

 4026	Public Service Commission of Wisconsin (8159) - BROWN CO MSA CELLULAR LTD PARTNERSHIP Commercial Mobile Radio Service Provider Annual Report For Year Ending December 31, 2006
Rules for Reporting Assessable Revenue Definitions Help	
* - indicates required fields	
Signature I certify that I am the person responsible for accounts; that I have examined the following report and, to the best of my knowledge, information and belief, it is a correct statement of the business and affairs of said utility for the period covered by the report in respect to each and every matter set forth therein.	
Utility Name: BROWN CO MSA CELLULAR LTD PARTNERSHIP Person responsible for accounts: Ronald J. Van Nuland * Title of person responsible for accounts: Director of Accounting * Date: 03/30/2007 * (mm/dd/yyyy)	
Identification Utility Name: BROWN CO MSA CELLULAR LTD PARTNERSHIP Street Address: 450 SECURITY BLVD * PO Box: 19079 PO Box Zip: 54307-9079 City: GREEN BAY * State: WI * Zip: 54313-0000 * Web Site Address: www.nsigthtel.com Business Customers Phone: 9206177175 Example 6085551212 Ext: _____ Residential Customers Phone: 9206177175 Example 6085551212 Ext: _____	
Primary Address - Primary Utility Contact (located at utility address) Name: Ron Van Nuland * Title: DIRECTOR OF ACCOUNTING * Firm/Company: NSIGHT TELSERVICES * Office Address: 450 SECURITY BLVD * PO Box: 19079 PO Box Zip: _____ City: GREEN BAY * State: WI * Zip: 54313 * Fax Number: 9206177039 Example 6085551212 Phone Number: 9206177025 * Example 6085551212 Email Address: ronald.vannuland@NSIGHT.COM *	
Annual Report Contact - Contact Person for Information Contained in This Annual Report <input type="checkbox"/> Same As Primary Address Name: MARK NAZE * Title: CFO * Firm/Company: NSIGHT TELSERVICES * Office Address: 450 SECURITY BLVD *	

PO Box: 19079 PO Box Zip:
 City: GREEN BAY * State: WI * Zip: 54313 *
 Fax Number: 9206177039 Example 6085551212
 Phone Number: 9206177103 * Example 6085551212
 Email Address: MARK.NAZE@NSIGHT.COM

Regulatory Contact - Contact Person for Regulatory Inquiries and Complaints

Same As Primary Address

Name: LARRY LUECK *
 Title: GOVERNMENT RELATIONS MANAGER *
 Firm/Company: NSIGHT TELSOURCES *
 Office Address: 450 SECURITY BLVD *
 PO Box: 19079 PO Box Zip:
 City: GREEN BAY * State: WI * Zip: 54313 *
 Fax Number: 9206177049 Example 6085551212
 Phone Number: 9206177175 * Example 6085551212
 Email Address: LARRY.LUECK@NETELCO.COM

Assessable Revenues

- 1) Do you currently provide commercial mobile radio service (CMRS) service in Wisconsin? (Y/N) *
- 1a) If not, please state the nature of your entity's business.
- 1b) If no, do you intend to provide CMRS service in Wisconsin at a future date? (Blank/Y/N)
- 2) Do you believe that this year's CMRS revenues have already been reported to the Commission? (Y/N) *
- 2a) If yes, provide particulars concerning annual report (utility name and number, report name, page and line number and dollar amount).
- 2b) If no, provide your assessable revenues (in 000's) for Universal Service Fund assessment purposes. (000's)
 Wisconsin Gross Intrastate Operating Telecommunications Service Revenue **CONFIDENTIAL**

Annual Report Notes (if applicable)

Please print this report before submitting it to the Commission. Once the report is submitted you will not be able to print it.

When the submit button is clicked, the program will check for errors and display a message to the right of any box with an error. If there are no errors, a confirmation page will appear.

Print

Check for Errors & Submit