

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

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

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

SEC USE ONLY							
Prefix		Serial					
DAT	E RECEIV	/ED					

		<u> </u>		
Name of Offering (check if this is an amen Unit Offering	dment and name has changed, and indicate change)		
Filing Under (Check box(es) that apply):	☐ Rule 504 ☐ Rule 505 ☐ Rule	506 Section 4(6)	ULOE	
Type of Filing: New Filing Ame	endment			
	A. BASIC IDENTIFICATION DATA			
1. Enter the information requested about the iss	suer	1 1		
Name of Issuer (check if this is an amen UBIQUITEL INC.	dment and name has changed, and indicate change) 10	848	7
Address of Executive Offices One West Elm Street, Suite 400	(Number and Street, City, State, Zip Code) Conshohocken, PA 19428	Telephone Number (Including (610) 832-3300	Area Cod	e)
Address of Principal Business Operations (if different from Executive Offices)	(Number and Street, City, State, Zip Code) N/A	Telephone Number (Including N/A	Area Cod	e)
Brief Description of Business	See Preamble hereto.	d	KUCI	-DOE
Type of Business Organization	See I leanible nereto.		APR 25	2003
orporation	limited partnership, already formed	other (please specify):	71 IV 20 0	, 2000
business trust	limited partnership, to be formed			SON CIAL
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.S. Postal Service abbreviation f n)	or State:	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).

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

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

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JOINT FORM D
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PURSUANT TO REGULATION D
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UNIFORM LIMITED OFFERING
EXEMPTION

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Name of Offering (check if this is an ame Unit Offering	ndment and name h	as changed, and ind	icate change)					
Filing Under (Check box(es) that apply):	☐ Rule 504	☐ Rule 505	🛛 Rule 50	6 🔲 5	Section 4(6)	ULOE		
Type of Filing: New Filing An	nendment							
	A. BASIC	IDENTIFICATIO	N DATA					
2. Enter the information requested about the is	ssuer							
Name of Issuer (check if this is an ame UBIQUITEL OPERATING COMPANY	ndment and name h	as changed, and ind	icate change.)					
Address of Executive Offices	(Number and S	Street, City, State, Zi	p Code)	Telephone Number (Including Area Code)				
One West Elm Street, Suite 400					(610) 832-3300			
Address of Principal Business Operations	(Number and S	Street, City, State, Zi	p Code)	Telephone Number (Including Area Code)				
(if different from Executive Offices)	N/A			N/A				
Brief Description of Business								
	S	ee Preamble hereto.						
Type of Business Organization								
□ corporation	limited part	nership, already fori	ned	other (pl	ease specify):			
☐ business trust	☐ limited part	nership, to be forme	d					
Actual or Estimated Date of Incorporation or Countries of Incorporation or Organization:	(Enter two-letter U	Month 2 C.S. Postal Service at		Actual State:	☐ Estima	ted D	Е	

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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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:

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ATTENTION

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					
1	1					
DATE RE	CEIVED					

Name of Offering (check if this is an amen Unit Offering	dment and name h	as changed, and indi	cate change)				
Filing Under (Check box(es) that apply):	☐ Rule 504	☐ Rule 505	Rule 50)6 🔲 S	ection 4(6)	ULOE	
Type of Filing: New Filing Ame	endment						
	A. BASIC	IDENTIFICATION	DATA				
2. Enter the information requested about the iss	uer						
Name of Issuer (check if this is an amen VIA Holding Inc.	dment and name h	as changed, and indi	cate change.)				
Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Are Conshohocken, PA 19428 (610) 832-3300					ding Area Co	de)	
Address of Principal Business Operations 6781 North Palm	(Number and S Fresno, CA 93	treet, City, State, Zij 704	Code)	Telephone N	umber (Includ	ding Area Co	ode)
Brief Description of Business							
	S	ee Preamble hereto.					
Type of Business Organization							
orporation ·	-	nership, already forn		other (ple	ase specify):		
☐ business trust	limited part	nership, to be forme	l .				
Actual or Estimated Date of Incorporation or Organization: (CN for Canada: FN for other foreign jurisdiction)	Enter two-letter U	Month 04 .S. Postal Service ab		Actual State:	☐ Estimat	ted 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).

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ATTENTION

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

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

SEC USE ONLY					
Prefix		Serial			
DAT	E RECEIV	/ED			
		<u> </u>			

Name of Offering (check if this is an amend	ment and name has	s changed, and indi	cate change)				
Unit Offering							
Filing Under (Check box(es) that apply):	Rule 504 Rule 505 Rule 506 Section 4(6) ULOE						
Type of Filing: New Filing Amer	ndment						
	A. BASIC II	DENTIFICATION	DATA				
2. Enter the information requested about the issu	er						
Name of Issuer (check if this is an amend	ment and name ha	s changed, and indi	cate change.)				
VIA Wireless LLC							
Address of Executive Offices	(Number and Str	eet, City, State, Zip	Code)	Telephone N	umber (Including	Area Co	de)
One West Elm Street, Suite 400	Conshohocken, I	PA 19428		(610) 832-33	•		,
Address of Principal Business Operations	(Number and Str	eet, City, State, Zip	Code)	Telephone N	umber (Including	Area Co	de)
6781 North Palm	Fresno, CA 9370)4		<u> </u>			
Brief Description of Business							
	See	Preamble hereto.					
Type of Business Organization							
☐ corporation	☐ limited partne	ership, already form	ied	other (ple	ase specify)*:		
☐ business trust							
		Month	Year				
Actual or Estimated Date of Incorporation or Org	ganization:				☐ Estimated		
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:							
CN for Canada; FN for other foreign jurisdiction)						A	

GENERAL INSTRUCTIONS

Federal:

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Filing Under (Check box(es) that apply):	☐ Rule 504 ☐ Rule 505 ☐ R	ule 506 Section 4(6) ULOE
Type of Filing: New Filing Amer	ndment	
	A. BASIC IDENTIFICATION DATA	
2. Enter the information requested about the issu	er	
Name of Issuer (☐ check if this is an amend VIA Building, LLC	ment and name has changed, and indicate char	nge.)
Address of Executive Offices One West Elm Street, Suite 400	(Number and Street, City, State, Zip Code) Conshohocken, PA 19428	Telephone Number (Including Area Code) (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		
T-70-00-0	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 Connect EN for other foreign jurisdiction	Enter two-letter U.S. Postal Service abbreviatio	Actual Estimated n for State: N V

GENERAL INSTRUCTIONS

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ATTENTION

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 m	anaging partner of	partnership issuers.	· · · · · · · · · · · · · · · · · · ·		
Check Box(es) that Apply:	Promoter	Beneficial Owner	☑ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if i	ndividual)				
Harris, Donald A.					
Business or Residence Address	(Number and Street	, City, State, Zip Code)			
One West Elm Street, Suite 4	00, 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 i	ndividual)				
Russell, Dean E.					
Business or Residence Address	(Number and Street	, City, State, Zip Code)			
One West Elm Street, Suite 4	00, Conshohocken,	PA 19428			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner		Director	General and/or Managing Partner
Full Name (Last name first, if i	ndividual)				
Volk, James J.					
Business or Residence Address	(Number and Street	, City, State, Zip Code)			
One West Elm Street, Suite 4					
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner		Director	General and/or Managing Partner
Full Name (Last name first, if i	ndívidual)				
Knese, Patricia E.					
Business or Residence Address	(Number and Street	, City, State, Zip Code)			
One West Elm Street, Suite 4	•				•
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first, if i	ndividual)				
Toll, Bruce E.					
Business or Residence Address	(Number and Street	, City, State, Zip Code)			
3103 Philmont Avenue, Hunt		, ,,, , , ,			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	□ Director	General and/or Managing Partner
Full Name (Last name first, if i	ndividual)				
Lucas, Peter	•			•	
Business or Residence Address	(Number and Street	, City, State, Zip Code)			
		reet, #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 i	ndividual)				
Walter, Joseph N.	•				

Business or Residence Address (Number and Street, City, State, Zip Code)

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

The Company

		A. BASIC IDENT	IFICATION DATA		
516 36th Avenue East, Seattl		C D		№ 51	
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first, if Trkla, Eve M.	`individual)				
Business or Residence Address	s (Number and Street	City State Zin Code)			
55 Tozer Road, Beverly, MA		, eny, oute, 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)				Winnaging Farmor
Boos, Matthew J.	morvidual)				
Business or Residence Address	ss (Number and Street	. City. State. Zip Code)			
	·	01, P.O. Box 21, O'Neals, CA 9	3645		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	Executive Officer	☑ Director	General and/or
Full Name (Last name first, if	individual)				Managing Partner
Berlacher, Robert A.	maividuai)				
Business or Residence Address	os Olymber and Street	City State 7in Code)			
		rst Avenue, Suite 600, King of	Prussia PA 10406		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☑ Director	General and/or
Check Box(es) that Apply:	Fromoter	Beneficial Owner	☐ Executive Officer	⊠ Director	Managing Partner
Full Name (Last name first, if	individual)				
Blake, James E.					
Business or Residence Addres	s (Number and Street	, City, State, Zip Code)	· · · · ·		
65 Baynard Park Road, Hilt	on Head Island, SC	29928			
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	s (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	s (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 Address	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)				<u> </u>
Business or Residence Addres	s (Number and Street	, City, State, Zip Code)			

Operating Company

		A. BASIC IDENT	IFICATION DATA		
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner		□ Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Harris, Donald A.					
Business or Residence Addres	s (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 Addres	s (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 Addres	s (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)				
Knese, Patricia E.					
Business or Residence Addres	s (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)				
Business or Residence Addres	s (Number and Street	, City, State, Zip Code)			
	(Use bla	nk sheet, or cony and use addi	tional copies of this sheet, as nec	essary)	

VIA Holding

		A. BASIC IDENT	IFICATION DATA		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner		□ 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	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Volk, James J.					
Business or Residence Addres	ss (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	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 Addres	s (Number and Street	, City, State, Zip Code)			
	(IJse bla	nk sheet, or copy and use addi	tional copies of this sheet, as nec	ressary)	

VIA Wireless

		A. BASIC IDENT	IFICATION DATA		
Check Box(∞) that Apply:	☐ Promoter	Beneficial Owner		☑ Director	☐ General and/or Managing Partne
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		☐ 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		☐ Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
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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		☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)				
Knese, Patricia E.					
Business or Residence Addres	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 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)				
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	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)				
Business or Residence Address	ss (Number and Street	t, City, State, Zip Code)			- · · · · · · · · · · · · · · · · · · ·
	(Use bla	ink sneet, or copy and use addi	itional copies of this sheet, as ne	cessary)	

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? Answer also in Appendix, Column 2, if filing under ULOE. 2. What is the minimum investment that will be accepted from any individual? 3. Does the offering permit joint ownership of a single unit?..... M 4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar 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 [CO] [AL] [AZ] [AR] [CA] [CT] [DE] [DC] [GA] [ID] [AK 1 [FL] [HI] IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MN] [MS] [MO] [MI] [MT] [NE] [NV] [NH] [NM] [ND] [NJ] [NY] [NC] [OH] [OK] [OR] [PA] RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR] 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] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID] IL] [IN] [KS] [IA] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO] [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA] RI] [WI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WY] [PR] 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 [DC] [ID] AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [FL] [GA] [HI] IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [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] [WI] [WY] [PR]

Operating Company and the Guarantors

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE C	F PROCEEDS	
4.	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.		
	anoual overlanges.	Aggregate	*Amount Alread
	Type of Security	Offering Price	Sold
	Debt (Notes and Guarantees)	\$ <u>1,274,000 (1)</u>	\$792,974 (1)
	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.		
5.	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 Dolla Amount of Purchases
	Accredited Investors	12	\$ <u>792,974</u>
	Non-accredited Investors		-0-
	Total (for filings under Rule 504 only)	N/A	N/A
	Answer also in Appendix, Column 4, if filing under ULOE.		
6.	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.		
٠	Type of offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		\$
	Acquiente A		*

	Rule 504		\$
	Total		\$
7.	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		\$
	Printing and Engraving Costs		\$
	Legal Fees.	\boxtimes	\$ <u>3,500</u>
	Accounting Fees		\$
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify) "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>2,500</u>
	Total	M	\$6,000

Operating Company and the Guarantors
C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	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>786,974</u>
8.	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.		
		Payments to Officers, Directors & Affiliates	Payments To Others
	Salaries and fees	S0-	S0
	Purchase of real estate	\$ <u>-0-</u>	\$0
	Purchase, rental or leasing and installation of machinery and equipment	\$ 0-	S0
	Construction or leasing of plant buildings and facilities	\$ <u>-0-</u>	S0-
	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)	S0	\$ <u>-0-</u>
	Repayment of indebtedness*	S0-	∑ \$ <u>786,974</u>
	*To repurchase subordinated discount notes as described in the Preamble to this Joint Form D.		
	Working capital	S <u>-0-</u>	\$0-
	Other(specify):		
		S0	\$ <u>-0-</u>
	Column Totals	S	⊠ \$ <u>786,974</u>
	Total Payments Listed (column totals added)	⊠ \$ <u>786</u>	.974

Operating Company and the Guarantors
D. FEDERAL SIGNATURE

The issuer has duly caused this notice to be signed by the	he undersigned duly au	thorized person. If this not	ice is filed under Rule 505, the following signature constitute
an undertaking by the issuer to furnish to the U.S. Secu	rities and Exchange Co	ommission, upon written req	quest of its staff, the information furnished by the issuer to an
non-accredited investor pursuant to paragraph (b)(2) of	Rule 502.		
Issuer (Print or Type)	Signature \	1	Date
HIDIOLUTEL INC	A if	\/ \	A:1 22, 2003

Issuer (Print or Type)	Signature \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Date
UBIQUITEL INC.	A wall	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	Date
UBIQUITEL OPERATING COMPANY	of all	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	Date
VIA HOLDING INC.	Jeffel .	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	Date
VIA WIRELESS LLC	A. Coll	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 / / / /	Date
VIA BUILDING, LLC	J'OS	April 22, 2003
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
James J. Volk	Chief Financial Officer	

ATTENTION

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

	0	perating Company and the Gu E. STATE SIGNATURE	arantors			
1.	ls any party described in 17 CFR 230.262(such rule?	c), (d), (e) or (f) presently subject to any o		Yes	No ⊠	
		See Appendix, Column 5, for state resp	onse.			
2.	The undersigned issuer hereby undertakes to CFR 239.500) at such times as required by		state in which this notice is filed, a not	ice on For	m D (17	
3.	The undersigned issuer hereby undertakes offerees.	to furnish to the state administrators, upo	n written request, information furnishe	ed by the i	issuer to	
4.	The undersigned issuer represents that the Offering Exemption (ULOE) of the state in has the burden of establishing that these con	which this notice is filed and understands				
	e issuer has read this notification and knows y authorized person.	the contents to be true and has duly caused	I this notice to be signed on its behalf I	y the und	ersigned	
Issu	er (Print or Type)	Signature	Date			
UB	IQUITEL INC.	July	April 22, 2003			
Nar	ne of Signer (Print or Type)	Title of Signer (Print or Type)				
Jam	es J. Volk	Chief Financial Officer				
Issu	er (Print or Type)	Signature	Date		,,	
UB	IQUITEL OPERATING COMPANY	Jull Jull	April 22, 2003			
Nan	ne of Signer (Print or Type)	Title of Signer (Print or Type)				
Jam	es J. Volk	Chief Financial Officer				
Issu	er (Print or Type)	Signature	Date			
VIA	A HOLDING INC.	1 delle	April 22, 2003	April 22, 2003		
Nan	ne of Signer (Print or Type)	Title of Signer (Print or Type)				
Jam	nes J. Volk	Chief Financial Officer				
Issu	er (Print or Type)	Signature	Date			
VIA	A WIRELESS LLC	J'all	April 22, 2003			
Nar	ne of Signer (Print or Type)	Title of Signer (Print or Type)				
	es J. Volk	Chief Financial Officer				
Issu	er (Print or Type)	Signature	Date			
VI	A RUILDING LLC	1 - 11 11 4	April 22, 2003			

Chief Financial Officer

Name of Signer (Print or Type)

James J. Volk

Operating Company and the Guarantors APPENDIX

1		2	3		4				5
	non-ac inves St	to sell to credited tors in ate -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
AL		х		-0-	\$ -0-	-0-	\$ -0-		х
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-		X
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-		х
GA		х	\$35,160 of Units consisting of Notes, Guarantees and Warrants	1	\$35,160	-0-	\$ -0-		х
ні		x		-0-	\$ -0-	-0-	\$ -0-		Х
ID		х		-0-	\$ -0-	-0-	\$ -0-		х
IL		х		-0-	\$ -0-	-0-	\$ -0-		х
IN		х		-0-	\$ -0-	-0-	\$ -0-		х
IA		х		-0-	\$ -0-	-0-	\$ -0-		х

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	lited		Number of Non- Accredited Investors		Amount	Yes	No	
KS		X		-0-	\$	-0-	-0-	\$	-0-		X	
KY		Х		-0-	\$	-0-	-0-	\$	-0-		х	
LA		X		-0-	\$	-0-	-0-	\$	-0-		x	
MA		X		-0-	\$	-0-	-0-	\$	-0-		х	
MD		X		-0-	\$	-0-	-0-	\$	-0-		х	
МІ		Х		-0-	\$	-0-	-0-	\$	-0-		х	
MN		X		-0-	\$	-0-	-0-	\$	-0-		х	
MS		X		-0-	\$	-0-	-0-	\$	-0-		Х	
мо		X		-0-	\$	-0-	-0-	\$	-0-		х	
MT		х		-0-	\$	-0-	-0-	\$	-0-		х	
NE		X		-0-	\$	-0-	-0-	\$	-0-		Х	
NV	:	х		-0-	\$	-0-	-0-	\$	-0-		х	
NH		Х		-0-	\$	-0-	-0-	s	-0-		X	
NJ		Х		-0-	\$	-0-	-0-	\$	-0-		X	
NM	-	X		-0-	\$	-0-	-0-	\$	-0-		х	
NY		X	\$125,573 of Units consisting of Notes, Guarantees and Warrants	1	\$125	,573	-0-	\$	-0-		х	
NC		Х		-0-	\$	-0-	-0-	\$	-0-		Х	

Operating Company and the Guarantors APPENDIX

1	Intend to sell to non-accredited investors in State (Part B-Item 1)		3		5						
			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-		Х
ОН		х		-0-	\$	-0-	-0-	\$	-0-		X
ок		х		-0-	\$	-0-	-0-	\$	-0-		x
OR		х		-0-	\$	-0-	-0-	\$	-0-		x
PA		Х	\$432,584 of Units consisting of Notes, Guarantees and Warrants	6	\$43.	2,584	-0-	\$	-0-		х
RI		х		-0-	\$	-0-	-0-	\$	-0-		Х
sc		Х		-0-	\$	-0-	-0-	\$	-0-		х
SD		х		-0-	\$	-0-	-0-	\$	-0-		х
TN		х		-0-	\$	-0-	-0-	\$	-0-		х
тх		х	:	-0-	\$	-0-	-0-	\$	-0-		х
UT		х		-0-	\$	-0-	-0-	\$	-0-		х
VT		х		-0-	\$	-0-	-0-	\$	-0-		х
VA		Х		-0-	\$	-0-	-0-	\$	-0-		х
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-		X

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)		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-		Х
PR		х		-0-	\$	-0-	-0-	\$ -0-		х

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PREAMBLE TO JOINT FORM D OF UBIQUITEL INC., UBIQUITED 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.