

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 | |

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.

<u>2000 W. Ameritech Center Dr., Hoffman Estates</u>	<u>Cook</u>	<u>IL</u>	<u>60195</u>	
Address	City	County	State	Zip Code

(847) 706-7600

Phone: (Area Code) Number

2000 W. Ameritech Center Drive, 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, 1995

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

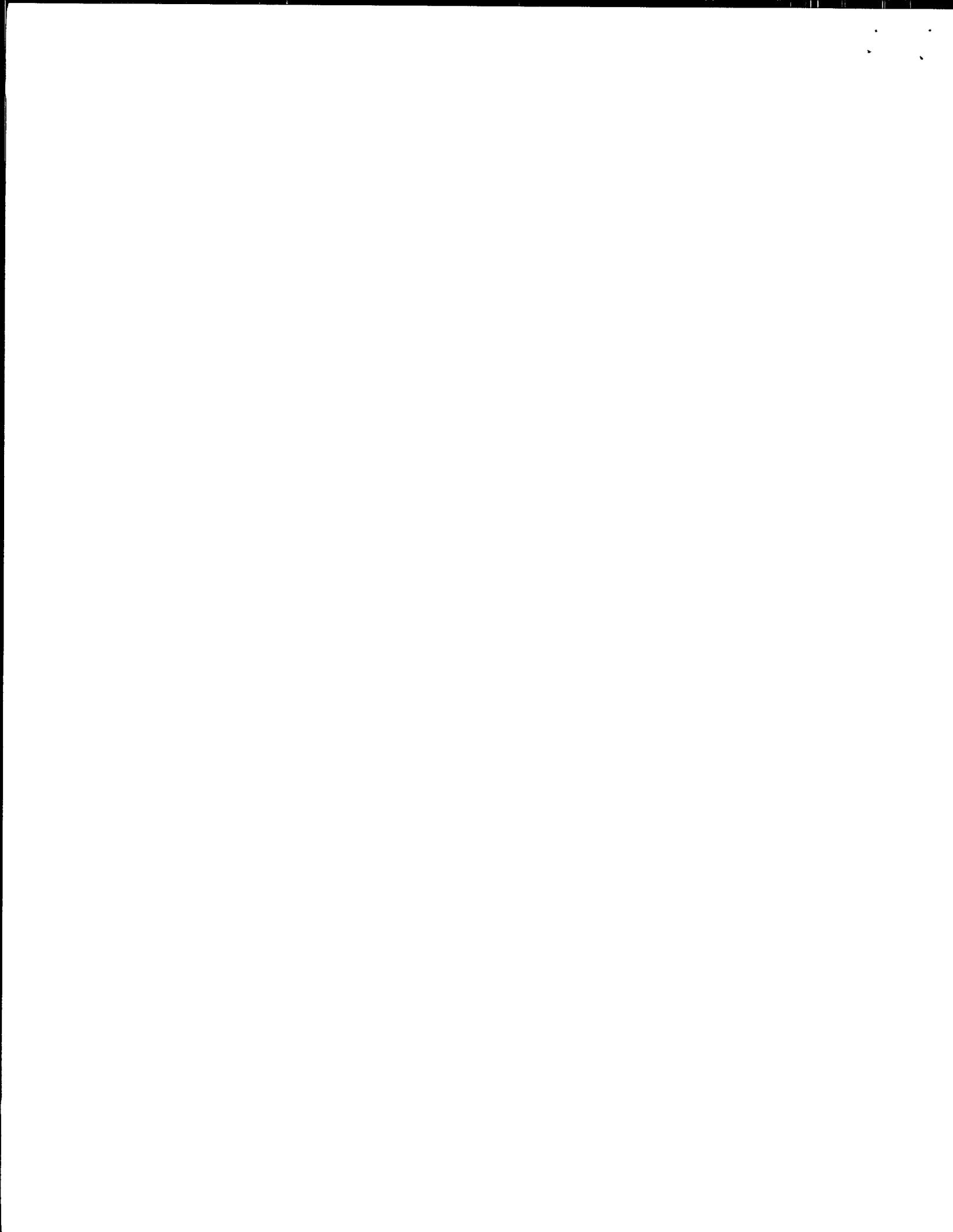
Steven J. Steinberg - Director, Financial Planning & Reporting

2000 W. Ameritech Center Drive, Hoffman Estates, IL 60195 (847) 765-3848



TABLE OF CONTENTS

Title	Page
General Instructions.....	1
Identity of Respondent.....	2
Important Changes During The Year.....	3
Directors, Proprietors, Partners (Schedule 1)	4
Statement of Intrastate Gross Earnings (Revenue) For The Year (Schedule 2).....	5
Name, Address and Phone Number of the Company's Contact Person and Whom Invoice Should be Directed.....	6
Verification.....	7



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 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,

N/A

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.

Fourteen



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. General Partner 52.793 %		
2			
3	Cincinnati Bell Cellular Systems Company Limited Partner 45.067 %		
4			
5	United Telespectrum, Inc. Limited Partner 1.202 %		
6			
7	The Germantown Independent Telephone Company Limited Partner .694 %		
8			
9	Champaign Telephone Company Limited Partner .244 %		
10			
11			
12			
13			
14			
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	Donna Fowlkes
17	Name of Secretary of the Board	22 Controller	Michael Franz
18	President		John E. Rooney
19	Vice-President		Dennis Myers
20	Secretary		Dennis Myers



Instructions:

Intrastate revenues billed on the company's behalf by another entity should not be included on this schedule if such revenue is included in the taxable receipts of the billing entity.

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.)	10,834,960
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)	10,834,960
4	Earnings or receipts from sales to other public utilities for resale	()
5	TOTAL (3) + (4)	10,834,960
<p>* The gross earnings includes the entire earnings for business done by the company whether from the operation as a public utility or from any other business. Intrastate means originating and terminating in Ohio for paging operations. Intrastate is defined as those amounts billed to an Ohio account.</p>		



SCHEDULE: 3

NAME, ADDRESS, AND PHONE NUMBER OF THE COMPANY'S CONTACT
PERSONS TO RECEIVE ENTRIES AND ORDERS FROM THE
DOCKETING DIVISION

Steven J. Steinberg

Name

2000 W. Ameritech Center Drive, #3G58, Hoffman Estates, IL 60195

Address

(847) 765-3848

Phone Number (Including Area Code)

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

Dennis Myers

Name

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

Address

(847) 765-5715

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

Dennis Myers makes oath and says that
(Insert here the name of the affiant)

he is Vice President and General Counsel
(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, 1995, to and including December 31, 1995.

Dennis Myers
(Signature of affiant)

SUBSCRIBED AND SWORN to
before me this 11th day of
April, 1996.

Patricia E. Driscoll
Notary Public



My commission expires: 5/9/99.

THE UNIVERSITY OF CHICAGO
LIBRARY

Cellular Services

2000 West Ameritech Center Drive
Hoffman Estates, IL 60195-5000
Office 708/765-3848
Fax 708/765-3714



Steven J. Steinberg
Director, Financial Planning
and Reporting

April 11, 1996

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

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, 1995.

We respectfully request that the Commission take note that all pages in the enclosed report 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 (847) 765-3848.

Sincerely,

A handwritten signature in black ink, appearing to be "S. Steinberg", written in a cursive style.

/dsm

enclosure

f:\users\ss\letters\41196Cin.doc

Copies to: Dennis Myers
Vice President and General Counsel

Office of the Consumer's Counsel

11