceptance Date of this Product Order and subject to the terms and conditions of the Master Facilities Agreement referenced below, Lessor hereby leases specific Fibers in the Cable over the Route as set forth in Schedule 1 ("Dark Fiber Route Map and Route Description") attached hereto.

This Product Order is entered into between Fiber Technologies Networks, L.L.C. and Lessee as of \_\_\_\_\_, 20\_\_ (the "Effective Date") and incorporates the terms and provisions as set forth in the Master Facilities Agreement entered by and between Lessee and Fiber Technologies Networks, L.L.C. Capitalized terms used but not defined herein shall have the meaning set forth in the Agreement.

**FIBER TECHNOLOGIES NETWORKS, L.L.C.**

**LESSEE**

By: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Date: \_\_\_\_\_

By: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Date: \_\_\_\_\_

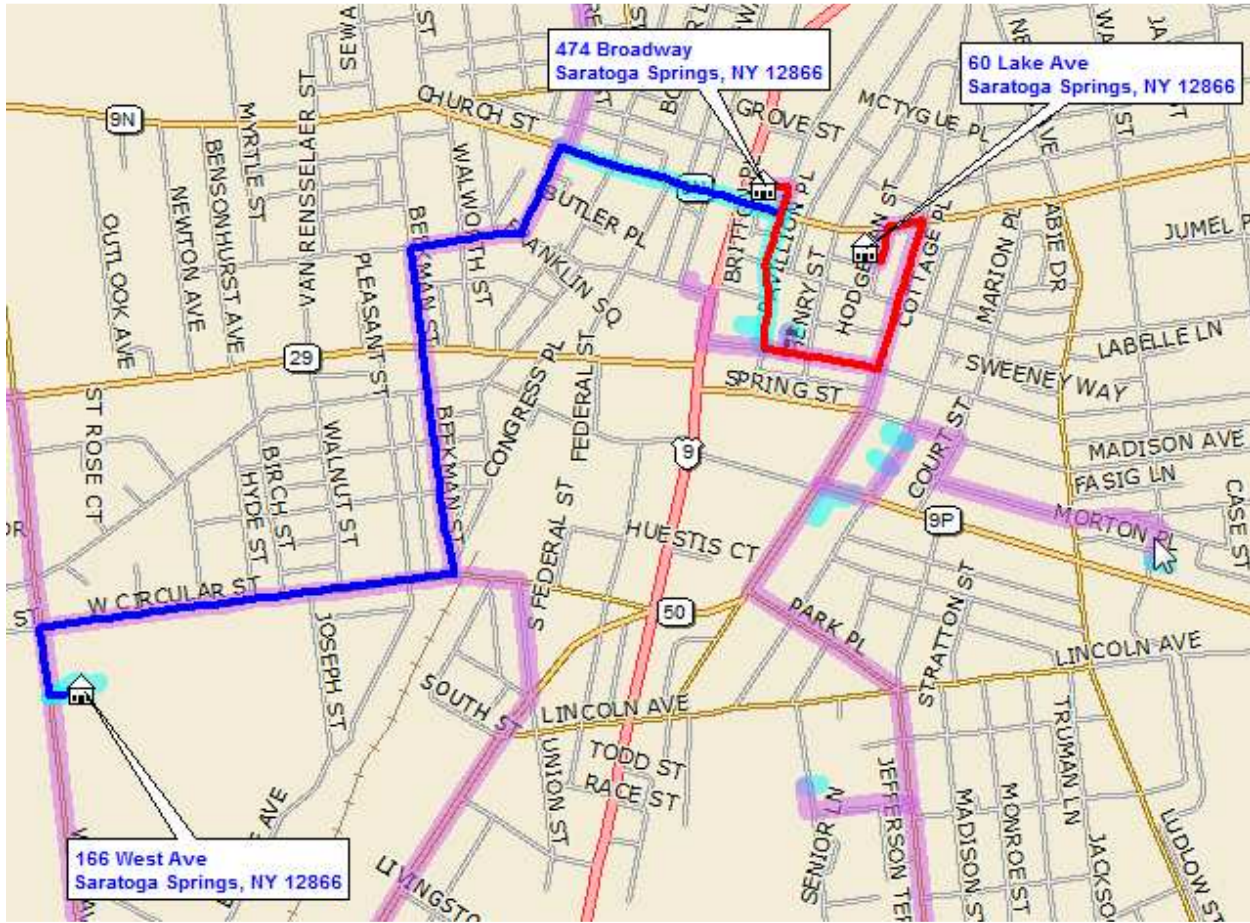
<sup>1</sup> In the event that multiple point-to-points are ordered under a single Product Order, each point-to-point with the same A-side and Z-side address will be considered a single Product Order and will follow the acceptance process independent from the point-to-point Product Orders. The customer will provide, at its sole cost, the space, power, and facility access needed to provide the Service.

<sup>2</sup> Customer is responsible for easement into building, any building entry fees and/or permissions that the landlord may require.  
 Enterprise Dark Order 01.01.12

**Schedule 1**

**Dark Fiber Route Map and Route Description**

Map:



**Route Description:** Lessor shall perform, or cause to be performed, such work, if any, at its expense, as may be required for placement of the Cable on or in the Routes as set forth in this Schedule 1.

**Route 1/ Circuit ID: COSSDRKALBALB.00001** : Two (2) Strands of Dark Fiber in a point to point configuration to run from 474 Broadway Saratoga Springs, NY to 166 West Ave Saratoga Springs, NY. Demarks will be at the current demark at 474 Broadway and at locations TBD at 166 West Ave. Route 1 provided under franchise agreement costs for building entrance only. Path depicted above in blue.

**Route 2/ Circuit ID: COSSDRKALBALB.00002** : Two (2) Strands of Dark Fiber from 474 Broadway Saratoga Springs, NY to 60 Lake Ave Saratoga Springs, NY. Demarks will be at the current demark 474 Broadway and at locations TBD within 60 Lake Ave. There is additional language in a hard copy that is not reflected in this version. Path depicted above in red.

**Demarcation Point Description:**

**Access Rights Description:** Lessee is responsible for providing all access rights (included but not limited to easement rights) for Lessor to deliver and maintain the Lessee Fibers.

## Schedule 2

### Recurring Charges

Each Route identified in Schedule #1 is subject to a monthly Use Charge, such Use Charge shall be equal to the following:

Route #1	\$ 250.00 per month	length of contract period – 3 years after date of acceptance
Route #2	\$ 950.00 per month	

Total Monthly \$ 1,200.00 per month

Lessor shall begin invoicing Lessee for such Use Charge for each Route Segment from the date notice was provided of the delivery of the Lessee Fibers within such Route. Lessor shall thereafter invoice lessee for all Use Charges on the first (1<sup>st</sup>) day of the next month and each successive month thereafter.

### Upfront Use Charges

Each Route identified in Schedule #1 is subject to an upfront Use Charge, such Use Charge shall be equal to \$ 0 Lessee shall pay fifty percent (50%) of the Upfront Use Charge for each Route within fifteen (15) days of execution of this Agreement or any amendment hereto. The balance of the Upfront Use Charge and other applicable fees specified in this Schedule will be invoiced upon Customer Acceptance.

### Other Fees

Service Implementation Fee:  
Splice Fee (per splice):  
Maintenance Fee:  
Building Entry Fee:  
Fiber Distribution Panel:

### Allocation of Charges

The Lessor and Lessee agree that the Charges set forth in this Schedule, including recurring and non-recurring, be specifically allocated to each rental period ratably over the term, unless otherwise specified in the Product Order. It is understood and agreed that the Agreement and Product Orders shall be treated for federal, state, and local income tax purposes as a lease of tangible personal property subject to Section 467 of the Internal Revenue Code of 1986.

**Schedule 3**  
**Route Specifications**

**A. Cable Parameters**

**Fiber type:** Enhanced Single Mode Fiber (ESMF) - Matched Clad  
Construction completed before 3/2003 complies with or exceeds ITU-T  
Recommendations G.652.C  
Construction completed after 3/2003 complies with or exceeds ITU-T Recommendation  
G.652.D

**Buffer Type:** Loose Buffer Tube Single Fibers or Loose Buffer Tube Ribbon Fibers Gel Filled and/or  
Dry Block

**Operating Wavelength:** 1260nm to 1625nm

**Fiber Maximum Attenuation:** 0.35 dB/km at 1310nm  
0.25 dB/km at 1550nm

**Fiber Maximum Attenuation:** 0.30 dB/splice (bi-directional average)  
0.50 dB/mated connector pair

**B. Lessee Contact(s)**

**Primary**

**Name:** Kevin Kling  
**Title:**  
**Office:** 518-587-7098 x572  
**E-mail:** [kevin.kling@saratoga-springs.org](mailto:kevin.kling@saratoga-springs.org)

**Alternate**

**Stephani Voigt**  
**518-587-3550 x550**  
[stephani.voigt@saratoga-springs.org](mailto:stephani.voigt@saratoga-springs.org)

**C. Schedule of Delivery**



## Customer Contact Information

Please take a moment to tell us how to contact you in the future. Filling out this information as completely as possible will allow Fibertech to serve you more effectively. This will be important in the event of Scheduled Maintenance, as well as general communications between your company and Fibertech. Thank you in advance for your assistance.

CUSTOMER INFORMATION			
Business Name		<input type="checkbox"/> Corp <input type="checkbox"/> Partnership <input type="checkbox"/> LLC	
Street			
City, State, Zip			
Main Phone		E.I.N.	
Billing Address <small>(if different from above)</small>			

PRIMARY ACCOUNT CONTACT			
Name		Title	
Phone (Office)		Phone (Mobile)	
Email			

ON-SITE CONTACT			
Check if Same As ... <input type="checkbox"/> Same as PRIMARY CONTACT <input type="checkbox"/> Same as MAINTENANCE CONTACT <input type="checkbox"/> Same as BILLING CONTACT			
Name		Title	
Phone (Office)		Phone (Mobile)	
Email			
Site(s)			

MAINTENANCE CONTACT (first contact for Fibertech's Network Operation Center)			
Check if Same As ... <input type="checkbox"/> Same as PRIMARY CONTACT <input type="checkbox"/> Same as ON-SITE CONTACT <input type="checkbox"/> Same as BILLING CONTACT			
Name		Title	
Phone (Office)		Phone (Mobile)	
Email			

BILLING CONTACT			
Check if Same As ... <input type="checkbox"/> Same as PRIMARY CONTACT <input type="checkbox"/> Same as ON-SITE CONTACT <input type="checkbox"/> Same as MAINTENANCE CONTACT			
Name		Title	
Phone (Office)		Phone (Mobile)	
Email			

PURCHASING DEPARTMENT INFORMATION			
Contact Name		Title	
Address <small>(if different from above)</small>			
Phone (Office)		Phone (Mobile)	
Fax			
Email			
Is a PO required for Non-recurring billing?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes," please provide PO	
Is a PO required for MONTHLY recurring billing?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes," please provide PO	
Is a PO required for ANNUAL recurring billing?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes," please provide PO	
Is this purchase item exempt from sales tax?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes," please provide Fibertech with exemption certificate. Fibertech Networks' policy is to invoice the sales tax unless an exception certificate is provided by the purchaser.	

FIBERTECH ON-LINE CUSTOMER PORTAL	
Who would you like to designate as the "Admin" for your On-Line Customer Portal? <u>Check only one.</u> Fibertech will use Primary Contact as a default, unless otherwise noted.	<input checked="" type="checkbox"/> PRIMARY CONTACT <input type="checkbox"/> MAINTENANCE CONTACT <input type="checkbox"/> ON-SITE CONTACT <input type="checkbox"/> BILLING CONTACT
NOTE - The "Admin" for your company will be able to set-up on-line accounts for others within your company.	