# EXHIBIT C

## Performance Report

Company: [Name]
Grant Number: 5053
Date: 11/10/12

Check the applicable reporting period:

- [ ] 1st Interim
- [x] 2nd Interim
- [ ] 3rd Interim
- [ ] 4th Interim
- [ ] 5th Interim

Unless the State agrees to an extension, this report must be submitted to the State no later than 60 days following each Interim Date for the period commencing on the Start Date and ending on the End Date. Net New Jobs shall be calculated according to the definition provided in the Agreement.

Please attach back-up data for each Job created by the Company.

<table>
<thead>
<tr>
<th>Insert Interim Date: 11/1/16 - 11/1/17</th>
<th>132</th>
<th>143</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Name</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The undersigned company represents that the individual executing this report on behalf of the company is an authorized signatory of the company. I hereby certify that each Job listed above complies with the definition provided in the Accountability Agreement and that all information contained in this Performance Report is true and accurate.

**Company Name**

By: [Signature]
Title: [Title]
Date: 11/10/12