

ULS Application

**0003700823 - Illinois Valley Cellular RSA 2-I Partnership**

File Number 0003700823 Application Status Q - Accepted

**General Information**

Application Purpose AA - Assignment of Authorization  
 Receipt Date 01/13/2009  
 Entered Date 01/13/2009 Action Date 01/14/2009  
 Waiver No Number of Rules  
 Attachments Yes  
 Application Fee Exempt No Waiver/Deferral Fee No

**Assignor Information**

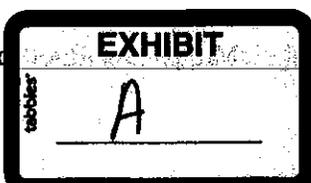
FRN 0005262654 Type General Partnership  
 Name Illinois Valley Cellular RSA 2 - III Partnership P:(815)795-3200  
 ATTN Thomas F. Walsh E:twalsh@ivcel.com  
 200 Riverfront Drive  
 Marseilles, IL 61341  
 Race Gender  
 Ethnicity

**Assignor Contact Information**

Name Lukas, Nace, Gutierrez & Sachs, LLP P:(703)584-8661  
 David L Nace , Esq E:dnace@fcclaw.com  
 1650 Tysons Blvd., Suite 1500  
 McLean, VA 22102

**Assignee Information**

FRN 0001840511 Type General Partnership  
 Name Illinois Valley Cellular RSA 2-I Partnership P:(815)795-3200  
 ATTN Thomas F. Walsh E:twalsh@ivcel.com  
 200 Riverfront Drive  
 Marseilles, IL 61341  
 Real Party In Interest Illinois Valley Cellular RSA 2-I Partnership FRN of Real Party in Interest 0001840511



Race  
Ethnicity

Gender

**Assignee Contact Information**

Name            Lukas, Nace, Gutierrez & Sachs,  
                      LLP  
                      David L Nace , Esq  
                      1650 Tysons Blvd., Sulte 1500  
                      McLean, VA 22102

P:(703)584-8661  
E:dnace@fcclaw.com

**Assignee Qualifications and Ownership Information**

**Alien Ownership**

The Applicant answered "No" to each of the Alien Ownership questions.

**Basic Qualifications**

The Applicant answered "No" to each of the Basic Qualification questions.



# License Manager

FCC > Wireless > Licensing > Online Systems > License Manager

Logged In: (Log Out)

## Assign

**Authorization** Reference Copy FCC 603 Privacy Act  Return to License Manager.: My Applications Help

## Confirmation

Your application has been successfully submitted. Any future reference to this application must be made using the application file number.

File Number	Assignor/Transferor Name	Assignee/Transferee Name	Purpose
#0003700823	Illinois Valley Cellular RSA 2 - III Partnership	Illinois Valley Cellular RSA 2-I Partnership	AA

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## Application Fees

File Number	Payment Type Code	Quantity	Subtotal
No application or regulatory fees are required			

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Federal Communications Commission  
445 12th Street SW  
Washington, DC 20554

Phone: 1-877-480-3201  
TTY: 1-717-338-2824  
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Reference Copy Only. Do Not Mail to the FCC as an Application.

Submitted: 01/13/2009 at 10:42:12  
 File Number: 0003700823

**FCC 603 FCC Application for Assignments of Authorization and Transfers of Control:**  
**Main Form Wireless Telecommunications Bureau**  
**Public Safety and Homeland Security Bureau**

Approved by OMB  
 3080 - 0800  
 See instructions for  
 public burden estimate

**General Information**

1) Application Purpose (Select only one) (AA)	
AA - Assignment of Authorization TC - Transfer of Control	AM - Amendment WD - Withdrawal
NT - Required Notification (For Consummation of an Assignment or Transfer) EX - Request for Extension of Time (To Consummate an Assignment or Transfer)	
2) If this application is for an Amendment (AM) or Withdrawal (WD), enter the File Number of the pending or consented to application currently on file with the FCC.	File Number:
3a) Is this application for Assignment of Authorization or Transfer of Control part of a series of applications involving other wireless license(s) held by the licensee, affiliates of the licensee (e.g., parents, subsidiaries, or commonly-controlled entities), or third parties that are not included on this application and for which Commission approval or notification is required?	( N ) Yes No
3b) If the answer to 3a is 'Y', provide the File Number of the lead application.	File Number:
3c) Does this application for Assignment of Authorization or Transfer of Control involve the assignment or transfer of non-wireless licenses/authorizations for which Commission approval or notification is required?	( N ) Yes No
4) Are attachments being filed with this application?	( Y ) Yes No

**Fees and Waivers**

5a) Is the applicant exempt from FCC application fees? If 'Y', attach an exhibit justifying how the applicant is exempt from FCC application fees.	( N ) Yes No
5b) Is a waiver/deferral of the FCC application fees being requested and the application fees are not being submitted in conjunction with this application? If 'Y', attach a date-stamped copy of the request for waiver/deferral of the FCC application fees.	( N ) Yes No
6a) Does this application include a request for waiver of the Commission's rules (other than a request for application fee waivers)? If 'Y', attach an exhibit specifying the rule section(s) for which a waiver is being requested and including a justification for the waiver request.	( N ) Yes No
6b) If 6a is 'Y', enter the number of rule sections involved.	Number of Rule Sections: _____

**Additional Transaction Information**

7) Has this application for Assignment of Authorization or Transfer of Control already occurred?	( Y ) Yes No
8a) The Assignment of Authorization or Transfer of Control is:	( X ) Voluntary ( ) Involuntary
8b) If 8a is 'Involuntary', provide the date that the event occurred:	(MM/DD/YYYY) / /
9a) Is this application a <i>pro forma</i> Assignment of Authorization or Transfer of Control?	( Y ) Yes No
9b) If 9a is 'Y', is this a post notification that is being filed under the Commission's forbearance procedures pursuant to Section 1.948(c)(1) of the Commission's Rules?	( Y ) Yes No
9c) If 9b is 'Y', provide the consummation date of the Assignment of Authorization or Transfer of Control.	(MM/DD/YYYY) 01/01/2009
10a) Does this application involve the partitioning and/or disaggregation of geographic-area licenses? If 'Y', complete Schedule B and, if applicable, Schedule C.	( N ) Yes No
10b) If 10a is 'N', does this application involve the partial assignment of site-based licenses?	( N ) Yes No

11) How will/has the Assignment of Authorization or Transfer of Control be/been accomplished? Select One: ( S )

Sale or other assignment of assets       Court order       Reorganization or liquidation

Transfer of stock or other ownership interests

Other (voting trust agreement, management contract, etc.): \_\_\_\_\_

**Designated Entity Information** (if 12a, 12b or 12c is 'Y', Schedule A is required to be completed.)

12a) Does this application for Assignment of Authorization or Transfer of Control involve any licenses that were originally awarded with bidding credits within the last five years?	( ) Yes <u>No</u>
12b) Does this application for Assignment of Authorization or Transfer of Control involve any licenses that were originally subject to the Commission's installment payment plan?	( ) Yes <u>No</u>
12c) Does this application for Assignment of Authorization or Transfer of Control involve any licenses that were originally granted pursuant to closed bidding within the last five years?	( ) Yes <u>No</u>

**Competition-Related Information**

13) Does this application for Assignment of Authorization or Transfer of Control involve a license(s) that may be used for interconnected mobile voice and/or data services that would, if assigned or transferred, create a geographic overlap with another license(s) in which the Assignee/Transferee already holds direct or indirect interests (of 10 percent or more), either as a licensee or spectrum lessee/sublessee, and that also could be used to provide interconnected mobile voice and/or data services?	( N ) Yes <u>No</u>
14a) Does the Assignee/Transferee hold direct or indirect interests (of 10 percent or more) in any entity that already has access to 10 MHz or more spectrum in the Cellular Radiotelephone, broadband PCS, or Specialized Mobile Radio (SMR) services through license(s), lease(s), or sublease(s) in the same geographic area?	( N ) Yes <u>No</u>
14b) Would/does this application for Assignment of Authorization or Transfer of Control reduce the number of entities providing service (using spectrum in any of the three services listed in item 14a) in the affected market(s)?	( N ) Yes <u>No</u>

**Broadband Radio Service and Educational Broadband Service Information**

15a) Will the requested facilities be used to provide multichannel video programming?	( ) Yes <u>No</u>
15b) If 15a is 'Y', does the Assignee/Transferee operate, control or have attributable interest (as defined in Section 27.1202 of the Commission's Rules) in a cable television system whose franchise area is located within the geographic area of the requested facilities?  If 'Y', provide an exhibit explaining how the Assignee/Transferee complies with Section 27.1202 of the Commission's Rules or justifying a waiver of that rule. If a waiver of the Commission's Rule(s) is being requested, 6a must be answered 'Y'.	( ) Yes <u>No</u>
16) Does the Assignee/Transferee comply with the programming requirements contained in Section 27.1203 of the Commission's Rules?  If 'N', provide an exhibit explaining how the Assignee/Transferee complies with Section 27.1203 of the Commission's Rules or justifying a waiver of that rule. If a waiver of the Commission's Rule(s) is being requested, 6a must be answered 'Y'.	( ) Yes <u>No</u>

**Assignor/Licensee Information**

17) Assignor/Licensee is a(n): (Select One)			
<input type="checkbox"/> Individual	<input type="checkbox"/> Unincorporated Association	<input type="checkbox"/> Trust	<input type="checkbox"/> Government Entity
<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Company	<input checked="" type="checkbox"/> General Partnership	<input type="checkbox"/> Limited Partnership
<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Consortium	<input type="checkbox"/> Other: _____	
18) FCC Registration Number (FRN): 0005262654			
19) First Name (if individual):	MI:	Last Name:	Suffix:
20) Legal Entity Name (if not an individual): Illinois Valley Cellular RSA 2 - Ill Partnership			
21) Attention To: Thomas F. Walsh			
22) P.O. Box:	And /Or	23) Street Address: 200 Riverfront Drive	
24) City: Marseilles	25) State: IL	26) Zip Code: 61341	
27) Telephone Number: (815)795-3200		28) Fax Number:	
29) E-Mail Address: twalsh@ivcel.com			

**30) Demographics of Assignor/Licensee (Optional):**

<b>Race:</b> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African-American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	<b>Ethnicity:</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
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**Assignor/Licensee Contact Representative**

31) First Name: David	MI: L	Last Name: Nace	Suffix: Esq
32) Company Name: Lukas, Nace, Gutierrez & Sachs, LLP			
33) Attention To:			
34) P.O. Box:	And /Or	35) Street Address: 1650 Tysons Blvd., Suite 1500	
36) City: McLean	37) State: VA	38) Zip Code: 22102	
39) Telephone Number: (703)584-8661		40) Fax Number:	
41) E-Mail Address: dnace@fcdclaw.com			

**Transferor Information (for Transfers of Control only)**

42) Transferor is a(n): (Select One)			
<input type="checkbox"/> Individual	<input type="checkbox"/> Unincorporated Association	<input type="checkbox"/> Trust	<input type="checkbox"/> Government Entity
<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> General Partnership	<input type="checkbox"/> Limited Partnership
<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Consortium	<input type="checkbox"/> Other: _____	
43) FCC Registration Number (FRN):			
44) First Name (if individual):	MI:	Last Name:	Suffix:
45) Legal Entity Name (if not an individual):			
46) Attention To:			
47) P.O. Box:	And /Or	48) Street Address:	
49) City:	50) State:	51) Zip Code:	
52) Telephone Number:		53) Fax Number:	
54) E-Mail Address:			

**55) Demographics of Transferor (Optional):**

<b>Race:</b> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African-American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	<b>Ethnicity:</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
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**Transferor Contact Representative**

56) First Name:	MI:	Last Name:	Suffix:
57) Company Name:			
58) Attention To:			
59) P.O. Box:	And /Or	60) Street Address:	
61) City:	62) State:	63) Zip Code:	
64) Telephone Number:		65) Fax Number:	
66) E-Mail Address:			

**Assignee/Transferee Information**

67) Assignee/Transferee is a(n): (Select One)				
<input type="checkbox"/> Individual	<input type="checkbox"/> Unincorporated Association	<input type="checkbox"/> Trust	<input type="checkbox"/> Government Entity	
<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Company	<input checked="" type="checkbox"/> General Partnership	<input type="checkbox"/> Limited Partnership	
<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Consortium	<input type="checkbox"/> Other: _____		
68) FCC Registration Number (FRN): 0001840511				
69) First Name (if individual):		MI:	Last Name:	
Suffix:				
70) Legal Entity Name (if not an individual): Illinois Valley Cellular RSA 2-1 Partnership				
71) Attention To: Thomas F. Walsh				
72) Real Party in Interest FCC Registration Number (FRN): 0001840511				
73) Name of Real Party in Interest: Illinois Valley Cellular RSA 2-1 Partnership				
74) P.O. Box:		And /Or	75) Street Address: 200 Riverfront Drive	
76) City: Marseilles			77) State: IL	78) Zip Code: 61341
79) Telephone Number: (815)795-3200			80) Fax Number:	
81) E-Mail Address: twalsh@ivcel.com				

**82) Demographics of Assignee/Transferee (Optional):**

<b>Race:</b> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African-American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White		<b>Ethnicity:</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	
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**Assignee/Transferee Contact Representative (if other than Assignee/Transferee)**

83) First Name: David		MI: L	Last Name: Nace	
Suffix: Esq				
84) Company Name: Lukas, Nace, Gutierrez & Sachs, LLP				
85) Attention To:				
86) P.O. Box:		And /Or	87) Street Address: 1650 Tysons Blvd., Suite 1500	
88) City: McLean			89) State: VA	90) Zip Code: 22102
91) Telephone Number: (703)584-8661			92) Fax Number:	
93) E-Mail Address: dnace@fcclaw.com				

**Ownership Disclosure Information**

94a) Is the Assignee/Transferee required to file FCC Form 602, Ownership Disclosure Information for the Wireless Telecommunications Services?	( <input checked="" type="checkbox"/> ) <u>Yes</u> <u>No</u>
94b) If 94a is 'Y', provide the File Number of the FCC Form 602 that is required to be submitted in conjunction with this application or already on file with the FCC.	File Number: <u>0003074877</u>

**Alien Ownership Information**

95) Is the Assignee/Transferee a foreign government or the representative of any foreign government?	( <input type="checkbox"/> ) <u>Yes</u> <u>No</u>
96) Is the Assignee/Transferee an alien or the representative of an alien?	( <input type="checkbox"/> ) <u>Yes</u> <u>No</u>
97) Is the Assignee/Transferee a corporation organized under the laws of any foreign government?	( <input type="checkbox"/> ) <u>Yes</u> <u>No</u>
98) Is the Assignee/Transferee a corporation of which more than one-fifth of the capital stock is owned of record or voted by aliens or their representatives or by a foreign government or representative thereof or by any corporation organized under the laws of a foreign country?	( <input type="checkbox"/> ) <u>Yes</u> <u>No</u>
99a) Is the Assignee/Transferee directly or indirectly controlled by any other corporation of which more than one-fourth of the capital stock is owned of record or voted by aliens, their representatives, or by a foreign government or representative thereof, or by any corporation organized under the laws of a foreign country?	( <input type="checkbox"/> ) <u>Yes</u> <u>No</u>
99b) If 99a is 'Y', has the Assignee/Transferee received a ruling(s) under Section 310(b)(4) of the Communications Act with respect to the same radio service(s) and geographic coverage area(s) involved in this application?  If 99b is 'N', attach a date-stamped copy of a request for a foreign ownership ruling pursuant to Section 310(b)(4) of the Communications Act.	( <input type="checkbox"/> ) <u>Yes</u> <u>No</u>

**Basic Qualification Information**

100) Has the Assignee/Transferee or any party to this application had any FCC station authorization, license or construction permit revoked or had any application for an initial, modification or renewal of FCC station authorization, license, or construction permit denied by the Commission?	( <input type="checkbox"/> ) <u>Yes</u> <u>No</u>
101) Has the Assignee/Transferee or any party to this application, or any party directly or indirectly controlling the Assignee/Transferee ever been convicted of a felony by any state or federal court?	( <input type="checkbox"/> ) <u>Yes</u> <u>No</u>
102) Has any court finally adjudged the Assignee/Transferee, or any party directly or indirectly controlling the Assignee/Transferee guilty of unlawfully monopolizing or attempting unlawfully to monopolize radio communication, directly or indirectly, through control of manufacture or sale of radio apparatus, exclusive traffic arrangement, or any other means or unfair methods of competition?	( <input type="checkbox"/> ) <u>Yes</u> <u>No</u>

**Assignor/Transferor Certification Statements**

- 1) The Assignor/Transferor certifies either that (1) the authorization will not be assigned or that control of the license(s) will not be transferred until the consent of the Federal Communications Commission has been given, or (2) prior Commission consent is not required because the transaction is subject to streamlined notification procedures for *pro forma* assignments and transfers by telecommunications carriers. See Section 1.948(c)(1) of the Commission's Rules.
- 2) The Assignor/Transferor certifies that all statements made in this application and in the exhibits, attachments, or documents incorporated by reference are material, are part of this application, and are true, complete, correct, and made in good faith.
- 3) The Assignor/Transferor certifies that it is not in default on any payment for Commission licenses and that it is not delinquent on any non-tax debt owed to any federal agency.

**Typed or Printed Name of Party Authorized to Sign**

103) First Name: Glenn	MI: E	Last Name: Rauh	Suffix:
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104) Title: Chairman

Signature: Glenn E Rauh	105) Date: 01/13/2009
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**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).**

**Assignee/Transferee Certification Statements**

1)	The Assignee/Transferee certifies either that (1) the authorization(s) will not be assigned or that control of the license(s) will not be transferred until the consent of the Federal Communications Commission has been given, or (2) prior Commission consent is not required because the transaction is subject to streamlined notification procedures for <i>pro forma</i> assignments and transfers by telecommunications carriers. See Section 1.948(c)(1) of the Commission's Rules.
2)	The Assignee/Transferee waives any claim to the use of any particular frequency or of the electromagnetic spectrum as against the regulatory power of the United States because of the previous use of the same, whether by license or otherwise, and requests an authorization in accordance with this application.
3)	The Assignee/Transferee certifies that grant of this application would not cause the Assignee or Transferee to be in violation of any pertinent cross-ownership or attribution rules.* *If the Assignee/Transferee has sought a waiver of any such rule in connection with this application, it may make this certification subject to the outcome of the waiver request.
4)	The Assignee/Transferee agrees to assume all obligations and abide by all conditions imposed on the Assignor/Transferor under the subject authorization(s), unless the Federal Communications Commission pursuant to a request made herein otherwise allows, except for liability for any act done by, or any right accrued by, or any suit or proceeding had or commenced against the Assignor/Transferor prior to this assignment/transfer.
5)	The Assignee/Transferee certifies that all statements made in this application and in the exhibits, attachments, or documents incorporated by reference are material, are part of this application, and are true, complete, correct, and made in good faith.
6)	The Assignee/Transferee certifies that neither it nor any other party to the application is subject to a denial of Federal benefits pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. § 862, because of a conviction for possession or distribution of a controlled substance. See Section 1.2002(b) of the Commission's Rules for the definition of "party to the application" as used in this certification.
7)	The Assignee/Transferee certifies that it is not in default on any payment for Commission licenses and that it is not delinquent on any non-tax debt owed to any federal agency.

**Typed or Printed Name of Party Authorized to Sign**

106) First Name: Glenn	MI: E	Last Name: Rauh	Suffix:
107) Title: Chairman			
Signature: Glenn E Rauh			108) Date: 01/13/2009
<b>FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID.</b>			
<b>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).</b>			

**Authorizations To Be Assigned or Transferred**

108) Call Sign	109) Radio Service Code	110) Location Number	111) Path Number (Microwave only)	112) Frequency Number	113) Lower or Center Frequency (MHz)	114) Upper Frequency (MHz)	115) Constructed Yes / No
KNKN581	CL - Cellular						Y
WMM679	CF - Common Carrier Fixed Point to Point Microwave						Y
WMM680	CF - Common Carrier Fixed Point to Point Microwave						Y
WMS806	CF - Common Carrier Fixed Point to Point Microwave						Y
WMS807	CF - Common Carrier Fixed Point to Point Microwave						Y
WMS808	CF - Common Carrier Fixed Point to Point Microwave						Y

Attachment(s):

Type

Description

Date Entered

N

Summary of Transaction

01/13/2009

**SUMMARY OF TRANSACTION**

This filing is to notify the Commission of a *pro forma* assignment of radio station authorizations held by Illinois Valley Cellular RSA 2-III Partnership to Illinois Valley Cellular RSA 2-I Partnership, effective January 1, 2009. Both the assignor and assignee have identical ownership interests.

Consistent with the requirements of Section 1.948(c)(1) of the rules, the parties to this filing certify that:

- (i) the affected licenses are not subject to unjust enrichment provisions under Subpart Q of Part 1 of the rules;
- (ii) the transfer or assignment does not involve a proxy contest; and
- (iii) the assignee is providing notice of the transaction by filing FCC Form 603 within 30 days of its completion, and any necessary updates of ownership information on FCC Form 602 have been submitted.