Note: This is sample template it is not an OMB approved form.

Universal 911 Dialing- Second Transition Report

Please read instructions before completing

Section 1
Carrier Identification Information

Parent Company Name

RURAL CELLULAR CORPORATION

Service Provider Name

MRCC, INC. DBA UNICEL

Company Address, City, State, Zip

PO BOX 2000
ALEXANDRIA MN 56308

Service Provider Type X Wireless ☐ Wireline

Name(s) of Wireless License Holder(s)

RCC MINNESOTA, INC.

Contact Name
STACY PETERSON

Contact Tel #
320-808-2469

Fax #
320-808-2120

E-mail Address
stacyrp@rccw.com

Section 2
Local Area 911 Implementation

List all individual local areas covered by this report (e.g., Lee County, Virginia):

AROOSTOCK, ME

For each area listed above, identify the emergency response point to which calls are now being routed.

AROOSTOCK, MAINE – MAINE STATE POLICE

Section 3
Certification - To be signed by an authorized representative of the reporting entity

I certify that I am an authorized representative of the above-named reporting entity, that I have examined the foregoing report and to the best of my knowledge, information and belief, all statements of fact contained in this form are true and that the reporting entity has completed the steps necessary to properly route 911 emergency calls in the localities covered by the report as of September 11, 2002.

Signature Wesley E. Schultz

Printed name of authorized representative: WESLEY E SCHULTZ

Title: EXECUTIVE VICE PRESIDENT

Date:

This filing is: X original filing ☐ revised filing

PERSONS MAKING WILLFULL FALSE STATEMENTS IN THIS DOCUMENT CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. §1001.