PSC REF#:110439

Public Service Commission of Wisconsin
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Public Service Commission of Wisconsin
(8195) - WISCONSIN RSA #4 LTD. PARTNERSHIP
Commercial Mobile Radio Service Provider Annual Report
For Year Ending December 31, 2008

Rules for Reporting
Assessable Revenue Definitions
Help

* - indicates required fields

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.

Utility Name: WISCONSIN RSA #4 LTD. PARTNERSHIP

Person responsible for accounts: Ronald Van Nuland *

Title of person responsible for accounts: Director *

Date: 03/03/2009 * (mm/dd/yyyy)

Identification

Utility Name: WISCONSIN RSA #4 LTD. PARTNERSHIP

Street Address: 450 SECURITY BLVD *

PO Box: 19079 PO Box Zip: 54307-9079

City: GREEN BAY * State: WI * Zip: 54307 *

Web Site Address: www.nsighttel.com

Business Customers Phone: 9206177175 Example 6085551212 Ext:

Residential Customers Phone: 9206177175 Example 6085551212 Ext:

Primary Address - Primary Utility Contact (located at utility address)

Name: Ronald Van Nuland *

Title: Director *

Firm/Company: Nsight Telservices *

Office Address: 450 Security Blvd *

PO Box: 19079 PO Box Zip: 54307-9079

City: Green Bay * State: WI * Zip: 54307 *

Fax Number: 9206177039 Example 6085551212

Phone Number: 9206177025 * Example 6085551212

Email Address: ronald.vannuland@nsight.com *

Annual Report Contact - Contact Person for Information Contained in This Annual Report

☑ Same As Primary Address

Name: *

Title: *

Firm/Company: *

Office Address: *

PO Box: PO Box Zip:

City: * State: * Zip: *

Fax Number: Example 6085551212

Phone Number: * Example 6085551212

Email Address:

Regulatory Contact - Contact Person for Regulatory Inquiries and Complaints

☐ Same As Primary Address

Name: Larry Lueck *

Title: Government Relations Manager *

Firm/Company: Nsight Telservices *

Office Address: 450 Security Blvd *

PO Box: 19079 PO Box Zip: 54307-9079

City: Green Bay * State: WI * Zip: 54307 *

Fax Number: 9206177039 Example 6085551212

Phone Number: 9206177175 * Example 6085551212

Email Address: larry.lueck@nsight.com

Assessable Revenues

1) Do you currently provide commercial mobile radio service (CMRS) service in Wisconsin? Y (Y/N) *

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

1b) If not, do you intend to provide CMRS service in Wisconsin at a future date? (Blank/Y/N)

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

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

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

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.

Print | Check for Errors & Submit