

Mississippi Secretary of State
 Heber Ladner Building, 401 Mississippi Street
 P. O. Box 136, Jackson, MS 39205

Agency: Commercial Mobile Radio Service Board	Person to contact: JOEL SANDIFER
Address P. O. Box 22964	Address P. O. Box 22964
Jackson, MS 39225-2964	Jackson, MS 39225-2964
Phone 662-335-1945	Transmittal date

Copy attached: Yes No

Name or number of rule(s) See attached rule
 Terms or substance of the actions or description of the subject and issues: Section IV H. is a new rule. It is necessary in order to can reimbursements for Phase I initial and amended plans due to Section 19-5-333(5).

Printed name and title
 of person authorized to file rules:

Joel Sandifer

Chairman

Name

Title

Joel Sandifer
 Signature

<p>EMERGENCY RULES <input type="checkbox"/> Original filing <input type="checkbox"/> Renewal of effectiveness To be in effect <input type="checkbox"/> days Effective date: <input type="checkbox"/> Immediately on <input type="checkbox"/> Other (specify):</p>	<p>PROPOSED ACTION ON RULES Action proposed: <input type="checkbox"/> New rule(s) <input type="checkbox"/> Amendment to existing rule(s) <input type="checkbox"/> Repeal of existing rule(s) <input type="checkbox"/> Adoption by reference Proposed date of adoption: <input type="checkbox"/> 30 days after filing <input type="checkbox"/> Other (specify):</p>	<p>FINAL ACTION ON RULES Action taken: <input checked="" type="checkbox"/> Adopted with no changes in text <input type="checkbox"/> Adopted with changes <input type="checkbox"/> Adopted by reference <input type="checkbox"/> Withdrawn Date action taken _____ Effective date <input checked="" type="checkbox"/> 30 days after filing <input type="checkbox"/> Other (specify):</p>
<p align="center">OFFICIAL FILING STAMP</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div> <p>Accepted for filing by _____</p>	<p align="center">DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div> <p>Accepted for filing by _____</p>	<p align="center">OFFICIAL FILING STAMP</p> <div style="border: 1px solid black; padding: 10px; text-align: center;"> <p>FILED JUL 30 2004 MISSISSIPPI SECRETARY OF STATE</p> </div> <p>Accepted for filing by <i>J. H. [Signature]</i></p>

SECTION IV

COST RECOVERY

- H. No Phase I costs incurred by a carrier more than 12 months prior to receipt of the carrier's initial or amended cost recovery plan by the CMRS Board will be considered or reimbursed. Carrier's initial or amended Phase I cost recovery plan must be submitted by a method requiring delivery receipt (Certified return receipt mail, Fed EX, etc.)

Mississippi Secretary of State
 Heber Ladner Building, 401 Mississippi Street
 P. O. Box 136, Jackson, MS 39205

Agency: Commercial Mobile Radio Service Board	Person to contact: JOEL SANDIFER
Address P. O. Box 22964	Address P. O. Box 22964
Jackson, MS 39225-2964	Jackson, MS 39225-2964
Phone 662-335-1945	Transmittal date

Copy attached: Yes No

Name or number of rule(s) See attached rule

Terms or substance of the actions or description of the subject and issues: Section IV H. is a new rule. It is necessary in order to can reimbursements for Phase I initial and amended plans due to Section 19-5-333(5).

Printed name and title
 of person authorized to file rules:

Joel Sandifer

Chairman

Name

Title

Joel Sandifer
 Signature

<p>EMERGENCY RULES <input type="checkbox"/> Original filing <input type="checkbox"/> Renewal of effectiveness To be in effect <input type="checkbox"/> days Effective date: <input type="checkbox"/> Immediately on <input type="checkbox"/> Other (specify):</p>	<p>PROPOSED ACTION ON RULES Action proposed: <input type="checkbox"/> New rule(s) <input type="checkbox"/> Amendment to existing rule(s) <input type="checkbox"/> Repeal of existing rule(s) <input type="checkbox"/> Adoption by reference Proposed date of adoption: <input type="checkbox"/> 30 days after filing <input type="checkbox"/> Other (specify):</p>	<p>FINAL ACTION ON RULES Action taken: <input checked="" type="checkbox"/> Adopted with no changes in text <input type="checkbox"/> Adopted with changes <input type="checkbox"/> Adopted by reference <input type="checkbox"/> Withdrawn Date action taken _____ Effective date <input checked="" type="checkbox"/> 30 days after filing <input type="checkbox"/> Other (specify):</p>
<p align="center">OFFICIAL FILING STAMP</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div> <p>Accepted for filing by _____</p>	<p align="center">DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div> <p>Accepted for filing by _____</p>	<p align="center">OFFICIAL FILING STAMP</p> <div style="border: 1px solid black; padding: 10px; text-align: center;"> <p>FILED JUL 30 2004 MISSISSIPPI SECRETARY OF STATE</p> </div> <p>Accepted for filing by <u>J. H. [Signature]</u></p>

SECTION IV

COST RECOVERY

- H. No Phase I costs incurred by a carrier more than 12 months prior to receipt of the carrier's initial or amended cost recovery plan by the CMRS Board will be considered or reimbursed. Carrier's initial or amended Phase I cost recovery plan must be submitted by a method requiring delivery receipt (Certified return receipt mail, Fed EX, etc.)

Mississippi Secretary of State
 Heber Ladner Building, 401 Mississippi Street
 P. O. Box 136, Jackson, MS 39205

Agency: Commercial Mobile Radio Service Board	Person to contact: JOEL SANDIFER
Address P. O. Box 22964	Address P. O. Box 22964
Jackson, MS 39225-2964	Jackson, MS 39225-2964
Phone 662-335-1945	Transmittal date _____

Copy attached: Yes No

Name or number of rule(s) See attached rule

Terms or substance of the actions or description of the subject and issues: Section IV H. is a new rule. It is necessary in order to can reimbursements for Phase II initial and amended plans due to Section 19-5-333(S).

Printed name and title
 of person authorized to file rules:

Joel Sandifer

Chairman

Name

Title

Signature

<p>EMERGENCY RULES</p> <p><input type="checkbox"/> Original filing</p> <p><input type="checkbox"/> Renewal of effectiveness</p> <p>To be in effect _____ days</p> <p>Effective date:</p> <p><input type="checkbox"/> Immediately on</p> <p><input type="checkbox"/> Other (specify): _____</p>	<p>PROPOSED ACTION ON RULES</p> <p>Action proposed:</p> <p><input checked="" type="checkbox"/> New rule(s)</p> <p><input type="checkbox"/> Amendment to existing rule(s)</p> <p><input type="checkbox"/> Repeal of existing rule(s)</p> <p><input type="checkbox"/> Adoption by reference</p> <p>Proposed date of adoption:</p> <p><input checked="" type="checkbox"/> 30 days after filing</p> <p><input type="checkbox"/> Other (specify): _____</p>	<p>FINAL ACTION ON RULES</p> <p>Action taken:</p> <p><input type="checkbox"/> Adopted with no changes in text</p> <p><input type="checkbox"/> Adopted with changes</p> <p><input type="checkbox"/> Adopted by reference</p> <p><input type="checkbox"/> Withdrawn</p> <p>Date action taken _____</p> <p>Effective date</p> <p><input type="checkbox"/> 30 days after filing</p> <p><input type="checkbox"/> Other (specify): _____</p>
<p>OFFICIAL FILING STAMP</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>	<p>DO NOT WRITE BELOW THIS LINE</p> <p>OFFICIAL FILING STAMP</p> <div style="text-align: center; font-size: 2em; font-weight: bold; margin: 10px 0;">FILED</div> <p style="font-size: 1.2em; margin: 5px 0;">JUL 30 2004</p> <p style="margin: 5px 0;">MISSISSIPPI</p> <p style="margin: 5px 0;">SECRETARY OF STATE</p>	<p>OFFICIAL FILING STAMP</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
<p>Accepted for filing by _____</p>	<p>Accepted for filing by <u><i>[Signature]</i></u></p>	<p>Accepted for filing by _____</p>

SECTION IV

COST RECOVERY

H. (2) No Phase II costs incurred by a carrier more than 12 months prior to receipt of the carrier's initial or amended cost recovery plan by the CMRS Board will be considered or reimbursed. Carrier's initial or amended Phase II cost recovery plan must be submitted by a method requiring delivery receipt (Certified return receipt mail, Fed EX, etc.)

Mississippi Secretary of State
 Heber Ladner Building, 401 Mississippi Street
 P. O. Box 136, Jackson, MS 39205

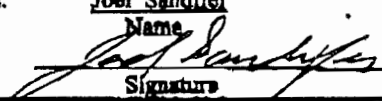
Agency: Commercial Mobile Radio Service Board	Person to contact JOEL SANDIFER
Address P. O. Box 22964	Address P. O. Box 22964
Jackson, MS 39225-2964	Jackson, MS 39225-2964
Phone 662-335-1945	Transmittal date _____

Copy attached: Yes No

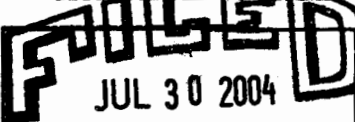

Name or number of rule(s) See attached rule

Terms or substance of the actions or description of the subject and issues: Section V.D. Request for Records. To provide access to records to the public in accordance with the Public Records Act, Miss. Code Ann. Section 25-61-5.

Printed name and title
 of person authorized to file rules:

Joel Sandifer
 Name

 Signature

Chairman
 Title

<p>EMERGENCY RULES</p> <p><input type="checkbox"/> Original filing</p> <p><input type="checkbox"/> Renewal of effectiveness</p> <p>To be in effect _____ days</p> <p>Effective date:</p> <p><input type="checkbox"/> Immediately on</p> <p><input type="checkbox"/> Other (specify): _____</p>	<p>PROPOSED ACTION ON RULES</p> <p>Action proposed:</p> <p><input checked="" type="checkbox"/> New rule(s)</p> <p><input type="checkbox"/> Amendment to existing rule(s)</p> <p><input type="checkbox"/> Repeal of existing rule(s)</p> <p><input type="checkbox"/> Adoption by reference</p> <p>Proposed date of adoption:</p> <p><input checked="" type="checkbox"/> 30 days after filing</p> <p><input type="checkbox"/> Other (specify): _____</p>	<p>FINAL ACTION ON RULES</p> <p>Action taken:</p> <p><input type="checkbox"/> Adopted with no changes in text</p> <p><input type="checkbox"/> Adopted with changes</p> <p><input type="checkbox"/> Adopted by reference</p> <p><input type="checkbox"/> Withdrawn</p> <p>Date action taken _____</p> <p>Effective date</p> <p><input type="checkbox"/> 30 days after filing</p> <p><input type="checkbox"/> Other (specify): _____</p>
<p>OFFICIAL FILING STAMP</p> <div data-bbox="41 1191 398 1450" style="border: 1px solid black; height: 150px; width: 100%;"></div> <p>Accepted for filing by _____</p>	<p align="center">DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP</p> <div data-bbox="425 1158 786 1438" style="border: 1px solid black; padding: 10px; text-align: center;">  JUL 30 2004 MISSISSIPPI SECRETARY OF STATE </div> <p>Accepted for filing by </p>	<p>OFFICIAL FILING STAMP</p> <div data-bbox="811 1191 1169 1450" style="border: 1px solid black; height: 150px; width: 100%;"></div> <p>Accepted for filing by _____</p>

Section V

D. Open Records Request

Any individual seeking to inspect, copy or mechanically reproduce or obtain a reproduction of any public record of the board should make a written request, signed by themselves to be mailed to the present custodian of the records, Horne CPA, P.O. Box 22964, Jackson, MS, 39225-2964. This rule is not intended to apply to any record or other document, which is exempt under the provisions of 19-5-331 et. seq., Miss. Code Ann. or the provisions of the Open Records Act.

The written request must be typed or clearly hand printed on a letter size piece of paper and shall specify in detail the public record sought. The request should include if possible a description of the type of record, dates, title of a publication, and other information which may aid in locating the record.

The written request must specify what the applicant proposes to do with the record, i.e., inspect, copy, etc; state the date and time for the proposed activity; state the number of persons scheduled to participate; and shall provide the name, address, and home and office telephone number of the applicant.

The custodian of records, upon receipt of any such request, shall review same and determine whether the records sought are exempt and shall either produce records or access to records or deny access to or production of the records sought within fourteen (14) working days of the receipt of the request.

All inspection, copying or mechanical reproduction shall be done in the offices of the board or such other reasonable place within the State of Mississippi as may be designated by the CMRS Board. It shall be the duty of the applicant to contact the custodian of records by phone before noon of the first working day preceding the proposed date set out in the application to determine if same is acceptable and, if not, what date and/or time will be substituted.

When possible, nonexempt material will be separated from exempt material and only the exempt material will be withheld.

If the custodian of records determines that the records requested are exempt or privileged under the law, he shall deny the request and shall end the person making the request a statement of specific reasons for the denial. Such denials shall be kept on file for inspection by any person for three (3) years.

The custodian of records is authorized to calculate the estimated cost of searching, obtaining from storage, reviewing, shipping and/or duplicating records and to require payment in advance of such estimated charges prior to complying with the request. There shall be a charge of \$0.50

per page for each copy. Copies printed on both sides (front & back) shall be considered as two pages for copy charge purposes. Mailing cost shall be calculated at the applicable rate for each

such mailing. If the request involves notice be given to a third party, the cost of mailing such notice via certified mail return receipt requested shall be charged to the person requesting such public records. In the event the actual cost of such activity exceeds the estimate, the custodian of records is authorized to withhold, mailing or delivery of said documents or to delay the inspection until the difference is paid.

There shall be no charge for inspection of the current CMRS board records maintained at the custodian of records' office. Cost of obtaining records from any state storage facilities and the search for it shall be charged to the applicant.