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October 20, 2000

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VIA CAPITAL FILING SPECIALISTS

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

Re: North Carolina RSA No. 6, 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 No. 6, Inc.

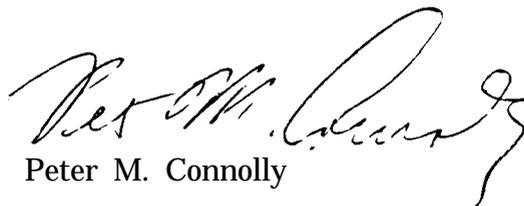
We have not included the Taxpayer Identification Numbers ("TINs") requested by the form for the applicant and Disclosure Interest Holders because electronic filing procedures are not yet available under the FCC's Universal Licensing System and we wish to protect the confidentiality of the TINs. TINs 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  
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In the event there are any questions concerning this matter, please communicate with this office.

Very truly yours,



Peter M. Connolly

Enclosures

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 FEDERAL COMMUNICATIONS COMMISSION  
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FCC 602  
 Main Form

FCC Ownership Disclosure Information for the  
 Wireless Telecommunications Services

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 No. 6, 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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Licensing & Technical  
Analysis Branch

**Signature**

5) Typed or Printed Name of Party Authorized to Sign

First Name: <b>JOHN</b>	MI: <b>E</b>	Last Name: <b>ROONEY</b>	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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