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FEB 23 2001

**Applicant/ Licensee Information**

1) First Name (if individual):	MI:	Last Name: FEDERAL COMMUNICATIONS COMMISSION OFFICE OF THE SECRETARY	Suffix: <b>1</b>
2) Applicant Name (if entity):  BROWN COUNTY MSA CELLULAR LIMITED PARTNERSHIP		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**

5) Typed or Printed Name of Party Authorized to Sign

First Name:  JAMES	MI:  W	Last Name:  LIENAU	Suffix:
Title:  VICE PRESIDENT TECH. SRVS. OF GENERAL PARTNER			
Signature: <i>James Lienu</i>			Date:  01 - 03 - 00

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)



