

WIRELESS ELIGIBLE TELECOMMUNICATIONS CARRIER (ETC)

ANNUAL REPORT

Reporting Year Ended \_\_\_\_\_

Of

---

Legal Name of Carrier

---

Address of Carrier

City \_\_\_\_\_

State, Zip \_\_\_\_\_

---

MPSC Utility Identification Number

To The

MISSISSIPPI PUBLIC SERVICE COMMISSION

P.O. Box 1174

Jackson, MS 39215-1174

## Instructions for Filing the Annual Report

### General Information

I. Purpose:

This report is a regulatory support requirement as set forth by Miss. Code Ann. § 77-3-79 (as amended), Rule 16.101 of the Public Utilities Rules of Practice and Procedure and as Ordered under the Mississippi Public Service Commission's Order entered in Docket No. 2005-AD662 on April 7, 2007.

II. Who Must Submit:

All wireless companies designated as ETCs by the Mississippi Public Service Commission shall file the Annual Report.

III. When and Where to Submit:

- a) This report is to be submitted on or before May 1 of the year following the year covered by the report.
- b) Submit the **original** annual report to:  
Mississippi Public Service Commission  
Attention: Katherine Collier, Executive Secretary  
P. O. Box 1174  
Jackson, MS 39215-1174  
(601) 961-5400  
FAX (601) 961-5469  
Email: [katherine.collier@psc.ms.gov](mailto:katherine.collier@psc.ms.gov)

### General Instructions

- I. Complete each question fully and accurately even if it has been answered in a previous annual report. Enter the word “None” where no answer truly exists.
- II. For any item that is not applicable to the respondent, enter the words “Not Applicable” or “NA”.
- III. Identify revenue by categorization of service – Service Plans, Roaming and Equipment offered. Also, provide the number of customers for each class of service including – Business, Residential and Other.
- IV. Indicate negative amounts (such as decreases) by enclosing the figures in parentheses ().
- V. Provide a supplemental statement further explaining accounts or items as necessary. Attach the supplemental statement (8 ½ x 11 inch size) to the page being supplemented. Provide the appropriate identification, including the title of the page and page number supplemented.
- VI. Do not make references to reports of prior years or to other reports in lieu of required entries.
- VII. Complete the **original** report in permanent black ink or use a typed-format created on a computer.
- VIII. **Each company should provide audited financial information to include a balance sheet, income statement and cash flow statement. This information should reflect full-year data as of the end of the reporting year being submitted.**

### General Penalties

Mississippi Code Ann. (as amended) §77-3-81 – Any person or corporation which willfully and knowingly violates...any part or provision thereof, of the commission shall be guilty of a misdemeanor and, upon, conviction thereof, shall be subject to a fine of not more than Two Thousand Five Hundred Dollars (\$2,500.00)...

Miss. Code Ann. (as amended) §77-3-81 (1) (b)...and in case of a continuing violation after a first conviction, each day’s continuance thereof shall be deemed to be a separate and distinct offense.

Miss. Code Ann. (as amended) §77-3-83...all penalties accruing under this article shall be cumulative...

<b>SCHEDULE 1 – IDENTIFICATION</b>	
1.	Legal Name – Exact name of the legal entity certified by this agency: (corporate name, owner's name, partnership name, etc.)
2.	Utility Name – Exact name of the utility for which this report is made: (trade name, d/b/a, etc. – may be same as #1.)
3.	Business Address:  PO Box/Street: _____  City/State: _____  Zip: _____ Phone: _____
4.	Name of principal agent and title (Pres., CEO, Manager, Owner, etc.)
5.	If a corporation, give date and State of incorporation:
6.	Date operations began in Mississippi:
7.	Number of full-time employees:
8.	If a change in Legal Name (1) or Utility's Name (2) has occurred since the last report, give former name, date of change and a brief explanation:
9.	Give name and address of individual or firm, if other than utility employee, preparing this report:
10.	List names, addresses and shareholdings of persons owning 5 per cent or more of outstanding voting securities. If any stock is held by a nominee, give known particulars as to the beneficiary.

## OPERATIONS SUMMARY INFORMATION

ETC Carrier Name \_\_\_\_\_

Year Ended \_\_\_\_\_

Contact Person \_\_\_\_\_

Business Telephone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Web Site \_\_\_\_\_

### Number of Customers

	Start of Year	End of Year
a) Business		
b) Residential		
c) Other		
<b>TOTAL</b>		

### Annual Revenues

	Revenue Amounts
a) Service	
b) Roaming	
c) Equipment	
<b>TOTAL</b>	

### Annual Expenses

	Expense Amounts
a) Capital	
b) Operating	
c) Other	
<b>TOTAL</b>	

### Net Revenues

	Net Revenue Amounts
a) Service	
b) Roaming	
c) Equipment	
<b>TOTAL</b>	

**Note: Please Attach Audited Financial Information Including a Current Balance Sheet, Income Statement and Cash Flow Statement of Mississippi Operations.**

### ETC CAPITAL INVESTMENT

#### Investment by Upgrade

	Investment Amounts
a) Switching	
b) Cell Sites	
c) Transport	
d) Other Capital (Miscellaneous, Tools & Test Equipment, etc.)	
<b>TOTAL</b>	

Number of Cell Sites \_\_\_\_\_

#### Purpose for Upgrade

**Switching:**

---

---

---

---

---

**Cell Sites:**

---

---

---

---

---

**Transport:**

---

---

---

---

---

**Other:**

---

---

---

---

---

## ETC OPERATING EXPENSES

### Expense by Category

	Expense Amounts
a) Rent Costs	
b) Property Taxes	
c) T-1 Costs	
d) DS3/Trunk Costs	
TOTAL	

### Explanation of Expenses by Category

#### Rent Costs:

---



---



---



---



---

#### Property Taxes:

---



---



---



---



---

#### T-1 Costs:

---



---



---



---



---

#### DS3/Trunk Costs:

---



---



---



---



---

**BUILT OUT VOICE LICENSE SUMMARY**

**Mississippi License Ownership**

<b>Location</b>	<b>% Ownership</b>	<b>Marketed POPs</b>	<b>Spectrum</b>	<b>Acquisition Date</b>

**Additional Information Concerning License Ownership**

**Impacts on Independent Telco Areas:**

---

---

---

---

---

---

---

---







## SIGNATURE PAGE

I \_\_\_\_\_ certify that I am the responsible accounting officer of \_\_\_\_\_; that I have examined the forgoing report; that to the best of my knowledge, information and belief, all statements of fact contained in this report are true and the report is a correct statement of the business and affairs of the above named respondent in respect to each and every matter set forth therein during the period from \_\_\_\_\_ to \_\_\_\_\_ inclusive.

Date \_\_\_\_\_

Signature \_\_\_\_\_

Title \_\_\_\_\_

Telephone Number \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_