1108487

FORM D



The Company
UNITED STATES
SECURITIES AND EXCHANGE

COMMISSION Washington, D.C. 20549 OMB APPROVAL
OMB Number: 3235-0076
Expires: May 31, 2005
Estimated average burden houseper response. . 1

JOINT FORM D

NOTICE OF SALE OF SECURATIES

PURSUANT TO REGULATION D
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING

UNIFORM LIMITED OFFERING EXEMPTION

	SEC USI	ONLY
Pre	fix	Serial
	DATE RE	CEIVED
	1	1

Name of Offering (check if this is an amer Unit Offering	dment and name has changed, and indicate change) acreti			
Filing Under (Check box(es) that apply):	☐ Rule 504 ☐ Rule 505 ☒ Rule	506 Section 4(6) Section 4(6)			
Type of Filing: New Filing Ame	endment				
	A. BASIC IDENTIFICATION DATA	APR 24 2000			
1. Enter the information requested about the iss	suer	MOMSON			
Name of Issuer (check if this is an amenuBIQUITEL INC.	dment and name has changed, and indicate change.				
Address of Executive Offices One West Elm Street, Suite 400	Telephone Number (Including Area Code) (610) 832-3300				
Address of Principal Business Operations (if different from Executive Offices)	(Number and Street, City, State, Zip Code) N/A	Telephone Number (Including Area Code) N/A			
Brief Description of Business					
	See Preamble hereto.				
Type of Business Organization					
⊠ corporation	limited partnership, already formed	other (please specify):			
business trust	limited partnership, to be formed				
Actual or Estimated Date of Incorporation or O	~ — — — — — — — — — — — — — — — — — — —	□ Actual □ Estimated □			
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:					
CN for Canada; FN for other foreign jurisdiction	n)				

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: FIVE (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

Operating Company UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL
OMB Number: 3235-0076
Expires: May 31, 2005
Estimated average burden hours per response. . 1

JOINT FORM D NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY						
Prefix Serial						
DATE RECEIVED						

Name of Offering (check if this is an ame Unit Offering						
Filing Under (Check box(es) that apply):	☐ Rule 504	☐ Rule 505	⊠ Rule 5		ULOE	
Type of Filing: New Filing Am	endment					
	A. BASIC	IDENTIFICATIO	DATA			
2. Enter the information requested about the is	suer					
Name of Issuer (check if this is an ame UBIQUITEL OPERATING COMPANY	ndment and name h	as changed, and ind	cate change.)			
Address of Executive Offices	(Number and S	(Number and Street, City, State, Zip Code)		Telephone Number (Including Area Code)		
One West Elm Street, Suite 400	Conshohocken	Conshohocken, PA 19428		(610) 832-3300		
Address of Principal Business Operations	(Number and S	(Number and Street, City, State, Zip Code)		Telephone Number (Including Area Code)		
(if different from Executive Offices)	N/A			N/A		
Brief Description of Business						
	S	ee Preamble hereto.	 	war		
Type of Business Organization						
orporation	☐ limited partnership, already formed ☐ other (please specify):		:			
business trust	limited part	nership, to be forme	i			
Actual or Estimated Date of Incorporation or Countries of Incorporation or Organization:	(Enter two-letter U	Month 2 .S. Postal Service ab	• استابت	☑ Actual ☐ Estima State:	ated D	E

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

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State

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VIA Holding UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL
OMB Number: 3235-0076
Expires: May 31, 2005
Estimated average burden hours per response. . 1

JOINT FORM D NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY				
Prefix Serial				
L				
DATE RECEIVED				

Name of Offering (check if this is an ame Unit Offering	endment and name h	as changed, and ind	icate change)				
Filing Under (Check box(es) that apply):	Rule 504	☐ Rule 505	⊠ Rule 50	6 Section 4(6)	ULOE		
Type of Filing: New Filing An	nendment						
	A. BASIC	IDENTIFICATIO	N DATA				
2. Enter the information requested about the i	ssuer						
Name of Issuer (☐ check if this is an ame VIA Holding Inc.	endment and name h	as changed, and ind	icate change.)				
Address of Executive Offices	(Number and S	(Number and Street, City, State, Zip Code)			Telephone Number (Including Area Code)		
One West Elm Street, Suite 400	Conshohocken, PA 19428			(610) 832-3300			
Address of Principal Business Operations 6781 North Palm	(Number and Street, City, State, Zip Code) Fresno, CA 93704			Telephone Number (Including Area Code)			
Brief Description of Business							
	So	ee Preamble hereto.					
Type of Business Organization							
orporation corporation	limited partnership, already formed			other (please specify)	:		
business trust	limited part	nership, to be forme	d .				
Actual or Estimated Date of Incorporation or Gurisdiction of Incorporation or Organization: CN for Canada: FN for other foreign jurisdiction	(Enter two-letter U	Month 04 .S. Postal Service ab		☑ Actual ☐ Estim State:	ated C A		

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

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VIA Wireless UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL
OMB Number: 3235-0076
Expires: May 31, 2005
Estimated average burden
hours per response. . 1

JOINT FORM D
NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING

EXEMPTION

SEC USE ONLY				
Prefix Serial				
DATE RECEIVED				

Name of Offering (check if this is an amer Unit Offering	ndment and name h	as changed, and indi	cate change)			
Filing Under (Check box(es) that apply):	☐ Rule 504	Rule 505	⊠ Rule 5	06 Section 4(6)	ULOE	
Type of Filing: New Filing Am	endment					
	A. BASIC	IDENTIFICATION	N DATA			
2. Enter the information requested about the is	suer					
Name of Issuer (check if this is an amer VIA Wireless LLC	ndment and name h	as changed, and indi	cate change.)			
Address of Executive Offices	•	treet, City, State, Zip	Code)	Telephone Number (Including Area Code)		
One West Elm Street, Suite 400	Conshohocken, PA 19428			(610) 832-3300		
Address of Principal Business Operations 6781 North Palm	(Number and Street, City, State, Zip Code) Fresno, CA 93704			Telephone Number (Includin	g Area Coo	le)
Brief Description of Business						
	Se	ee Preamble hereto.				
Type of Business Organization						
☐ corporation	limited partnership, already formed			other (please specify)*:		
business trust	limited part	☐ limited partnership, to be formed *lim				
Actual or Estimated Date of Incorporation or O Jurisdiction of Incorporation or Organization: CN for Canada: FN for other foreign jurisdiction	(Enter two-letter U			☑ Actual ☐ Estimated State:	С	A

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: FIVE (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

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VIA Building UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPR	OVAL
OMB Number: 323	5-0076
Expires: May 31, 2	005
Estimated average	burden
hours per response	1

JOINT FORM D NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D SECTION 4(6), AND/OR

PURSUANT TO REGULATION D SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY				
Prefix	Serial			
DATE RECE	IVED			

Name of Offering (check if this is an amend Unit Offering	lment and name has changed, and indicate change	e)			
Filing Under (Check box(es) that apply):					
Type of Filing: New Filing Ame	ndment				
	A. BASIC IDENTIFICATION DATA				
2. Enter the information requested about the issu	ier				
Name of Issuer (check if this is an amend VIA Building, LLC	lment and name has changed, and indicate change	2.)			
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)			
One West Elm Street, Suite 400	Conshohocken, PA 19428	(610) 832-3300			
Address of Principal Business Operations	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)			
6781 North Palm	Fresno, CA 93704	, , , , , , , , , , , , , , , , , , , ,			
Brief Description of Business					
•	See Preamble hereto.				
Type of Business Organization					
corporation	limited partnership, already formed	other (please specify)*:			
business trust	limited partnership, to be formed	*limited liability company			
Actual or Estimated Date of Incorporation or Organization: (E. C.) for Coundar EN for other foreign jurisdiction	Enter two-letter U.S. Postal Service abbreviation is				

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

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Filing Fee: There is no federal filing fee.

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The Company

A. BASIC IDENTIFICATION DATA

- 3. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officers and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

Each general and r	nanaging partner of	f partnership issuers.			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	□ Director	General and/or Managing Partner
Full Name (Last name first, it	individual)				
Harris, Donald A.					
Business or Residence Addre	ss (Number and Stree	t, City, State, Zip Code)			
One West Elm Street, Suite	400, Conshohocken,	PA 19428			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Russell, Dean E.					
Business or Residence Address	ss (Number and Stree	t, City, State, Zip Code)			
One West Elm Street, Suite	400, Conshohocken,	PA 19428			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	'individual)				
Volk, James J.					
Business or Residence Address	ss (Number and Street	t, City, State, Zip Code)			
One West Elm Street, Suite	400, Conshohocken,	PA 19428			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Knese, Patricia E.					
Business or Residence Addres	ss (Number and Street	t, City, State, Zip Code)			
One West Elm Street, Suite	400, Conshohocken,	PA 19428			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Toll, Bruce E.					
Business or Residence Addres	s (Number and Street	t, City, State, Zip Code)			
3103 Philmont Avenue, Hun	tingdon, PA 19006				
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)				
Lucas, Peter					
Business or Residence Addres	s (Number and Street	, City, State, Zip Code)			
c/o CBT Wireless Investmen	ts, L.L.C., 1733 H S	treet, #330-141, Blaine, WA 98	230		
Check Box(es) that Apply:	☐ Promoter	Beneficial Owner	Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Walter, Joseph N.					
Business or Residence Addres	s (Number and Street	, City, State, Zip Code)			

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

The Company

			IFICATION DATA		
516 36th Avenue East, Seatt			D = 007	-	
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Trkla, Eve M.					
Business or Residence Addre	•	, City, State, Zip Code)			
55 Tozer Road, Beverly, M					
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Boos, Matthew J.					
Business or Residence Addre	ss (Number and Street	, City, State, Zip Code)			
c/o The Ponderosa Telepho	ne Co., 47034 Road 2	01, P.O. Box 21, O'Neals, CA 9	93645		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Berlacher, Robert A.					
Business or Residence Addre	ss (Number and Street	, City, State, Zip Code)			
c/o Lancaster Investment P	artners, L.P., 1150 Fi	rst Avenue, Suite 600, King of	Prussia, PA 19406		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Blake, James E.	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Business or Residence Addre	ss (Number and Street	, City, State, Zip Code)			
65 Baynard Park Road, Hil					
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, it	findividual)			***************************************	
Business or Residence Addre	ss (Number and Street	City, State, Zin Code)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, it	individual)			-	
				·	
Business or Residence Addre	ss (Number and Street,	, City, State, Zip Code)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, it	individual)				Managing Latitus
D. J. D. J. J. A. J. J.	Olympia and Charles	Oir Gran Zin Co. 1.			
Business or Residence Addres	ss (Number and Street,	City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	`individual)				
Business or Residence Addres	ss (Number and Street.	City, State, Zip Code)	· · · · · · · · · · · · · · · · · · ·		
		V,,,			

Operating Company

		A. BASIC IDENT	IFICATION DATA		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Harris, Donald A.					
Business or Residence Address	ss (Number and Stree	t, City, State, Zip Code)			
One West Elm Street, Suite	400, Conshohocken,	PA 19428			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Russell, Dean E.					
Business or Residence Addres	ss (Number and Street	t, City, State, Zip Code)			
One West Elm Street, Suite	400, Conshohocken,	PA 19428			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner		☐ Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Volk, James J.					
Business or Residence Addres	s (Number and Street	, City, State, Zip Code)			
One West Elm Street, Suite	400, Conshohocken,	PA 19428			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner		☐ Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Knese, Patricia E.					
Business or Residence Addres	s (Number and Street	, City, State, Zip Code)			
One West Elm Street, Suite	400, Conshohocken,	PA 19428			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Addres	s (Number and Street	, City, State, Zip Code)			
	Ales bi-	nt shoot or open and an addition	tional copies of this sheet, as nec	one and	<u> </u>

(Use blank sheet, or copy and use additional copies of this sheet, as necessary

VIA Holding

		A. BASIC IDENT	IFICATION DATA		
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Harris, Donald A.					
Business or Residence Addres	ss (Number and Stree	t, City, State, Zip Code)			
One West Elm Street, Suite	400, Conshohocken,	PA 19428			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner		Director	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)				
Russell, Dean E.					
Business or Residence Address	ss (Number and Street	t, City, State, Zip Code)			
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Full Name (Last name first, if	individual)				
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Business or Residence Addres	s (Number and Street	, City, State, Zip Code)			
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Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Knese, Patricia E.					
Business or Residence Addres	s (Number and Street	, City, State, Zip Code)			
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Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Addres	s (Number and Street	, City, State, Zip Code)			

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

VIA Wireless

		A. BASIC IDENT	IFICATION DATA		
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Harris, Donald A.					
Business or Residence Addre	ss (Number and Stree	t, City, State, Zip Code)			
One West Elm Street, Suite	400, Conshohocken,	PA 19428			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☑ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, it	f individual)				
Russell, Dean E.					
Business or Residence Addre	ss (Number and Stree	t, City, State, Zip Code)			
One West Elm Street, Suite	400, Conshohocken,	PA 19428			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner		Director	General and/or Managing Partner
Full Name (Last name first, it	f individual)				
Volk, James J.					
Business or Residence Address	ss (Number and Stree	, City, State, Zip Code)			
One West Elm Street, Suite	400, Conshohocken,	PA 19428			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner		Director	General and/or Managing Partner
Full Name (Last name first, if	findividual)				
Knese, Patricia E.					
Business or Residence Address	ss (Number and Street	, City, State, Zip Code)			
One West Elm Street, Suite	400, Conshohocken,	PA 19428			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Address	ss (Number and Street	, City, State, Zip Code)			

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

VIA Building

		A. BASIC IDENT	IFICATION DATA		
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Harris, Donald A.					
Business or Residence Address	ss (Number and Stree	t, City, State, Zip Code)			
One West Elm Street, Suite	400, Conshohocken,	PA 19428			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Russell, Dean E.					
Business or Residence Address	ss (Number and Street	t, City, State, Zip Code)			
One West Elm Street, Suite	400, Conshohocken,	PA 19428			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)				
Volk, James J.					
Business or Residence Addres	s (Number and Street	, City, State, Zip Code)			
One West Elm Street, Suite	400, Conshohocken,	PA 19428			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Knese, Patricia E.					
Business or Residence Addres	s (Number and Street	, City, State, Zip Code)			
One West Elm Street, Suite	400, Conshohocken,	PA 19428			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Addres	s (Number and Street	, City, State, Zip Code)		-	
		•			
	(Ilse bla	nk sheet, or conv and use addi	tional copies of this sheet, as nec	eccary)	

Operating Company and the Guarantors B. INFORMATION ABOUT OFFERING Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? X Answer also in Appendix, Column 2, if filing under ULOE. 2. What is the minimum investment that will be accepted from any individual?..... Does the offering permit joint ownership of a single unit?.... 3. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar 4. remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) States [AL] [AZ] [CA] [CO] [CT] [DE] [DC] [AK] [AR] [FL] [GA] [HI] [ID] [IA] IL] [IN] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO] [MT] [NE] [NV] [NH] [OR] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [PA] RI 1 [SC] [SD] [TN] [TX] [UT] [VT] [WA] [WV] [VA] r wii [WY] f PR 1 Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) States [AZ] [CO] [AL] [AK] [AR] [CA] [CT] [DE] [DC] [FL] [GA] [HI] [ID] [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO] [MT] [NV] [NE] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA] [RI] [SC] [SD] [TN] [TX] [UT] [VA] [WA] [WV] [WI] [WY] [PR] [VT] Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) States [AL] [AK] [AZ] [CA] [CO] [CT] [DE] [DC] [GA] [AR] [FL] [HI] [ID] [IN] [IA] [KY] [MD] [IL] [KS] [LA] [ME] [MA] [MI] [MN] [MS] [MO] [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA] RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR]

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE C	OF PROCEEDS	
1.	Enter the aggregate offering price of securities included in this offering and the total number already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \square and indicate in the columns below the amounts of the securities offered for exchange and		
	already exchanged.		
	Type of Security	Aggregate Offering Price	*Amount Alread Sold
	Debt (Notes and Guarantees)	\$ <u>1,274,000 (1)</u>	\$ <u>792,974 (1)</u>
	Equity	\$	\$
	Common Preferred		
	Convertible Securities (Warrants)	\$ <u>1,274,000 (1)</u>	\$ <u>792,974 (1)</u>
	Partnership Interests	\$	\$
	Other (Specify)	\$	\$
	Total	\$ <u>1,274,000 (1)</u>	\$ <u>792,974 (1)</u>
	*Indicates amounts sold beginning on April 8, 2003 through and including April 17, 2003.		
	(1) For the Units consisting of the Notes, Guarantees and Warrants as described in the Preamble to this Joint Form D.		
	Answer also in Appendix, Column 3, if filing under ULOE.		
ί,	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	12	\$792,974
	Non-accredited Investors	-0-	-0-
	Total (for filings under Rule 504 only)	N/A	N/A
	Answer also in Appendix, Column 4, if filing under ULOE.		
•	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		
	Type of offering	Type of Security	Dollar Amount Sold
	Rule 505	· · · · · · · · · · · · · · · · · · ·	\$
	Regulation A		\$

Rule 504	—	\$
Total	,	\$
a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
Transfer Agent's Fees		\$0-
Printing and Engraving Costs		\$
Legal Fees	\boxtimes	\$3,500
Accounting Fees		\$
Engineering Fees		\$
Sales Commissions (specify finders' fees separately)		\$0-
Other Expenses (identify) <u>"Blue Sky" filing fees and registration expenses to be incurred in connection with registering for resale the shares of common stock underlying the warrants.</u>	\boxtimes	\$ <u>2,500</u>
Total	M	\$6,000

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE C	FPRC	OCEEDS		
	b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer."			\$ <u>786.9</u>	74
•	Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.				
		C Dia	yments to Officers, rectors & Affiliates	•	nents To thers
	Salaries and fees	□ \$_	-0-	□ \$_	-0-
	Purchase of real estate	□\$_	-0-	\$	-0-
	Purchase, rental or leasing and installation of machinery and equipment	□ \$_	-0-	□ \$_	-0-
	Construction or leasing of plant buildings and facilities	□ \$_	-0-		-0-
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	□ \$_	-0-	 \$	-0
	Repayment of indebtedness*	Пs	-0-	⋈ \$78	6.974
	*To repurchase subordinated discount notes as described in the Preamble to this Joint Form D.				
	Working capital	□ \$_	-0-	□ \$	-0-
	Other(specify):				
		□ \$_	-0-	□ \$	-0
	Column Totals	□ \$_	-0-	⊠ \$ <u>786</u>	5,974
	Total Payments Listed (column totals added)		⊠ \$ <u>786</u>	,974	-

D. FEDERAL SIGNAT	TURE
The issuer has duly caused this notice to be signed by the undersigned duly authorized person	. If this notice is filed under Rule 505, the following signature constitutes

an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502. Issuer (Print or Type) Signature Date UBIQUITEL INC. April 22, 2003 Name of Signer (Print or Type) Title of Signer (Print or Type) James J. Volk Chief Financial Officer Issuer (Print or Type) Date Signature UBIQUITEL OPERATING COMPANY April 22, 2003 Name of Signer (Print or Type) Title of Signer (Print or Type) James J. Volk Chief Financial Officer Issuer (Print or Type) Date Signature VIA HOLDING INC. April 22, 2003 Name of Signer (Print or Type) Title of Signer (Print or Type) Chief Financial Officer James J. Volk Date Issuer (Print or Type) Signature VIA WIRELESS LLC April 22, 2003 Name of Signer (Print or Type) Title of Signer (Print or Type) Chief Financial Officer James J. Volk Issuer (Print or Type) Signature Date VIA BUILDING, LLC April 22, 2003 Name of Signer (Print or Type) Title of Signer (Print or Type) Chief Financial Officer James J. Volk

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

E. STATE SIGNATURE

		Is any party described in 17 CFR 230.262(c), (d), (e) or (f) presently subject to any of the disqualification provisions of such rule?	Yes	No
--	--	----------------------------------------------------------------------------------------------------------------------------------------	-----	----

See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

	<u> </u>	T
Issuer (Print or Type)	Signature	Date
UBIQUITEL INC.	_ · \\	April 22, 2003
3		1
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
James J. Volk	Chief Financial Officer	
James J. Volk	Cirie i manetar Officer	
Issuer (Print or Type)	Signature	Date
UBIQUITEL OPERATING COMPANY	1.0 1.1	April 22, 2002
OBIQUITEE OF EXATING COMPANY		April 22, 2003
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
James J. Volk	Chief Financial Officer	
James J. Voik	Ciner i manciai Officei	
Issuer (Print or Type)	Signatur	Date
VIA HOLDING INC.		A
VIA HOLDING INC.		April 22, 2003
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
James J. Volk	Chief Financial Officer	
Issuer (Print or Type)	Signature 1	Date
(Clint of Type)	I I I	
VIA WIRELESS LLC	7 4 1 1 1 4	April 22, 2003
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
rune of Bigner (Time of Type)	The Cy digner (Time of Type)	
James J. Volk	Chief Financial Officer	
Issuer (Print or Type)	Signature 1 1	Date
VIA BUILDING, LLC	-11 W4	April 22, 2003
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
James J. Volk	Chief Financial Officer	
	Cinti i manorar Cintor	

Operating Company and the Guarantors APPENDIX

1		2	3			4			5
	non-ac inves St	to sell to credited tors in tate	Type of security and aggregate offering price offered in state (Part C-Item 1)		amount pu	investor and irchased n State C-Item 2)		Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
AL		х		-0-	\$ -0-	-0-	\$ -0-		x
AK		х		-0-	\$ -0-	-0-	\$ -0-		х
AZ		х		-0-	\$ -0-	-0-	\$ -0-		х
AR		х		-0-	\$ -0-	-0-	\$ -0-		х
CA		х	\$125,574 of Units consisting of Notes, Guarantees and Warrants	2	\$125,574	-0-	\$ -0-		Х
со		х		-0-	\$ -0-	-0-	\$ -0-		Х
CT		х		-0-	\$ -0-	-0-	\$ -0-		х
DE		х		-0-	\$ -0-	-0-	\$ -0-		х
DC		х		-0-	\$ -0-	-0-	\$ -0-		х
FL		х		-0-	\$ -0-	-0-	\$ -0-		X
GA		х	\$35,160 of Units consisting of Notes, Guarantees and Warrants	1 .	\$35,160	-0-	\$ -0-		Х
ні		х		-0-	\$ -0-	-0-	\$ -0-		х
ID		x		-0-	\$ -0-	-0-	\$ -0-		х
IL		х		-0-	\$ -0-	-0-	\$ -0-		х
IN		X		-0-	\$ -0-	-0-	\$ -0-		Х
IA		х		-0-	\$ -0-	-0-	\$ -0-		Х

Appendix

Page 19 of 22

Operating Company and the Guarantors APPENDIX

1	Intend to sell to non-accredited investors in State (Part B-Item 1)		3		Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)					
,			Type of security and aggregate offering price offered in state (Part C-Item 1)							
State	Yes	No		Number of Accredited Investors		Amount	Number of Non- Accredited Investors	Amount	Yes	No
KS		X		-0-	\$	-0-	-0-	\$ -0-		Х
KY		х		-0-	\$	-0-	-0-	\$ -0-		х
LA		x		-0-	\$	-0-	-0-	\$ -0-		х
MA		х		-0-	\$	-0-	-0-	\$ -0-		х
MD		х		-0-	\$	-0-	-0-	\$ -0- :		Х
MI		х		-0-	\$	-0-	-0-	\$ -0-		х
MN		X		-0-	\$	-0-	-0-	\$ -0-		х
MS		х		-0-	\$	-0-	-0-	\$ -0-		х
мо		Х		-0-	\$	-0-	-0-	\$ -0-		х
МТ		x		-0-	\$	-0-	-0-	\$ -0-		х
NE		х		-0-	\$	-0-	-0-	\$ -0-		х
NV		Х		-0-	\$	-0-	-0-	\$ -0-		Х
NH		Х		-0-	\$	-0-	-0-	\$ -0-		X
NJ		х		-0-	\$	-0-	-0-	\$ -0-		Х
NM		х		-0-	\$	-0-	-0-	\$ -0-		Х
NY		х	\$125,573 of Units consisting of Notes, Guarantees and Warrants	i	\$12	5,573	-0-	\$ -0-	,	X
NC		х		-0-	\$	-0-	-0-	\$ -0-		х
										·

Appendix

Operating Company and the Guarantors APPENDIX

1	2 3			4							5		
	Intend to sell to non-accredited investors in State (Part B-Item 1)		Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased n State (Part C-Item 2)						Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)			
State	Yes	No		Number of Accredited Investors		Amount	Number of Non- Accredited Investors		Amount	Yes	No		
ND		Х		-0-	\$	-0-	-0-	\$	-0-		X		
он		х		-0-	\$	-0-	-0-	\$	-0-		х		
ок		x		-0-	\$	-0-	-0-	s	-0-		X		
OR		х		-0-	\$	-0-	-0-	\$	-0-		х		
PA		х	\$432,584 of Units consisting of Notes, Guarantees and Warrants	6	\$43	2,584	-0-	\$	-0-		X		
RI		х		-0-	\$	-0-	-0-	\$	-0-		X		
SC		х		-0-	\$	-0-	-0-	\$	-0-		Х		
SD	_	Х		-0-	\$	-0-	-0-	\$	-0-		X		
TN		х		-0-	\$	-0-	-0-	\$	-0-		X		
TX		х		-0-	\$	-0-	-0-	\$	-0-		X		
UT		X		-0-	\$	-0-	-0-	\$	-0-		X		
VT		x		-0-	\$	-0-	-0-	\$	-0-		Х		
VA		х		-0-	\$	-0-	-0-	\$	-0-		X		
WA		Х	\$74,083 of Units consisting of Notes, Guarantees and Warrants	2	\$74	,083	-0-	\$	-0-		X		
wv		х		-0-	\$	-0-	-0-	\$	-0-		Х		
wi		х		-0-	\$	-0-	-0-	\$	-0-		Х		

Operating Company and the Guarantors APPENDIX

1		2 3 4							5			
	Intend to sell non-accredite investors in State (Part B-Item		Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased n State (Part C-Item 2)							Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors		Amount	Number of Non- Accredited Investors		Amount	Yes	No	
WY		X		-0-	\$	-0-	-0-	\$	-0-		X	
PR		X		-0-	\$	-0-	-0-	\$	-0-		X	

\MIA-SRV01\1460451v05

PREAMBLE TO JOINT FORM D OF UBIQUITEL INC., UBIQUITEL OPERATING COMPANY, VIA HOLDING INC., VIA WIRELESS LLC AND VIA BUILDING, LLC

This Preamble to the attached Joint Form D of UbiquiTel Inc., a Delaware corporation (the "Company"), the Company's wholly-owned subsidiary UbiquiTel Operating Company, a Delaware corporation ("Operating Company"), and Operating Company's wholly-owned subsidiaries VIA Holding Inc., a California corporation ("VIA Holding"), VIA Wireless LLC, a California limited liability company ("VIA Wireless"), and VIA Building, LLC, a Nevada limited liability company ("VIA Building" and together with the Company, VIA Holding and VIA Wireless, the "Guarantors"), is hereby made a part of such Joint Form D as if fully set forth therein. The Company, through its management agreement between Operating Company and Sprint PCS, is the exclusive provider of Sprint PCS digital wireless personal communications services to markets in the western and midwestern United States. The Company and Operating Company and the other Guarantors are filing this Joint Form D in connection with a private placement of Units consisting of up to approximately \$1,670,363 aggregate principal amount of Operating Company's Series B Senior Discount Notes due 2008 (the "Notes") and the Guarantors' guarantees thereof (the "Guarantees") and an aggregate of up to 1,274,000 detachable warrants of the Company (the "Warrants") to purchase up to 1,274,000 shares of the Company's common stock. The net proceeds from the private placement have been used by the Company to repurchase Operating Company's outstanding 14% Senior Subordinated Discount Notes due 2010 and the Guarantors' guarantees thereof.

The Company, Operating Company and the other Guarantors have completed the attached Joint Form D on a joint basis, except for Part A thereof which they have completed on an individual basis, as applicable.

