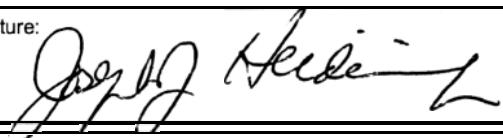


Applicant/Licensee Information

1) First Name (if individual):	MI:	Last Name:	Suffix:
2) Applicant Name (if entity): Sac County Mutual Telephone Co.		3) Applicant TIN: 	

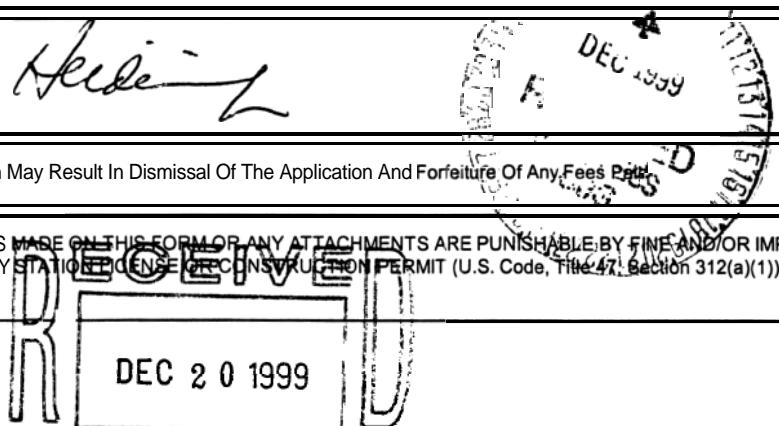
Related FCC Regulated Businesses of Applicant/Licensee

4a) Name and address of all FCC Regulated Businesses owned by Applicant/Licensee (use additional sheets, if necessary):	4b) Principal Business:	4c) TIN:	4d) Percent of Interest Held:

Signature: 	Date: 11-15-99
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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).



Licensing & Technical
Analysis Branch

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Robert J. Ungar
Direct Dial: (202) 775-4452
Email Address: rungar@arterhadden.com

December 8, 1999

VIA BERRY BEST



Dear Form 602 Processor:

Sac County Mutual Telephone Company hereby files its original Form 602 FCC Ownership Disclosure Information for the Wireless Telecommunications Services with the Commission. There is no fee associated with filing Form 602 in the Commission's rules.

All correspondence and inquiry in connection with this filing should be addressed to this office.

Respectfully submitted,


James U. Troup
Robert J. Ungar