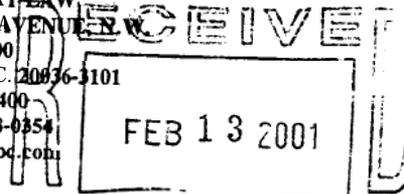


IRWIN, CAMPBELL & TANNENWALD, P.C.

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Licensing & Technical
Analysis Branch

TARA B. SHOSTEK
(202) 728-0401 Ext. 108
tshostek@ictpc.com

February 9, 2001

Confidentiality Requested

Federal Communications Commission
1270 Fairfield Road
Gettysburg, PA 173257245

Re: FCC Form 602

Dear Sir or Madam:

Transmitted herewith and filed on behalf of Jon Hill, please find Mr. Hill's FCC Form 602, FCC Ownership Disclosure Information for the Wireless Telecommunications Services. This form is filed in conjunction with Mr. Hill's Request for Emergency Special Temporary Authority regarding call sign **WPLS406**.

In light of the confidential and sensitive nature of the information reflected herein particularly the Social Security Number of Mr. Hill, it is requested that this filing, and the information provided herewith, be afforded confidential treatment by the Commission.

Please date stamp the enclosed "File Copy" and return it to the undersigned

Please contact the undersigned if you have any questions concerning this filing.

Sincerely,

A handwritten signature in black ink that reads "Tara B. Shostek". The signature is written in a cursive, flowing style.

Tara B. Shostek

Applicant/Licensee Information

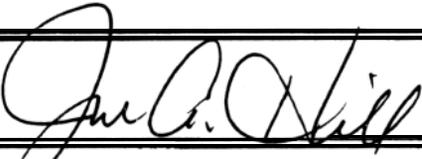
| | | | |
|---------------------------------------|---------|--------------------|-------------|
| 1) First Name (if individual): Jon | MI: | Last Name: Hill | Suffix: |
| 2) Applicant Name (if entity): | | [REDACTED] | |

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): | 4 b) Principal Business: | 4c) TIN: | 4d) Percent of Interest Held. |
|--|-----------------------------------|-------------|----------------------------------|
| Jon Hill, Individual Licensee 2651 Bantry Bay Tallahassee, Florida 32308 | provide SMR Service to the public | | Individual Person |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Signature

5) Typed or Printed Name of Party Authorized to Sign

| | | | |
|---|---------|--------------------|--------------------|
| First Name: Jon | MI: | Last Name: Hill | Suffix: |
| Title: Individual Licensee | | | |
| Signature:  | | | Date: 1-31-2001 |
| 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).