FORM CD-451 (REV. 12-14)

U.S. DEPARTMENT OF COMMERCE

GRANT X COOPERATIVE AGREEMENT

AMENDMENT TO FINANCIAL ASSISTANCE AWARD

AWARD NUMBER NCR-92-18742

CFDA NO. AND NAME

11.- National Telecommunications and Information Administration

PROJECT TITLE

VeriSign, Inc.

AMENDMENT NUMBER

33

STREET ADDRESS

12061 Bluemont Way

EFFECTIVE DATE

October 19, 2016

CITY, STATE ZIP

Reston, Virginia 20190-5684

EXTEND PERIOD OF PERFORMANCE TO (IF APPLICABLE)

COSTS ARE REVISED AS FOLLOWS:	PREVIOUS ESTIMATED COST	ADD	DEDUCT	TOTAL ESTIMATED COST
FEDERAL SHARE OF COST	\$0.00	\$0.00	\$0.00	\$0.00
RECIPIENT SHARE OF COST	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL ESTIMATED COST	\$0.00	\$0.00	\$0.00	\$0.00

REASON(S) FOR AMENDMENT

The Department fully and finally relieves, releases, and discharges Verisign, Inc. from all root zone operation, management and maintenance responsibilities, obligations or requirements under the Cooperative Agreement, including but not limited to, those contained in Amendments 11 and 31 thereto. Except as modified by this Amendment, the terms and conditions of the Cooperative Agreement, as previously amended, remain unchanged.

This Amendment Document (Form CD-451) signed by the Grants Officer constitutes an Amendment of the above-referenced Award, which may include an obligation of Federal funding. By signing this Form CD-451, the Recipient agrees to comply with the Amendment provisions checked below and attached, as well as previous provisions incorporated into the Award. If not signed and returned without modification by the Recipient within 30 days of receipt, the Grants Officer may unilaterally withdraw this Amendment offer and de-obligate any associated funds.

SPECIAL AWARD CONDITIONS

LINE ITEM BUDGET

OTHER(S)

SIGNATURE OF DEPARTMENT OF COMMERCE GRANTS OFFICER

10/19/2016

TYPED NAME, TYPED TITLE, AND SIGNATURE OF AUTHORIZED RECIPIENT OFFICIAL

DATE

D. James Bidzos, Chief Executive Officer, VeriSign Inc.

10/20/14

Award ACCS Information

Award Contact Information

Contact Name	Contact Type	Email	Phone
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