

For the provision of (check all that apply):

CELLULAR

PAGING

PERSONAL COMMUNICATION SERVICE

SPECIALIZED MOBILE RADIO SERVICE (common carrier only)

# COMMERCIAL MOBILE SERVICE PROVIDER ASSESSMENT 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 Drive</u>	<u>Hoffman Estates</u>	<u>Cook</u>	<u>IL</u>	<u>60195-5000</u>
Address	City	County	State	Zip Code
	847/706-7600			

Phone: (Area Code) Number

2000 W. Ameritech Center Drive, Hoffman Estates, IL 60195-5000

(Address of principal business office at end of year)

## TO THE PUBLIC UTILITIES COMMISSION OF OHIO



FOR THE YEAR ENDED DECEMBER 31, 1999

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

Stephen M. Welborn, Regional Vice President - Finance

2000 W. Ameritech Center Drive, Hoffman Estates, IL 60195-5000

Assessment Report of Cincinnati SMSA Limited Partnership year Ended December 31, 1999

**TABLE OF CONTENTS**

Title	Page
General Instructions.....	1
Identity of Respondent .....	2
Statement of Intrastate and Gross Earnings (Revenue) For The Year .....	3
Name, Address and Phone Number of the Company's Contact Persons and Whom Invoice Should be Directed.....	4
Verification.....	5

Assessment Report of Cincinnati SMSA Limited Partnership Year Ended December 31, 1999

## 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 Commercial Mobile Radio Service (CMRS) 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 assessment 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.

Assessment Report of Cincinnati SM&A Limited Partnership Year Ended December 31, 1999

### IDENTITY OF RESPONDENT

1. Date when operations began.

Partnership

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

November 2, 1984

3. Commission Case Number and date issued.

N/A

4. 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.

N/A

5. General description of service territory served by respondent.

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

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

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

Assessment Report of Cincinnati SMSA Limited Partnership Year Ended December 31, 19 99

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: 1

STATEMENT OF INTRASTATE AND GROSS EARNINGS (REVENUE) *		
Line No.	Item	Amount Ohio Intrastate
1	Operating and Miscellaneous Revenue - Wholesale Revenue, 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.)	\$ 29,736,792
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	<b>SUBTOTAL</b> (1) + (2)	\$29,736,792
4	Earnings or receipts from sales to other public utilities for resale	( )
5	<b>TOTAL</b> (3) + (4)	\$29,736,792
<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 commercial mobile radio service operations.</p>		

Assessment Report of Cincinnati SMSA Limited Partnership Year Ended December 31, 1999

SCHEDULE: 2

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

Carl Nickens Director, External Affairs
Name Title
2000 W. Ameritech Center Drive, Hoffman Estates, IL 60195-5000
Address
847/765-5734
Phone Number (Including Area Code)

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

Name Title
2000 W. Ameritech Center Drive, Hoffman Estates, IL 60195-5000
Address
847/765-6188
Phone Number (Including Area Code)

Name and Address of the President

Robert J. Nelson Regional President
Name President
2000 W. Ameritech Center Drive, Hoffman Estates, IL 60195-5000
Address

Assessment Report of Cincinnati SMSA Limited Partnership Year Ended December 31, 1999

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

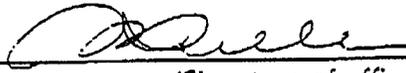
State of Illinois  
County of Cook

Stephen M. Welborn makes oath and says that  
(Insert here the name of the affiant.)

he 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, 1999 to and including December 31, 1999.

  
(Signature of affiant.)