

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 July 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

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...

SCHEDULE 1 – IDENTIFICATION	
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		
TOTAL		

Annual Revenues

	Revenue Amounts
a) Service	
b) Roaming	
c) Equipment	
TOTAL	

Annual Expenses

	Expense Amounts
a) Capital	
b) Operating	
c) Other	
TOTAL	

Net Revenues

	Net Revenue Amounts
a) Service	
b) Roaming	
c) Equipment	
TOTAL	

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.)	
TOTAL	

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

Location	% Ownership	Marketed POPs	Spectrum	Acquisition Date

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 _____