

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.

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

Address	City	County	State	Zip Code
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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, 1996

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RECEIVED
MAY 02 1997
PUCO FISCAL

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

Jane M. Jahnke - Manager, Financial Reporting

2000 W. Ameritech Center Drive, Hoffman Estates, IL 60195 847/765-6539

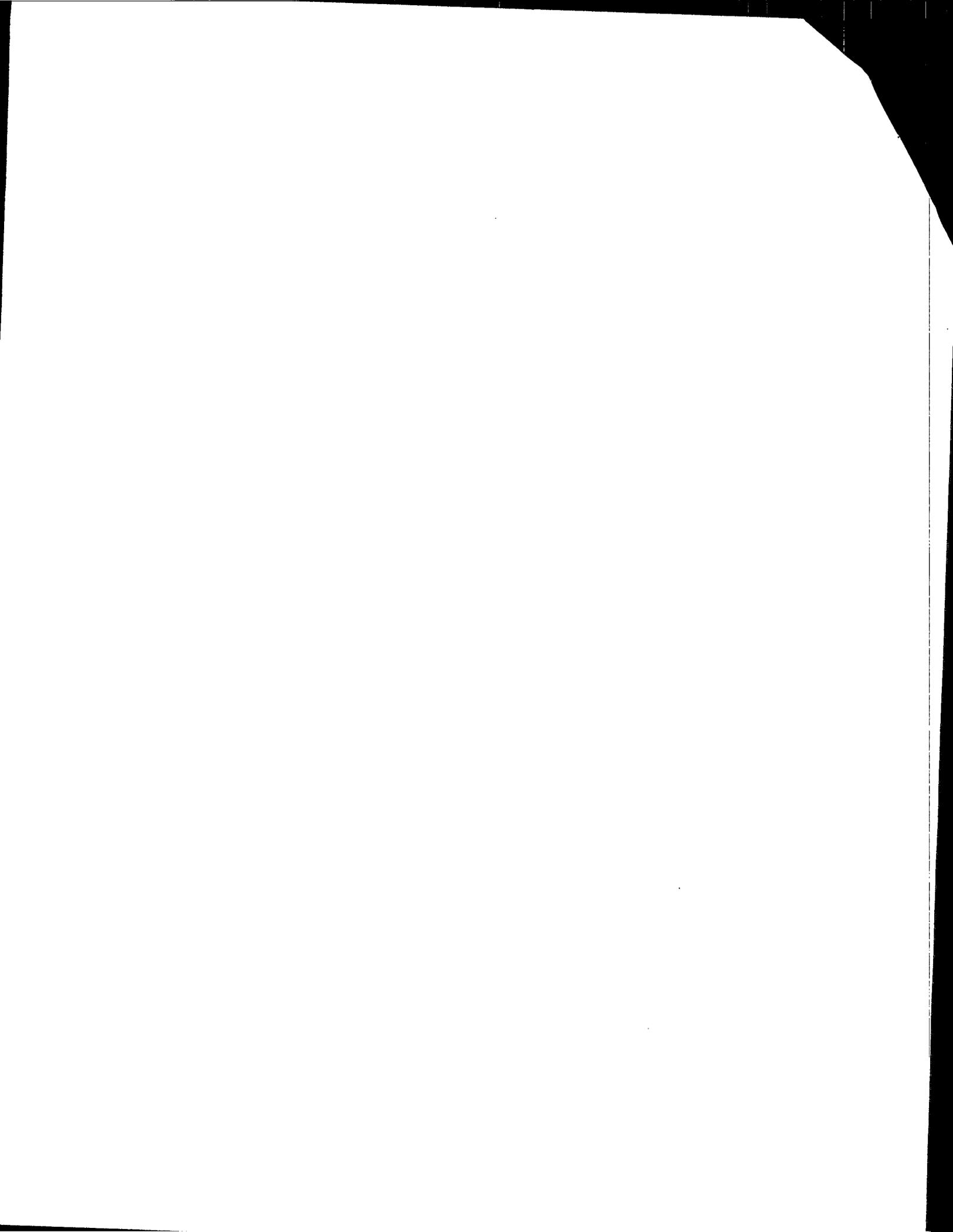


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GENERAL INSTRUCTIONS, DEFINITIONS, ETC.

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.

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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,

N/A

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

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

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

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

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.

18 stores

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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

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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 52.7925%		
3	Cincinnati Bell Cellular System Company		
4	Limited Partner 45.0672%		
5			
6	360 Communications Investment Company		
7	Limited Partner 1.2016%		
8			
9	GIT-Cell, Inc.		
10	Limited Partner 0.6944%		
11			
12	Champaign Telephone Company		
13	Limited Partner 0.2443%		
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 Board	22 Controller Michael Franz	
18	President John E. Rooney / Herb Hribar	23 Vice President - Finance Nancy G. Howe	
19	(to 3-21-97) (since 3-21-97)		
20	Vice-President Dennis Myers		
	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.

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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.)	15,151,310
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)	15,151,310
4	Earnings or receipts from sales to other public utilities for resale	()
5	TOTAL (3) + (4)	15,151,310
<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

IN ORDER TO ENSURE THAT PUCO CORRESPONDENCE IS DIRECTED TO THE APPROPRIATE PERSON AT THE CORRECT ADDRESS, PLEASE COMPLETE THE FOLLOWING.

**Name, Title, Address, and Phone Number of the Company's Contact Persons
to Receive Entries and Orders from the Docketing Division**

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Stephanie Cassioppi

Name

Title

2000 W. Ameritech Center Drive Hoffman Estates, IL 60195

Address

847/765-5731

Phone Number (Including Area Code)

**Name, Title, Address, and Phone Number of Person to whom Invoice
should be Directed**

Jane M. Jahnke

Name

Title

2000 W. Ameritech Center Drive Hoffman Estates, IL 60195

Address

847/765-6539

Phone Number (Including Area Code)

Name and Address of the President

Herb Hribar

Name

President

2000 W. Ameritech Center Drive Hoffman Estates, IL 60195

Address

VERIFICATION

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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

Nancy G. Howe makes oath and says that
(Insert here the name of the affiant.)

she is Vice President Finance
(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, 1996 to and including December 31, 1996

Nancy G. Howe
(Signature of affiant.)



SUBSCRIBED AND SWORN to
before me this 1st day
of May, 1997.

My Commission expires: March 21, 1999