

 <p>4026</p>	<p align="center">Public Service Commission of Wisconsin (8155) - MILWAUKEE SMSA LTD PARTNERSHIP Commercial Mobile Radio Service Provider Annual Report For Year Ending December 31, 2003</p> <p align="center">Rules for Reporting Assessable Revenue Definitions Help</p>
<p>* - indicates required fields</p>	
<p>Signature I certify that I am the person responsible for accounts; that I have examined the following report and, to the best of my knowledge, information and belief, it is a correct statement of the business and affairs of said utility for the period covered by the report in respect to each and every matter set forth therein.</p> <p>Utility Name: MILWAUKEE SMSA LTD PARTNERSHIP *</p> <p>Person responsible for accounts: Wanda Chapman *</p> <p>Title of person responsible for accounts: Senior Accountant *</p> <p>Date: 04/01/2004 * (mm/dd/yyyy)</p>	
<p>Identification</p> <p>Utility Name: MILWAUKEE SMSA LTD PARTNERSHIP</p> <p>Street Address: 12525 Cingular Way, Suite 3230 *</p> <p>PO Box: PO Box Zip: *</p> <p>City: Alpharetta * State: GA * Zip: 30004 *</p> <p>Web Site Address: www.cingular.com</p> <p>Business Customers Phone: 8662464852 Example 6085551212 Ext: *</p> <p>Residential Customers Phone: 8662464852 Example 6085551212 Ext: *</p>	
<p>Primary Utility Contact (located at utility address)</p> <p>Name: Johnny Patten *</p> <p>Title: Senior Accounting Manager *</p> <p>Firm/Company: Cingular Wireless *</p> <p>Office Address: 12525 Cingular Way, Suite 3230 *</p>	

PO Box: [] PO Box Zip: []
 City: Alpharetta * State: GA * Zip: 30004 *
 Fax Number: 6788931181 Example 6085551212
 Phone Number: 6788931226 * Example 6085551212
 Email Address: Johnny.Patten@cingular.com

Officer in charge of correspondence concerning this report

Name: Greg Hall *
 Title: Controller *
 Firm/Company: Cingular Wireless *
 Office Address: 5565 Glenridge Connector *
 PO Box: [] PO Box Zip: []
 City: Atlanta * State: GA * Zip: 30342 *
 Fax Number: [] Example 6085551212
 Phone Number: 4042366539 * Example 6085551212
 Email Address: []

Contact Person for Regulatory Inquiries and Complaints

Name: Gary Sanchez *
 Title: Associate Director - State Regulatory Relations *
 Firm/Company: Cingular Wireless *
 Office Address: 5565 Glenridge Connector *
 PO Box: [] PO Box Zip: []
 City: Atlanta * State: GA * Zip: 30342 *
 Fax Number: [] Example 6085551212
 Phone Number: 4042365556 * Example 6085551212
 Email Address: []

Assessable Revenues

Y (Y/N) *

1) Do you currently provide commercial mobile radio service (CMRS) service in Wisconsin?

1a) If not, please state the nature of your entity's business.

(Blank/Y/N)

1b) If no, do you intend to provide CMRS service in Wisconsin at a future date?

N (Y/N) *

2) Do you believe that this year's CMRS revenues have already been reported to the Commission?

2a) If yes, provide particulars concerning annual report (utility name and number, report name, page and line number and dollar amount).

(000's)

2b) If no, provide your assessable revenues (in 000's) for Universal Service Fund assessment purposes. Wisconsin Gross Intrastate Operating Telecommunications Service Revenue

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Annual Report Notes (if applicable)

Please print this report before submitting it to the Commission. Once the report is submitted you will not be able to print it.

When the submit button is clicked, the program will check for errors and display a message to the right of any box with an error. If there are no errors, a confirmation page will appear.

