

COMPETITIVE TELECOMMUNICATIONS SERVICE PROVIDERS

For the provision of (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> INTEREXCHANGE CARRIER | <input type="checkbox"/> PAGING |
| <input type="checkbox"/> Facilities Based | <input type="checkbox"/> 1-way |
| <input type="checkbox"/> Reseller | <input type="checkbox"/> 2-way |
| <input type="checkbox"/> Alternative Operator Services | <input type="checkbox"/> mobile |
| <input checked="" type="checkbox"/> CELLULAR | <input type="checkbox"/> COMPETITIVE ACCESS |
| <input type="checkbox"/> A-side | <input type="checkbox"/> OTHER (Describe): |
| <input checked="" type="checkbox"/> B-side | |

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ANNUAL REPORT

OF

Cincinnati SMSA Limited Partnership

(Exact legal name of respondent)

If name was changed during year, show also the
previous name and date of change.

2000 W. Ameritech Center Dr., Hoffman Estates, Cook	IL	60195		
Address	City	County	State	Zip Code
(708) 706-7600				

Phone: (Area Code) Number

2000 W. Ameritech Center Dr., Hoffman Estates, IL 60195

(Address of principal business office at end of year)

TO THE PUBLIC UTILITIES COMMISSION OF OHIO



FOR THE

YEAR ENDED DECEMBER 31, 19⁹³

Name, title, address and telephone number (including area code) of the person to be contacted concerning this report.

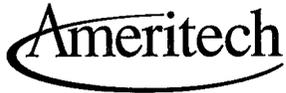
Michael R. Franz - Director of Financial Reporting and Budgeting (708) 765-3845

2000 W. Ameritech Center Dr., Hoffman Estates, IL 60195

10
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Cellular Services

2000 West Ameritech Center Drive
Hoffman Estates, IL 60195-5000
Office 708/765-3845
Fax 708/765-3714



Michael R. Franz

Director
Financial Reporting and Budgeting

May 13, 1994

Mr. Gary E. Vigorito
Public Utilities Commission of Ohio
Fiscal Division
180 Broad Street
Columbus, Ohio 43266-0573

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Dear Mr. Vigorito:

We are enclosing one (1) Annual Report for the Cincinnati SMSA Limited Partnership for its wholesale cellular operations for the year ended December 31, 1993.

We respectfully request that the Commission take note that all pages in the enclosed reports are stamped "confidential" and should be treated by the Commission and its staff as proprietary.

If you have any questions concerning the enclosed, please call me at 708/765-3845.

Sincerely,

A handwritten signature in cursive script that reads "Michael R. Franz".

Michael R. Franz
Director
Financial Reporting and Budgeting

MRF/mmm
Enclosures

copies to: Mr. John Cusack
Director, External Affairs

Office of the Consumer's Counsel



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GENERAL INSTRUCTIONS, DEFINITIONS, ETC.

Please read the general instructions carefully before filling out this form:

1. The word "Respondent" in the following inquiries means the person, firm, association, or company in whose behalf the report is made.
2. The schedules and questions contained in this report were developed to be generally applicable to all competitive telecommunication service providers. All instructions shall be followed and each question answered as fully and accurately as possible. Sufficient answers shall appear to show that no schedule, question, or line item has been overlooked.
3. If answers to an inquiry are given elsewhere in the report, incorporation of the information by reference is sufficient.
4. Customary abbreviations may be used except that the exact name of the respondent shall be shown in full on the "Title Page" and in the "Verification" page.
5. Where the space provided is insufficient for the required data or it is necessary or desirable to insert additional statements or schedules, the insert pages shall show the number and title of the schedule to which it pertains, as well as the name of the respondent and the year covered, and shall be on 8 1/2" x 11" durable paper.
6. The information required with respect to any statement furnished is the minimum requirement. The respondent may add such further material information as is necessary to ensure that the required statements are not misleading.
7. All copies filed with the Commission must be legible and permanent. All entries shall be made in permanent ink or by a typewriter. Items of a reverse or contrary character shall be enclosed in parentheses, or indicated by a minus sign followed by the amount.
8. The annual report shall be signed by a duly elected officer of the respondent and it shall be notarized.
9. "Operating" as used in this report refers to regulated operations while "Nonoperating" refers to nonregulated operations.

IDENTITY OF RESPONDENT

1. State whether respondent is a corporation, a joint stock association, a firm or partnership, or an individual.

Partnership

2. Date when operations began.

November 2, 1984

3. If a consolidated or merged company, give names of each such incident, date, and Commission authority. If a reorganized company, give name of original corporation.

N/A

4. If incorporated specify (a) Date of filing articles of incorporation,
(b) State in which incorporated,

5. Commission Case Number granting operating authority and date issued.

CPCN No. 45 (83-1308-RC-ACE)

CPCN No. 51 (84-1224-RC-ACE)

CPCN No. 52 (86-2097-RC-AAC)

6. State whether or not the respondent during the year conducted any part of its business under a name or names other than that shown Title Page; if so, give full particulars.

Ameritech Cellular

7. General description of service territory served by respondent.

Cincinnati/Dayton, Hamilton/Middletown, Springfield and Columbus
Metropolitan areas

8. Number of locations within Ohio.

See above.

IMPORTANT CHANGES DURING THE YEAR

Report important changes of the types listed. Except as otherwise indicated data furnished should apply to the same period the report covers. Answers should be numbered in accordance with the inquiries and if "none" states the fact, it should be used. If information which answers an inquiry is given elsewhere in the report, identification of the other answer will be sufficient.

1. Changes in ownership or control (shareholders holding 5% or more of outstanding stock).

None

2. Other important changes: Give brief particulars of each other important change which is not disclosed elsewhere in this report.

None

SCHEDULE: 1

DIRECTORS, PROPRIETORS, PARTNERS			
1. Give the name of each director or proprietor. (For partnerships identify each partner, identify which are general or limited partners and show each partner's percent of interest.)			
Line No.	Name and Address (City and State) (a)	Served Continuously From (b)	Term Expired or Current Term Will Expire (c)
1	Ameritech Mobile Phone Service of Cincinnati, Inc.		
2	General Partner 52.723%		
3	Cincinnati Bell, Inc. Limited Partner 45.008%		
4	United Telespectrum C/O Centel Cellular Telephone Company, Limited Partner 1.2%		
5	Germantown Telephone Co., Limited Partner .825%		
6	Champaign Telephone Co., Limited Partner .244%		
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15			
(For corporations, show the data requested; for other forms of business organizations, show names of individuals holding comparable positions.)			
16	Name of Chairman of the Board	21 Treasurer VP-Finance Sherry Baldwin	
17	Name of Secretary of Board	22 Controller	
18	President John E. Rooney		
19	Vice-President Dennis Myers		
20	Secretary Dennis Myers		

Instructions:

Revenues billed on the company's behalf by another entity should be included on this schedule if such revenue is included in the company's determination of taxable receipts for Ohio gross receipts tax purposes. If such revenue is not included by the company in the taxable receipts but is instead included in the taxable receipts of the billing entity, such revenue should not be included on this schedule.

SCHEDULE: 2

STATEMENT OF INTRASTATE GROSS EARNINGS (REVENUE) *		
Line No.	Item	Amount Ohio Intrastate
1	Operating and Miscellaneous Revenue - Wholesale Cellular Communications, Radio Common Carrier, Directory Revenue, Rent Revenue, Special Billings (revenue from work performed for others, rent revenue-nonoperating, return on regulated investment used to provide nonregulated products and services, etc.)	6,866,289
2	Other Revenue, Dividend and Interest Income, Gains From Disposition of Property - Operating and Nonoperating, Other Operating or Nonoperating Gains (foreign currency exchange or transfer, extinguishment of debt, company's share of earnings of affiliated company accounted for on equity method, income from sinking and other funds, etc.)	
3	SUBTOTAL (1) + (2)	
4	Earnings or receipts from sales to other public utilities for resale	()
5	TOTAL (3) + (4)	6,866,289
<p>* Intrastate means from one point in Ohio to another point in Ohio, or wholly within Ohio.</p>		

SCHEDULE: 3

NAME, ADDRESS, AND PHONE NUMBER OF THE COMPANY'S CONTACT PERSONS

Michael R. Franz

Name

2000 W. Ameritech Center Drive, Hoffman Estates, IL 60195

Address

(708) 765-3845

Phone Number (Including Area Code)

NAME ADDRESS, AND PHONE NUMBER OF PERSON TO WHOM INVOICE SHOULD BE DIRECTED

John Cusack

Name

2000 W. Ameritech Center Dr., Hoffman Estates, IL 60195

Address

(708) 765-5730

Phone Number (Including Area Code)

VERIFICATION

The foregoing report must be verified by the President or Chief Officer of the company. The oath required may be taken before any person authorized to administer an oath by the laws of the State in which the same is taken.

OATH

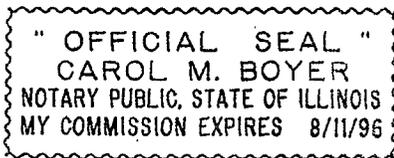
State of Illinois
County of Cook

John E. Rooney makes oath and says that
(Insert here the name of the affiant.)

he is President
(Insert here the official title of deponent)

of Cincinnati SMSA Limited Partnership
(Insert here the exact legal title or name of the respondent.)

that he has examined the foregoing report; that to the best of his knowledge, information, and belief, all statements of fact contained in the said report are true and the said 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 and including January 1, 1993 to and including December 31, 1993.



[Handwritten Signature]
(Signature of affiant.)

SUBSCRIBED AND SWORN to
before me this 13 day of
May, 1994.

Carol M. Boyer
Notary Public

My Commission expires: August 11, 1996