PSC REF#: 21565

Public Service Commission of Wisconsin
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Public Service Commission of Wisconsin
(8286) - VOICESTREAM OF MINNEAPOLIS INC
Commercial Mobile Radio Service Provider Annual Report
For Year Ending December 31, 2004

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: VOICESTREAM OF MINNEAPOLIS INC
Person responsible for accounts: David Van Ness *
Title of person responsible for accounts: Director, State and Local Tax *
Date: 03/29/05 * (mm/dd/yyyy)

Identification

Utility Name: VOICESTREAM OF MINNEAPOLIS INC
Street Address: 12920 SE 38th Street *
PO Box: PO Box Zip:
City: Bellevue * State: WA * Zip: 98006 *
Web Site Address: www.t-mobile.com
Business Customers Phone: Example 6085551212 Ext:
Residential Customers Phone: Example 6085551212 Ext:

Primary Utility Contact (located at utility address)

Name: Michele Thomas *
Title: Senior Corporate Counsel *
Firm/Company: T-Mobile USA, Inc. *
Office Address: 60 Wells Avenue *
PO Box: PO Box Zip:
City: Newton * State: MA * Zip: 02459 *
Fax Number: Example 6085551212
Phone Number: 6176303126 * Example 6085551212
Email Address: michele.thomas@t-mobile.com

Officer in charge of correspondence concerning this report

Name: same as utility contact
Title: *
Firm/Company: *

Office Address:

PO Box: PO Box Zip:

City: * State: * Zip:

Fax Number: Example 6085551212

Phone Number: * Example 6085551212

Email Address:

Contact Person for Regulatory Inquiries and Complaints

Name: same as utility contact *

Title: *

Firm/Company: *

Office Address: *

PO Box: PO Box Zip:

City: * State: * Zip: *

Fax Number: Example 6085551212

Phone Number: * Example 6085551212

Email Address:

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) 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.

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