

Public Service Commission of Wisconsin
(9318) – NEIT WIRELESS LLC**COMMERCIAL MOBILE RADIO SERVICE PROVIDER ANNUAL
REPORT FOR YEAR ENDING DECEMBER 31, 2008****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: NEIT Wireless LLC

Person responsible for accounts: Janeen Christy

Title of person responsible for
accounts: Accounting Manager

Date: 11/06/2009

Identification

Utility Name: NEIT Wireless LLC

Street Address: 800 South Main Street

PO Box: 835 PO Box Zip: 52159

City: Monona State: IA Zip: 52159

Web Site Address: www.neitel.com

Business Customers Phone: 5635392122

Residential Customers Phone: 5635392122

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

Name: David Byers

Title: General Manager

Firm/Company: NEIT Wireless LLC
Office Address: 800 South Main Street
PO Box: PO Box Zip:
City: Monona State: IA Zip: 52159
Fax Number: 5635392003
Phone Number: 5635392122
Email Address: dabymers@neitel.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:
Phone Number:
Email Address:

Regulatory Contact –Contact Person for Regulatory Inquiries and Complaints

Same As Primary Address

Name:
Title:
Firm/Company:
Office Address:

PO Box: PO Box Zip:

City: State: Zip:

Fax Number:

Phone Number:

Email Address:

Assessable Revenues

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

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?

2) Do you believe that this year's CMRS revenues have already been reported to the Commission? 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 for Universal Service Fund assessment purposes.

Wisconsin Gross Intrastate Operating Telecommunications Service Revenue *REDACTED*

Annual Report Notes (if applicable)