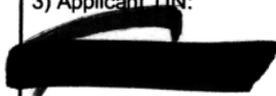
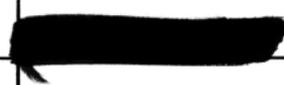


COPY

Applicant/Licensee information

1) First Name (if individual):	MI:	Last Name:	Suffix:
2) Applicant Name (if entity): Arcadia Telephone Coop.		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:
Tip Top Communications	cable TV		100%

RECEIVED
MAR 28 2001
Licensing & Technical
Analysis Branch

Signature

5) Typed or Printed Name of Party Authorized to Sign

First Name: Lois	MI:	Last Name: Schroeder	Suffix:
Title: Manager			

Signature: <i>Lois Schroeder</i>	Date: <i>3-20-01</i>
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MAR 2001
Received
WTB GGG

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).

