LUKAS, NACE, GUTIERREZ & SACHS
CHARTERED
1111 NINETEENTH STREET, N.W.
SUITE 1200
WASHINGTON, D.C. 20036
(202) 857-3500

RUSSELL D. LUKAS
DAVID L. NACE
THOMAS GUTIERREZ
ELIZABETH R. SACHS
GEORGE L. LYON, JR.
JOEL R. KASWELL
PAMELA L. GIST
DAVID A. LAFURIA
MARILYN SUCHECKI MENSE
PAMELA GAARY HOLRAN
B. LYNN F. RATNAVALE
TODD SLAMOWITZ
DAVID M. BRIGLIA
ALLISON M. JONES
STEVEN M. CHERNOFF
+ NOT ADMITTED IN D.C.

CONSULTING ENGINEERS
AU KUZEHKANANI
LEROY A. ADAM
LEILA REZANAVAZ

OF COUNSEL
JOHN J. MCAVOY
J.K. HAGE III+
LEONARD S. KOLSKY+

TELECOPIER
(202) 857-5747

Email: lngs@fcclaw.com
http://www.fcclaw.com

WRITER'S DIRECT DIAL
(202) 828-9490
(202) 828-9478

December 21, 2001

VIA COURIER
Federal Communications Commission
Rear entrance 35 York Street
Gettysburg, PA 17325

Re: Kathleen Janssen
FCC Form 602: FCC Ownership Disclosure Information
for Wireless Telecommunications Services
Filed in Conjunction with Form 601 for Auction 40

To whom it may concern:

On behalf of Kathleen Janssen, attached is an original FCC Form 602: Ownership Disclosure Information for Wireless Telecommunications Services. It is to be associated with Applicant's Form 601 long form for Auction 40.

Should the Commission have any questions with respect to this filing kindly contact either of the undersigned.

Very truly yours,

Marilyn S. Mense

Marilyn S. Mense
Pamela C. Gaary

Enclosure

1/7/2 PSH

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 I Licensee Information

1) First Name (if individual): **Kathleen**	MI:	Last Name: **Janssen**	Suffix:

2) Applicant **Name** (if entity):	3) FCC Registration Number (FRN):
	0001-991330

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) FCC Registration Number (FRN):	4d) Percent of Interest Held:
NONE			

Signature
5) Typed or Printed Name of Party Authorized to Sign

First Name **Kathleen**	MI:	Last Name: **Janssen**	Suffix:
Title: **Individual**			

Signature:	Date:
Kathleen L. Janssen	12/17/01

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)(l) AND/ OR FORFEITURE (U.S. Code, Title 47, Section 503).**