

Voluntary Form for Hearing Aid Compatibility Status Report

Reporting Period 7/1/08 to 12/31/08

Section 1. Company Information	Service Provider <input checked="" type="checkbox"/>	Device Manufacturer <input type="checkbox"/>
<i>Company Name: Cellular South Licenses, Inc</i>		
<i>Company Address: 1018 Highland Colony Parkway Suite 340</i>		
<i>City: Ridgeland</i>	<i>State: Mississippi</i>	<i>Zip Code: 39597</i>
<i>Phone: (601) 9747-509</i>	<i>Fax: (601) 974-7138</i>	<i>E-mail: stuttle@cellularsouth.com</i>
<i>Filing Agent/ Law Firm: Lukas, Nance, Gutierrez & Sachs</i>		
<i>Filing Agent Contact Name: Pamela L. Gist, Esq.</i>		
<i>Filing Agent Address: 1650 Tyson's Blvd, Suite 1500</i>		
<i>City: McLean</i>	<i>State: Virginia</i>	<i>Zip Code: 22102</i>
<i>Phone: (703) 584-8665</i>	<i>Fax: (703) 584-8695</i>	<i>E-Mail: pgist@fcclaw.com</i>