

Before the
FEDERAL COMMUNICATIONS COMMISSION
Washington, D.C. 20554

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FEDERAL COMMUNICATIONS COMMISSION
OFFICE OF THE SECRETARY

In the Matter of)
Request for Review by)
Unicom, Inc. of Decision of)
Universal Service Administrator)

Docket Nos. 96-45 and 97-21

To: The Commission

**PETITION FOR LEAVE TO FILE
SUPPLEMENT TO PETITION FOR REVIEW**

Unicom Inc., ("Unicom"), by its counsel, hereby requests leave to supplement its Petition for Review in the above captioned matter. The Supplement being filed concurrently herewith brings to the Commission's attention the filing of a claim by the Native Village of Hooper Bay with the Alaska Area Native Health Service. The claim seeks enforcement of Yukon-Kuskokwim Health Corporation's Indian preference obligations in connection with its award of the telecommunications contract to General Communication, Inc. (Unicom's ultimate owners include Sea Lion Corporation, the Native Corporation for Hooper Bay.)

The claim was filed with the Alaska Area Native Health Service on January 28. The Supplement is being filed the next day, which is the second business day beyond the 30-day period contemplated by Order, FCC 01-2965, released December 26, 2001. Good cause nevertheless exists for acceptance and consideration of the Supplement since the material contained therein may be deemed relevant to the Commission's consideration of Unicom's Petition for Review. In addition, reporting of the matter is arguably required by Section 1.720(g) of the Commission's Rules (parties responsible for continuing accuracy and updating of

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submitted information). Accordingly, for the foregoing reasons, the Supplement should be accepted by the Commission.

Respectfully submitted,

UNICOM, INC.

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January 29, 2002

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CERTIFICATE OF SERVICE

I, Yvette Morgan, hereby certify that the foregoing "Petition for Leave to File Supplement to Petition for Review" was served this 29th day of January, 2002, by depositing a true copy thereof with the United States Postal Service, first class postage prepaid, addressed to:

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