

Licensee Information**FRN**

18) FCC Registration Number: 0007049935
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Entity

19) Licensee is a(n) (Select One):	
<input type="checkbox"/> Individual	<input type="checkbox"/> Unincorporated Association
<input type="checkbox"/> Trust	<input type="checkbox"/> Government Entity
<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Company
<input type="checkbox"/> General Partnership	<input type="checkbox"/> Limited Partnership
<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Consortium
<input type="checkbox"/> Other: _____	

Licensee Name

20) Licensee Name (if entity):			
21) Licensee Name (if individual):	First:	MI:	Last:
22) Attention To:			

Address

23) P.O. Box:	And /Or	24) Street Address:	
25) City:	26) State:	27) Zip Code:	
28) Telephone Number:	29) FAX Number:		
30) E-Mail Address:			

31) Demographics (Optional):

Race:	Ethnicity:	Gender:
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Male
<input type="checkbox"/> Asian	<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Female
<input type="checkbox"/> Black or African-American		
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander		
<input type="checkbox"/> White		

Licensee Contact Information**Contact Name (if other than Licensee)****() Check here if same as Licensee Information**

32) Name:	First:	MI:	Last:	Suffix:
33) Company Name:				
34) Attention To:				

Address

35) P.O. Box:	And /Or	36) Street Address:	
37) City:	38) State:	39) Zip Code:	
40) Telephone Number:	41) FAX Number:		
42) E-Mail Address:			

Lessee Information**FRN**

43) FCC Registration Number: 0002622934
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Entity

44) Lessee is a(n) (Select One):	
<input type="checkbox"/> Individual	<input type="checkbox"/> Unincorporated Association
<input type="checkbox"/> Trust	<input type="checkbox"/> Government Entity
<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Company
<input type="checkbox"/> General Partnership	<input type="checkbox"/> Limited Partnership
<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Consortium
<input type="checkbox"/> Other: _____	

Lessee Name

45) If the Lessee name is being updated, is the update a result from the sale (or transfer of control) of the lease(s) to another party and for which proper Commission approval has not been received or proper notification not provided?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
46) Lessee Name (if entity): RCC Minnesota, Inc.			
47) Lessee Name (if individual):	First:	MI:	Last:
48) Attention To: Elizabeth L. Kohler			Suffix:

Name of Real Party in Interest

49) Name of Real Party in Interest: Celico Partnership
50) FCC Registration Number (FRN): 0003290673

Address

51) P.O. Box: 2000	And /Or	52) Street Address: 3905 Dakota Street SW
53) City: Alexandria	54) State: MN	55) Zip Code: 56308
56) Telephone Number: (320)762-2000	57) FAX Number: (320)808-2510	
58) E-Mail Address: BethLK@unicel.com		

59) Demographics (Optional):

Race:	Ethnicity:	Gender:
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Male
<input type="checkbox"/> Asian	<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Female
<input type="checkbox"/> Black or African-American		
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander		
<input type="checkbox"/> White		

Lessee Contact Information**Contact Name (if other than Lessee)****() Check here if same as Lessee Information**

60) Name:	First:	MI:	Last:	Suffix:
61) Company Name: Lukas, Nace, Gutierrez & Sachs, Chtd.				
62) Attention To: David Nace				

Address

63) P.O. Box:	And /Or	64) Street Address: 1650 Tysons Blvd., Suite 1500
65) City: McLean	66) State: VA	67) Zip Code: 22102
68) Telephone Number: (703)584-8661	69) FAX Number: (703)584-8695	
70) E-Mail Address: dnace@fcclaw.com		

Sublessee Information**FRN**

71) FCC Registration Number:

Entity

72) Sublessee is a(n) (Select One): <input type="checkbox"/> Individual <input type="checkbox"/> Unincorporated Association <input type="checkbox"/> Trust <input type="checkbox"/> Government Entity <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Consortium <input type="checkbox"/> Other: _____

Sublessee Name

73) If the Sublessee name is being updated, is the update a result from the sale (or transfer of control) of the sublease(s) to another party and for which proper Commission approval has not been received or proper notification not provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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74) Sublessee Name (if entity):

75) Sublessee Name (if individual):	First:	MI:	Last:	Suffix:
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76) Attention To:

Name of Real Party in Interest

77) Name of Real Party in Interest:

78) FCC Registration Number (FRN):

Address

79) P.O. Box:	And /Or	80) Street Address:
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81) City:	82) State:	83) Zip Code:
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84) Telephone Number:	85) FAX Number:
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86) E-Mail Address:

87) Demographics (Optional):

Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African-American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
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Sublessee Contact Information

Contact Name (if other than Sublessee)

 Check here if same as Sublessee Information

88) Name:	First:	MI:	Last:	Suffix:
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89) Company Name:

90) Attention To:

Address

91) P.O. Box:	And /Or	92) Street Address:
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93) City:	94) State:	95) Zip Code:
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96) Telephone Number:	97) FAX Number:
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98) E-Mail Address:

Transferee Information

FRN

99) FCC Registration Number: **0003290673**

Entity

100) Transferee is a(n) (Select One):

() Individual () Unincorporated Association () Trust () Government Entity () Corporation () Limited Liability Company

() General Partnership () Limited Partnership () Limited Liability Partnership () Consortium

() Other: _____

Transferee Name

101) Transferee Name (if entity): **Cellco Partnership**

102) Transferee Name (if individual):

First:

MI:

Last:

Suffix:

103) Attention To: **Michael Samscock**

Name of Real Party in Interest

104) Name of Real Party in Interest: **Cellco Partnership**

105) FCC Registration Number (FRN): **0003290673**

Address

106) P.O. Box:

And
/Or

107) Street Address: **1300 I Street, NW - Suite 400 West**

108) City: **Washington**

109) State: **DC**

110) Zip Code: **20005**

111) Telephone Number: **(202)589-3768**

112) FAX Number: **(202)589-3750**

113) E-Mail Address: **michael.samscock@verizonwireless.com**

114) Demographics (Optional):

Race:

() American Indian or Alaska Native

() Asian

() Black or African-American

() Native Hawaiian or Other Pacific Islander

() White

Ethnicity:

() Hispanic or Latino

() Not Hispanic or Latino

Gender:

() Male

() Female

Transferee Contact Information

Contact Name (if other than Transferee)

() Check here if same as Transferee Information

115) Name:

First:

Nancy

MI:

J

Last:

Victory

Suffix:

116) Company Name: **Wiley Rein LLP**

117) Attention To:

Address

118) P.O. Box:

And
/Or

119) Street Address: **1776 K Street, NW**

120) City: **Washington**

121) State: **DC**

122) Zip Code: **20006**

123) Telephone Number: **(202)719-7344**

124) FAX Number: **(202)719-4969**

125) E-Mail Address: **nvictory@wileyrein.com**

Transferor Information

FRN

126) FCC Registration Number: **0003715919**

Entity

127) Transferor is a(n) (Select One):

() Individual () Unincorporated Association () Trust () Government Entity (X) Corporation () Limited Liability Company

() General Partnership () Limited Partnership () Limited Liability Partnership () Consortium

() Other: _____

Transferor Name

128) Transferor Name (if entity): **Rural Cellular Corporation**

129) Transferor Name (if individual): First: MI: Last: Suffix:

130) Attention To: **Elizabeth L. Kohler**

Address

131) P.O. Box: And /Or 132) Street Address: **3905 Dakota Street SW**

133) City: **Alexandria** 134) State: **MN** 135) Zip Code: **56308**

136) Telephone Number: **(320)762-2000** 137) FAX Number: **(320)808-2510**

138) E-Mail Address: **BethLK@unicel.com**

139) Demographics (Optional):

Race: () American Indian or Alaska Native () Asian () Black or African-American () Native Hawaiian or Other Pacific Islander () White	Ethnicity: () Hispanic or Latino () Not Hispanic or Latino	Gender: () Male () Female
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Transferor Contact Information

Contact Name (if other than Transferor)

() Check here if same as Transferor Information

140) Name: First: MI: Last: Suffix:

141) Company Name: **Lukas, Nace, Gutierrez & Sachs, Chtd.**

142) Attention To: **David Nace**

Address

143) P.O. Box: And /Or 144) Street Address: **1650 Tysons Blvd., Suite 1500**

145) City: **McLean** 146) State: **VA** 147) Zip Code: **22102**

148) Telephone Number: **(703)584-8661** 149) FAX Number: **(703)584-8695**

150) E-Mail Address: **dnace@fcclaw.com**

Ownership Disclosure Information

FCC Form 602

151a) Is the Applicant required to file FCC Form 602, Ownership Disclosure Information for the Wireless Telecommunications Services?	(<input checked="" type="checkbox"/>) <u>Yes</u> <u>No</u>
151b) If the answer to 151a is 'Yes', provide the File Number of FCC Form 602 that has been filed in conjunction with this FCC Form 608 filing or that is already on file with the FCC and remains accurate.	File Number: <u>0003159157</u>

Alien Ownership Questions

Alien Ownership (If any answer is 'Yes', provide an attachment explaining the circumstances)

152) Is the Applicant a foreign government or the representative of any foreign government?	(<input type="checkbox"/>) <u>Yes</u> <u>No</u>
153) Is the Applicant an alien or the representative of an alien?	(<input type="checkbox"/>) <u>Yes</u> <u>No</u>
154) Is the Applicant a corporation organized under the laws of a foreign government?	(<input type="checkbox"/>) <u>Yes</u> <u>No</u>
155) Is the Applicant a corporation of which more than one-fifth of the capital stock is owned of record or voted by aliens or their representatives or by a foreign government or representative thereof or by any corporation organized under the laws of a foreign country?	(<input type="checkbox"/>) <u>Yes</u> <u>No</u>
156a) Is the Applicant directly or indirectly controlled by any other corporation of which more than one-fourth of the capital stock is owned of record or voted by aliens, their representatives, or by a foreign government or representative thereof, or by any corporation organized under the laws of a foreign country?	(<input checked="" type="checkbox"/>) <u>Yes</u> <u>No</u>
<p>156b) If the answer to 156a is 'Yes', has the Applicant received a ruling(s) under Section 310(b)(4) of the Communications Act with respect to the same radio service(s) and geographic coverage area(s) involved in this filing?</p> <p>If the answer to 156b is 'Yes', provide in an exhibit the citation(s) of the declaratory ruling(s) received by the Applicant (<i>i.e.</i>, DA or FCC Number, FCC Record citation when available, and release date).</p> <p>If the answer to 156b is 'No', attach to this filing a date-stamped copy of a request for a foreign ownership ruling pursuant to Section 310(b)(4) of the Communications Act.</p>	(<input checked="" type="checkbox"/>) <u>Yes</u> <u>No</u>

Basic Qualification Information

Basic Qualification Questions (If any answer is 'Yes', provide an attachment explaining the circumstances)

157) Has the Applicant or any party to this filing had any FCC station authorization, license, or construction permit revoked or had any application for an initial, modification or renewal of FCC station authorization, license or construction permit denied by the Commission?	(<input type="checkbox"/>) <u>Yes</u> <u>No</u>
158) Has the Applicant or any party to this filing, or any party directly or indirectly controlling the Applicant or any party to this filing ever been convicted of a felony by any state or federal court?	(<input type="checkbox"/>) <u>Yes</u> <u>No</u>
159) Has any court finally adjudged the Applicant or any party directly or indirectly controlling Applicant guilty of unlawfully monopolizing or attempting unlawfully to monopolize radio communication, directly or indirectly, through control of manufacture or sale of radio apparatus, exclusive traffic arrangement, or any other means or unfair methods of competition?	(<input type="checkbox"/>) <u>Yes</u> <u>No</u>

Licensee Certification Statements

- | | |
|----|---|
| 1) | The Licensee agrees that the Lease is not a sale or transfer of the license itself. |
| 2) | The Licensee certifies that it will not consent to assignment of the Lease except to the extent such assignment complies with the Commission's Rules and Regulations. |
| 3) | <i>The Licensee certifies that it holds exclusive use rights to use the licensed spectrum.</i> |
| 4) | The Licensee certifies that it is not in default on any payment for Commission licenses and that it is not delinquent on any non-tax debt owed to any federal agency. |

The Licensee certifies that all of its statements made in this Application/Notification and in the schedules, exhibits, attachments, or documents incorporated by reference are material, are part of this Application/Notification, and are true, complete, correct, and made in good faith.

Type or Printed Name of Party Authorized to Sign

160) First Name:	MI:	Last Name:	Suffix:
161) Title:			
162) Signature:		163) Date:	

FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID.

WILLFUL FALSE STATEMENTS MADE ON THIS FORM OR ANY ATTACHMENTS ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. Code, Title 18, Section 1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. Code, Title 47, Section 312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, Section 503).

Lessee Certification Statements

- 1) The Lessee agrees that the Lease is not a sale or transfer of the license itself.
- 2) The Lessee acknowledges that it is required to comply with the Commission's Rules and Regulations and other applicable law at all times, and if the Lessee fails to so comply, the Lease/Sublease may be revoked, cancelled, or terminated by either the Licensee or the Commission.
- 3) The Lessee certifies that neither it nor any other party to the Application/Notification is subject to a denial of Federal benefits pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. § 862, because of a conviction for possession or distribution of a controlled substance. (See Section 1.2002(b) of the rules, 47 CFR § 1.2002(b), for the definition of "party to the application" as used in this certification.)
- 4) The Lessee hereby accepts Commission oversight and enforcement consistent with the license and lease authorization. The Lessee acknowledges that it must cooperate fully with any investigation or inquiry conducted either by the Commission or the Licensee, allow the Commission or the Licensee to conduct on-site inspections of transmission facilities, and suspend operations at the direction of the Commission or the Licensee and to the extent that such suspension of operation would be consistent with applicable Commission policies.
- 5) The Lessee acknowledges that in the event an authorization held by a Licensee that has associated with it a spectrum leasing arrangement that is the subject of this filing is revoked, cancelled, terminated, or otherwise ceases to be in effect, the Lessee will have no continuing authority to use the leased spectrum and will be required to terminate its operations no later than the date on which the Licensee ceases to have any authority to operate under the license, unless otherwise authorized by the Commission.
- 6) The Lessee agrees the Lease shall not be assigned to any entity that is not eligible or qualified to enter into a spectrum leasing arrangement under the Commission's Rules and Regulations.
- 7) The Lessee waives any claim to the use of any particular frequency or of the electromagnetic spectrum as against the regulatory power of the United States because of the previous use of the same, whether by spectrum lease or otherwise.
- 8) The Lessee certifies that it is not in default on any payment for Commission licenses and that it is not delinquent on any non-tax debt owed to any federal agency.

The Lessee certifies that all of its statements made in this Application/Notification and in the schedules, exhibits, attachments, or documents incorporated by reference are material, are part of this Application/Notification, and are true, complete, correct, and made in good faith.

Type or Printed Name of Party Authorized to Sign

164) First Name:	MI:	Last Name:	Suffix:
165) Title:			
166) Signature:		167) Date:	

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Sublessee Certification Statements

1)	The Sublessee agrees that the Lease is not a sale or transfer of the license itself.
2)	The Sublessee acknowledges that it is required to comply with the Commission's Rules and Regulations and other applicable law at all times, and if the Sublessee fails to so comply, the Lease may be revoked, cancelled, or terminated by either the Licensee or the Commission.
3)	<i>The Sublessee certifies that neither it nor any other party to the Application/Notification is subject to a denial of Federal benefits pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. § 862, because of a conviction for possession or distribution of a controlled substance. (See Section 1.2002(b) of the rules, 47 CFR § 1.2002(b), for the definition of "party to the application" as used in this certification.)</i>
4)	The Sublessee hereby accepts Commission oversight and enforcement consistent with the license and lease authorization. The Sublessee acknowledges that it must cooperate fully with any investigation or inquiry conducted either by the Commission or the Licensee, allow the Commission or the Licensee to conduct on-site inspections of transmission facilities, and suspend operations at the direction of the Commission or the Licensee and to the extent that such suspension of operation would be consistent with applicable Commission policies.
5)	The Sublessee acknowledges that in the event an authorization held by a Licensee that has entered into a spectrum leasing arrangement is revoked, cancelled, terminated, or otherwise ceases to be in effect, the Sublessee will have no continuing authority to use the leased spectrum and will be required to terminate its operations no later than the date on which the Licensee ceases to have any authority to operate under the license, unless otherwise authorized by the Commission.
6)	The Sublessee agrees the Lease/Sublease shall not be assigned to any entity that is not eligible or qualified to enter into a spectrum leasing arrangement under the Commission's Rules and Regulations.
7)	The Sublessee waives any claim to the use of any particular frequency or of the electromagnetic spectrum as against the regulatory power of the United States because of the previous use of the same, whether by spectrum lease or otherwise.
8)	The Sublessee certifies that it is not in default on any payment for Commission licenses and that it is not delinquent on any non-tax debt owed to any federal agency.
The Sublessee certifies that all of its statements made in this Application/Notification and in the schedules, exhibits, attachments, or documents incorporated by reference are material, are part of this Application/Notification, and are true, complete, correct, and made in good faith.	

Type or Printed Name of Party Authorized to Sign

168) First Name:	MI:	Last Name:	Suffix:
169) Title:			
170) Signature:		171) Date:	
FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID.			
WILLFUL FALSE STATEMENTS MADE ON THIS FORM OR ANY ATTACHMENTS ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. Code, Title 18, Section 1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. Code, Title 47, Section 312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, Section 503).			

Transferee Certification Statements

1)	The Transferee agrees that the Lease/Sublease is not a sale or transfer of the license itself.
2)	The Transferee acknowledges that it is required to comply with the Commission's Rules and Regulations and other applicable law at all times, and if the Transferee fails to so comply, the Lease/Sublease may be revoked, cancelled, or terminated by either the Licensee or the Commission.
3)	The Transferee certifies that neither it nor any other party to the Application/Notification is subject to a denial of Federal benefits pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. § 862, because of a conviction for possession or distribution of a controlled substance. (See Section 1.2002(b) of the rules, 47 CFR § 1.2002(b), for the definition of "party to the application" as used in this certification.)
4)	The Transferee hereby accepts Commission oversight and enforcement consistent with the license and lease authorization. The Transferee acknowledges that it must cooperate fully with any investigation or inquiry conducted either by the Commission or the Licensee, allow the Commission or the Licensee to conduct on-site inspections of transmission facilities, and suspend operations at the direction of the Commission or the Licensee and to the extent that such suspension of operation would be consistent with the applicable Commission policies.
5)	The Transferee acknowledges that in the event an authorization held by a Licensee that has associated with it a spectrum leasing arrangement that is the subject of this filing is revoked, cancelled, terminated, or otherwise ceases to be in effect, the Transferee will have no continuing authority to use the leased spectrum and will be required to terminate its operations no later than the date on which the Licensee ceases to have any authority to operate under the license, unless otherwise authorized by the Commission.
6)	The Transferee agrees the Lease shall not be assigned to any entity that is not eligible or qualified to enter into a spectrum leasing arrangement under the Commission's Rules and Regulations.
7)	The Transferee waives any claim to the use of any particular frequency or of the electromagnetic spectrum as against the regulatory power of the United States because of the previous use of the same, whether by spectrum lease or otherwise.
8)	The Transferee certifies that it is not in default on any payment for Commission licenses and that it is not delinquent on any non-tax debt owed to any federal agency.
The Transferee certifies that all of its statements made in this Application/Notification and in the schedules, exhibits, attachments, or documents incorporated by reference are material, are part of this Application/Notification, and are true, complete, correct, and made in good faith.	

Type or Printed Name of Party Authorized to Sign

172) First Name: John	MI: T	Last Name: Scott	Suffix: III
173) Title: VP Deputy General Counsel Regulatory Law			
174) Signature: John T Scott III		175) Date: 09/04/2007	
FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID.			
WILLFUL FALSE STATEMENTS MADE ON THIS FORM OR ANY ATTACHMENTS ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. Code, Title 18, Section 1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. Code, Title 47, Section 312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, Section 503).			

Transferor Certification Statements

1)	The Transferor certifies either (1) that control of the Lessee/Sublessee will not be transferred until consent of the Federal Communications Commission has been given, or (2) that prior Commission consent is not required because the Lease/Sublease is subject to streamlined notification procedures for <i>pro forma</i> transfers of control. See Section 1.948(c)(1) of the Commission's Rules.
2)	The Transferor certifies that it is not in default on any payment for Commission licenses and that it is not delinquent on any non-tax debt owed to any federal agency.
The Transferor certifies that all of its statements made in this Application/Notification and in the schedules, exhibits, attachments, or documents incorporated by reference are material, are part of this Application/Notification, and are true, complete, correct, and made in good faith.	

Type or Printed Name of Party Authorized to Sign

176) First Name: Richard	MI: P	Last Name: Ekstrand	Suffix:
177) Title: President			
178) Signature: Richard P Ekstrand		179) Date: 09/04/2007	
FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID.			
WILLFUL FALSE STATEMENTS MADE ON THIS FORM OR ANY ATTACHMENTS ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. Code, Title 18, Section 1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. Code, Title 47, Section 312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, Section 503).			

Private Commons Manager Certification Statements

1) The Licensee/Lessee/Sublessee manager of the Private Commons certifies that it will retain *de facto* control of the use of the spectrum under the Private Commons arrangement, including that it will maintain reasonable oversight over the users' use of the spectrum under the arrangement so as to ensure that the use of the spectrum, and communications equipment employed, comply with all technical and service rules applicable under the license authorization.

2) The Licensee/Lessee/Sublessee manager of the Private Commons arrangement certifies that it will maintain the ability to ensure that users *under the arrangement comply with all the technical and service rules applicable under the license authorization.*

The Licensee/Lessee/Sublessee manager of the Private Commons arrangement certifies that all of its statements made in this Notification and in the schedules, exhibits, attachments, or documents incorporated by reference are material, are part of this Notification, and are true, complete, correct, and made in good faith.

Type or Printed Name of Party Authorized to Sign

180) First Name:	MI:	Last Name:	Suffix:
181) Title:			
182) Signature:		183) Date:	

FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID.

WILLFUL FALSE STATEMENTS MADE ON THIS FORM OR ANY ATTACHMENTS ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. Code, Title 18, Section 1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. Code, Title 47, Section 312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, Section 503).

License Authorization(s) or Identifiers (pertaining to Lease(s)/Sublease(s)/Private Commons) Associated with the Spectrum To Be Included in the Filing

184) Call Sign(s) or Lease/Sublease/ Private Commons Identifier(s)	185) Radio Service Code	186) Location Number	187) Path Number (Microwave only)	188) Frequency Number	189) Lower Frequency (MHz)	190) Upper Frequency (MHz)
L000002373	CW - PCS Broadband					
L000002374	CW - PCS Broadband					

* Note: Questions 186 – 190 are for New Leases involving spectrum associated with site-based authorizations when only a portion of the licensed locations, paths and/or frequencies will be leased.

Schedule for Transfer of Control of a Lessee or a Sublessee

Transaction Information

Transaction Occurrence

1a) Has this Transfer of Control already occurred?	(<input type="radio"/>) <u>Yes</u> <input type="radio"/> <u>No</u>
1b) If the response to Item 1a is 'Yes', provide the date the transaction occurred (MM/DD/YYYY):	_____

Voluntary or Involuntary (Select Only One)

2) The Transfer of Control is:	(<input checked="" type="radio"/>) Voluntary (<input type="radio"/>) Involuntary
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Pro Forma

3) Is this application a <i>pro forma</i> Transfer of Control?	(<input type="radio"/>) <u>Yes</u> <input type="radio"/> <u>No</u>
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Forbearance Notification

4) If <i>pro forma</i> , is this a post-consummation notification that is being filed under the Commission's forbearance procedures pursuant to Section 1.948(c)(1) of the Commission's Rules?	(<input type="radio"/>) <u>Yes</u> <input type="radio"/> <u>No</u>
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Type of Transfer

5) How will/has the Transfer of Control be/been accomplished? (<input type="radio"/>) Court Order (<input type="radio"/>) Reorganization or Liquidation (<input checked="" type="radio"/>) Transfer of Stock or Other Ownership Interests (<input type="radio"/>) Other (Voting Trust Agreement, Management Contract, etc.)

Attachment(s):

Type	Description	Date Entered
0	<u>Cross Reference to Lead Application</u>	09/04/2007

CROSS REFERENCE

This application is one of a series of applications filed by Cellco Partnership d/b/a Verizon Wireless ("Verizon Wireless") and Rural Cellular Corp. ("RCC") seeking Commission consent to the transfer of control of the radio station licenses, leases, and 214 authorizations of RCC to Verizon Wireless. The lead application for the proposed transaction is the application of RCC Atlantic Licenses, LLC, ULS File No. 0003155487.



Submitted: 09/04/2007 at 18:00:00
 File Number: 0003162072

FCC Form 608 FCC Application or Notification for Spectrum Leasing Arrangement/
Main Form Notification of a Private Commons Arrangement
Wireless Telecommunications Bureau
Public Safety and Homeland Security Bureau

Approved by OMB
 3060-1058

See 608 Main Form Instructions
 For public burden estimate

General Information

Application/Notification Purpose

1a) Purpose of Filing (Select only one):	
<input type="checkbox"/> LN – New	<input type="checkbox"/> LM – Modification
<input checked="" type="checkbox"/> LT – Transfer of Control	<input type="checkbox"/> LE – Extend the Term
<input type="checkbox"/> AM – Amendment	<input type="checkbox"/> WD – Withdraw
<input type="checkbox"/> LU – Administrative Update	<input type="checkbox"/> LC – Cancel
1b) If this filing is for an Amendment (AM) or Withdrawal (WD), enter the File Number of the pending Application/Notification currently on file with the FCC.	File Number: _____

Classification of Filing

For Leases/Subleases Only

2a) Classification of Filing (Select only one):	2b) Type of Filing
<input checked="" type="checkbox"/> ML – Spectrum Manager	<input checked="" type="checkbox"/> L – Lease
<input type="checkbox"/> TL – De Facto Transfer	<input type="checkbox"/> S – Sublease (Must be filed Manually)

For Private Commons Arrangements Only (Must be filed Manually)

2c) This filing will be a Private Commons Arrangement of a (Select only one):	2d) If a Private Commons Arrangement of a Lease or Sublease, choose the legal type (Select only one):
<input type="checkbox"/> N – License	<input type="checkbox"/> M – Spectrum Manager
<input type="checkbox"/> L – Lease	<input type="checkbox"/> T – De Facto Transfer
<input type="checkbox"/> S – Sublease	

Term of Lease/Sublease (Only for Transfer of Control of a Lessee or Sublessee, or a Revision to Extend the Term of a Lease or Sublease)

3) Indicate whether the existing Lease/Sublease is:	<input checked="" type="checkbox"/> Long-Term	or	<input type="checkbox"/> Short-Term
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Other Wireless Licenses

4a) Is this filing part of a series of related filings involving other wireless license(s) or lease(s) held by the Applicant, affiliates of the Applicant (e.g., parents, subsidiaries, or commonly-controlled entities), or third parties that are not included on this filing and for which Commission approval or notification is required?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4b) If the answer to 4a is 'Y', is this filing the lead Application/Notification?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4c) If the answer to 4a is 'Y' and the answer to 4b is 'N', provide the File Number of the lead Application/Notification.	File Number: 0003155487

Attachments

5) Are attachments (other than associated schedules) being filed with this Application/Notification?	(<input checked="" type="checkbox"/>) <u>Yes</u> <input type="checkbox"/> <u>No</u>
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Fees and Waivers**Exemption from Application Fees**

6) Is the applicant exempt from FCC application fees? If the answer to 6 is 'Yes', attach an exhibit demonstrating how the applicant is exempt from FCC application fees.	(<input type="checkbox"/>) <u>Yes</u> <input checked="" type="checkbox"/> <u>No</u>
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Waiver/Deferral of Fees

7) Is a waiver/deferral of the FCC application fees being requested? If the answer to 7 is 'Yes', attach a date-stamped copy of the request for waiver/deferral of the FCC application fees.	(<input type="checkbox"/>) <u>Yes</u> <input checked="" type="checkbox"/> <u>No</u>
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Waiver of Commission Rules

8a) Does this filing include a request for waiver of the Commission's Rules (other than a request for application fee waivers)? If the answer to 8a is 'Yes', attach an exhibit specifying the rule section(s) for which a waiver is being requested and including a justification for the waiver request.	(<input type="checkbox"/>) <u>Yes</u> <input checked="" type="checkbox"/> <u>No</u>
8b) If the answer to 8a is 'Yes', enter the number of rule section(s) involved.	Number of Rule Section(s): _____

Regulatory Status and Offerings (To be completed only for Modification of a Lease or Modification of a Sublease)**Radio Service Offerings**

9) The Applicant will provide the following type(s) of radio service offerings (select all that apply): (<input type="checkbox"/>) Common Carrier (<input type="checkbox"/>) Non-common Carrier (<input type="checkbox"/>) Private, internal communications (<input type="checkbox"/>) Broadcast Services

Radio Service

10) The Applicant will provide the following type(s) of radio service (select all that apply): (<input type="checkbox"/>) Fixed (<input type="checkbox"/>) Mobile (<input type="checkbox"/>) Radiolocation (<input type="checkbox"/>) Satellite (sound) (<input type="checkbox"/>) Broadcast Services	
11) Does the Applicant propose to provide service interconnected to the public telephone network?	(<input type="checkbox"/>) <u>Yes</u> <input checked="" type="checkbox"/> <u>No</u>

Designated Entity Information (If the answer to 12a, 12b or 12c is 'Yes', Schedule A must be completed.)**Bidding Credits**

12a) Does this filing involve any spectrum associated with any licenses that were originally awarded with bidding credits within the last five years?	(<input type="checkbox"/>) <u>Yes</u> <input checked="" type="checkbox"/> <u>No</u>
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Installment Payment Plan

12b) Does this filing involve any spectrum associated with any licenses that were originally subject to the Commission's installment payment plan?	(<input checked="" type="checkbox"/>) <u>Yes</u> <input type="checkbox"/> <u>No</u>
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Closed Bidding

12c) Does this filing involve any spectrum associated with any licenses that were originally granted pursuant to closed bidding within the last five years?	(<input type="checkbox"/>) <u>Yes</u> <input checked="" type="checkbox"/> <u>No</u>
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Competition Related Information

<p>13) Does this filing involve a license authorization or Spectrum Lease/Sublease that may be used to provide <i>interconnected mobile voice and/or data services that would create a geographic overlap with another license authorization(s) or Spectrum Leasing Arrangement(s) in which the Applicant already holds direct or indirect interests (of 10 percent or more), either as a licensee or Spectrum Lessee/Sublessee, and that could also be used to provide interconnected mobile voice and/or data services?</i></p>	<input checked="" type="checkbox"/> <u>Yes</u> <input type="checkbox"/> <u>No</u>
<p>14a) Does the Applicant (Lessee/Sublessee) hold direct or indirect interests (of 10 percent or more) in any entity that already has access to 10 MHz or more of Cellular, Broadband PCS, or Specialized Mobile Radio (SMR) spectrum through license(s) or spectrum leases/subleases in the same geographic area?</p>	<input type="checkbox"/> <u>Yes</u> <input type="checkbox"/> <u>No</u>
<p>14b) Would/Does this Spectrum Leasing Arrangement reduce the number of entities providing service (using spectrum in any of the three services listed in 14a above) in the affected market(s)?</p>	<input type="checkbox"/> <u>Yes</u> <input type="checkbox"/> <u>No</u>

Broadband Radio Service and Educational Broadband Service Information

Broadband Radio Service (BRS) and Educational Broadband Service (EBS) – Cable Cross-Ownership

<p>15a) Will the requested facilities be used to provide multichannel video programming service?</p>	<input type="checkbox"/> <u>Yes</u> <input type="checkbox"/> <u>No</u>
<p>15b) If the answer to 15a is 'Yes', does the Applicant operate, control or have an attributable interest (as defined in Section 27.1202 of the Commission's Rules) in a cable television system whose franchise area is located within the geographic service area of the requested facilities?</p> <p>If 'Yes', provide an exhibit explaining how the Applicant (Lessee/Sublessee) complies with Section 27.1202 of the Commission's Rules or justifying a waiver of that rule. If a waiver of the Commission's Rule(s) is being requested, 8a must be answered 'Yes'.</p>	<input type="checkbox"/> <u>Yes</u> <input type="checkbox"/> <u>No</u>

Educational Broadband Service (EBS) – Part 27 Programming Requirements

<p>16) Does the Applicant comply with the programming requirements contained in Section 27.1203 of the Commission's Rules?</p> <p>If 'No', provide an exhibit explaining how the Assignee/Transferee complies with Section 27.1203 of the Commission's Rules or justifying a waiver of that rule. If a waiver of the Commission's Rule(s) is being requested, 8a must be answered 'Yes'.</p>	<input type="checkbox"/> <u>Yes</u> <input type="checkbox"/> <u>No</u>
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Part 90 Public Safety Services

Eligibility

<p>17) Is the Applicant a public safety entity or otherwise an entity that will use the leased spectrum to provide communications in support of public safety operations pursuant to Section 90.523 of the Commission's Rules?</p>	<input type="checkbox"/> <u>Yes</u> <input type="checkbox"/> <u>No</u>
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Licensee Information

FRN

18) FCC Registration Number: 0004884540

Entity

19) Licensee is a(n) (Select One):

- () Individual () Unincorporated Association () Trust () Government Entity () Corporation () Limited Liability Company
() General Partnership () Limited Partnership () Limited Liability Partnership () Consortium
() Other: _____

Licensee Name

20) Licensee Name (if entity):

21) Licensee Name (if individual): First: MI: Last: Suffix:

22) Attention To:

Address

23) P.O. Box: And /Or 24) Street Address:

25) City: 26) State: 27) Zip Code:

28) Telephone Number: 29) FAX Number:

30) E-Mail Address:

31) Demographics (Optional):

Race:	Ethnicity:	Gender:
() American Indian or Alaska Native	() Hispanic or Latino	() Male
() Asian	() Not Hispanic or Latino	() Female
() Black or African-American		
() Native Hawaiian or Other Pacific Islander		
() White		

Licensee Contact Information

Contact Name (if other than Licensee)

() Check here if same as Licensee Information

32) Name: First: MI: Last: Suffix:

33) Company Name:

34) Attention To:

Address

35) P.O. Box: And /Or 36) Street Address:

37) City: 38) State: 39) Zip Code:

40) Telephone Number: 41) FAX Number:

42) E-Mail Address:

Lessee Information**FRN**43) FCC Registration Number: **0002622934****Entity**

44) Lessee is a(n) (Select One):
 Individual Unincorporated Association Trust Government Entity Corporation Limited Liability Company
 General Partnership Limited Partnership Limited Liability Partnership Consortium
 Other: _____

Lessee Name45) If the Lessee name is being updated, is the update a result from the sale (or transfer of control) of the lease(s) to another party and for which proper Commission approval has not been received or proper notification not provided? Yes No46) Lessee Name (if entity): **RCC Minnesota, Inc.**

47) Lessee Name (if individual): First: _____ MI: _____ Last: _____ Suffix: _____

48) Attention To: **Elizabeth L. Kohler****Name of Real Party in Interest**49) Name of Real Party in Interest: **Cellco Partnership**50) FCC Registration Number (FRN): **0003290673****Address**51) P.O. Box: **2000** And /Or 52) Street Address: **3905 Dakota Street SW**53) City: **Alexandria** 54) State: **MN** 55) Zip Code: **56308**56) Telephone Number: **(320)762-2000** 57) FAX Number: **(320)808-2510**58) E-Mail Address: **BethLK@unicel.com****59) Demographics (Optional):**

Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African-American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
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Lessee Contact Information**Contact Name (if other than Lessee)** Check here if same as Lessee Information

60) Name: First: _____ MI: _____ Last: _____ Suffix: _____

61) Company Name: **Lukas, Nace, Gutierrez & Sachs, Chtd.**62) Attention To: **David Nace****Address**63) P.O. Box: _____ And /Or 64) Street Address: **1650 Tysons Blvd., Suite 1500**65) City: **McLean** 66) State: **VA** 67) Zip Code: **22102**68) Telephone Number: **(703)584-8661** 69) FAX Number: **(703)584-8695**70) E-Mail Address: **dnace@fcclaw.com**

Sublessee Information

FRN

71) FCC Registration Number:

Entity

72) Sublessee is a(n) (Select One): () Individual () Unincorporated Association () Trust () Government Entity () Corporation () Limited Liability Company () General Partnership () Limited Partnership () Limited Liability Partnership () Consortium () Other: _____
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Sublessee Name

73) If the Sublessee name is being updated, is the update a result from the sale (or transfer of control) of the sublease(s) to another party and for which proper Commission approval has not been received or proper notification not provided?	() Yes No
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74) Sublessee Name (if entity):

75) Sublessee Name (if individual):	First:	MI:	Last:	Suffix:
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76) Attention To:

Name of Real Party in Interest

77) Name of Real Party in Interest:

78) FCC Registration Number (FRN):

Address

79) P.O. Box:	And /Or	80) Street Address:
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81) City:	82) State:	83) Zip Code:
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84) Telephone Number:	85) FAX Number:
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86) E-Mail Address:

87) Demographics (Optional):

Race: () American Indian or Alaska Native () Asian () Black or African-American () Native Hawaiian or Other Pacific Islander () White	Ethnicity: () Hispanic or Latino () Not Hispanic or Latino	Gender: () Male () Female
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Sublessee Contact Information

Contact Name (if other than Sublessee)

() Check here if same as Sublessee Information

88) Name:	First:	MI:	Last:	Suffix:
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89) Company Name:

90) Attention To:

Address

91) P.O. Box:	And /Or	92) Street Address:
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93) City:	94) State:	95) Zip Code:
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96) Telephone Number:	97) FAX Number:
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98) E-Mail Address:

Transferee Information

FRN

99) FCC Registration Number: 0003290673
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Entity

100) Transferee is a(n) (Select One): () Individual () Unincorporated Association () Trust () Government Entity () Corporation () Limited Liability Company (<input checked="" type="checkbox"/>) General Partnership () Limited Partnership () Limited Liability Partnership () Consortium () Other: _____
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Transferee Name

101) Transferee Name (if entity): Cellco Partnership				
102) Transferee Name (if individual):	First:	MI:	Last:	Suffix:
103) Attention To: Michael Samsock				

Name of Real Party in Interest

104) Name of Real Party in Interest: Cellco Partnership
105) FCC Registration Number (FRN): 0003290673

Address

106) P.O. Box:	And /Or	107) Street Address: 1300 I Street, NW - Suite 400 West		
108) City: Washington		109) State: DC	110) Zip Code: 20005	
111) Telephone Number: (202)589-3768		112) FAX Number: (202)589-3750		
113) E-Mail Address: michael.samsock@verizonwireless.com				

114) Demographics (Optional):

Race: () American Indian or Alaska Native () Asian () Black or African-American () Native Hawaiian or Other Pacific Islander () White	Ethnicity: () Hispanic or Latino () Not Hispanic or Latino	Gender: () Male () Female
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Transferee Contact Information

Contact Name (if other than Transferee)

() Check here if same as Transferee Information

115) Name:	First: Nancy	MI: J	Last: Victory	Suffix:
116) Company Name: Wiley Rein LLP				
117) Attention To:				

Address

118) P.O. Box:	And /Or	119) Street Address: 1776 K Street, NW		
120) City: Washington		121) State: DC	122) Zip Code: 20006	
123) Telephone Number: (202)719-7344		124) FAX Number: (202)719-4969		
125) E-Mail Address: nvictory@wileyrein.com				

Transferor Information

FRN

126) FCC Registration Number: **0003715919****Entity**

127) Transferor is a(n) (Select One):

 Individual Unincorporated Association Trust Government Entity Corporation Limited Liability Company General Partnership Limited Partnership Limited Liability Partnership Consortium Other: _____**Transferor Name**128) Transferor Name (if entity): **Rural Cellular Corporation**

129) Transferor Name (if individual):

First:

MI:

Last:

Suffix:

130) Attention To: **Elizabeth L. Kohler****Address**

131) P.O. Box:

And
/Or132) Street Address: **3905 Dakota Street SW**133) City: **Alexandria**134) State: **MN**135) Zip Code: **56308**136) Telephone Number: **(320)762-2000**137) FAX Number: **(320)808-2510**138) E-Mail Address: **BethLK@unicel.com****139) Demographics (Optional):****Race:** American Indian or Alaska Native Asian Black or African-American Native Hawaiian or Other Pacific Islander White**Ethnicity:** Hispanic or Latino Not Hispanic or Latino**Gender:** Male Female**Transferor Contact Information**

Contact Name (if other than Transferor)

 Check here if same as Transferor Information

140) Name:

First:

MI:

Last:

Suffix:

141) Company Name:

Lukas, Nace, Gutierrez & Sachs, Chtd.

142) Attention To:

David Nace**Address**

143) P.O. Box:

And
/Or144) Street Address: **1650 Tysons Blvd., Suite 1500**145) City: **McLean**146) State: **VA**147) Zip Code: **22102**148) Telephone Number: **(703)584-8661**149) FAX Number: **(703)584-8695**150) E-Mail Address: **dnace@fcclaw.com**