

HOLLAND & KNIGHT LLP

2100 Pennsylvania Avenue, N.W.
Suite 400
Washington, D.C. 20037-3202

202-955-3000
FAX 202-955-5564
www.hklaw.com

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October 20, 2000

PETER M. CONNOLLY
202-862-5989

Internet Address:
pconnoll@hklaw.com

VIA CAPITAL FILING SPECIALISTS

Magalie Roman Salas
Secretary
Federal Communications Commission
The Portals
445 12th Street, S.W., Room A325
Washington, D.C. 20554

Re: North Carolina RSA #4, Inc.
Ownership Disclosure Information

Dear Ms. Salas:

Herewith transmitted are an original and one copy of Form 602 ("FCC Ownership Disclosure Information for the Wireless Telecommunications Services") filed for North Carolina RSA #4, Inc.

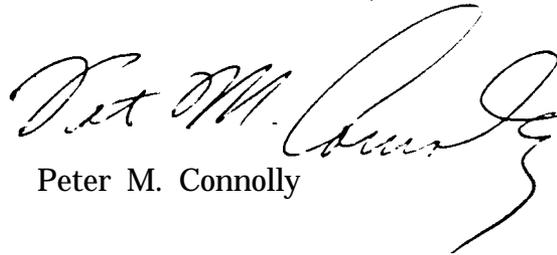
We have not included the Taxpayer Identification Numbers ("TINs") requested by the form for the applicant and Disclosure Interest Holders because electronic filing procedures are not yet available under the FCC's Universal Licensing System and we wish to protect the confidentiality of the TINs. TINs can be supplied for those entities upon request of the FCC.

The information supplied with respect to Disclosable Interest Holders reflects a good faith attempt to comply with the requirements of Form 602, after consultation with FCC staff. Again, if additional information is necessary, it will be supplied.

Magalie Roman Salas
October 20, 2000
Page 2

In the event there are any questions concerning this matter, please communicate with this office.

Very truly yours,

A handwritten signature in black ink, appearing to read "Det M. Connolly". The signature is fluid and cursive, with a large loop at the end.

Peter M. Connolly

Enclosures

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Approved by OMB
3060 - 0799
See instructions for
public burden
estimate

Applicant/Licensee Information

1) First Name (if individual):	MI:	Last Name:	Suffix:
2) Applicant Name (if entity): North Carolina RSA #4, Inc.		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:
	Cellular Licensee		

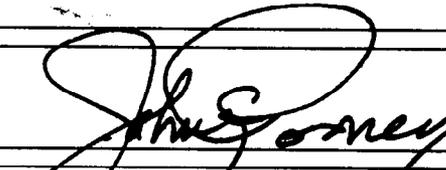
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Analysis Branch

Signature

5) Typed or Printed Name of Party Authorized to sign

First Name: JOHN	MI: E	Last Name: ROONEY	Suffix:
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Title: President

Signature: 	Date: 10/12/00
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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).

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