

**U S Cellular Municipal Tax Settlement Claim Form**

<CITY\_NAME>  
 <ADDRESS1>  
 <ADDRESS2>, Missouri <ZIP>

If you want to participate in the Settlement, you must complete this form and submit it along with the necessary claim information to the address below, postmarked by January 18, 2007, after first reading the attached NOTICE.

**PAYMENT OF PAST TAX LIABILITY**

The Past Tax Payment that would be payable to you is as follows:

<i>Business License Tax on gross receipts for through 10/31/2007 at &lt;RATE&gt; (see Notice for details)</i>	<GRT_AMOUNT>
<i>Business License Tax at flat rate of &lt;FLAT_RATE&gt; per year for 9/1/2005 through 10/31/2007</i>	<FLAT_AMOUNT>
<i>Business License Tax on &lt;ANT_COUNT&gt; antenna(s) for 9/1/2005 through 10/31/2007</i>	<ANT_AMOUNT>
<b>subtotal</b>	<BLT_SUBTOTAL>
<b>LESS tax paid and Protested Tax paid by U S Cellular that will be released to you</b>	<PROT_TAX>
<b>PAST TAX PAYMENT</b>	<PAST_TAX_LIAB>

If you disagree with the amount of the Past Tax Payment, you must submit a detailed explanation as to why you believe the amount was incorrectly calculated. If you are unable to agree with U S Cellular on the amount of the Past Tax Payment, you may either opt-out of the settlement or accept the amount of the Past Tax Payment as calculated by U S Cellular.

Please indicate where your Past Tax Payment should be sent by checking one of the following two options:

- OPTION 1:** Make the check payable in the name of the Municipality listed above and mail it to the duly authorized representative listed below; OR
- OPTION 2:** Make the Past Tax Payment as follows:

Make Check Payable To: \_\_\_\_\_

Mail Check to the Attention of: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

**ASSIGNMENT TO MISSOURI MUNICIPAL LEAGUE OR ST. LOUIS COUNTY MUNICIPAL LEAGUE**

- If you wish to assign part of your Past Tax Payment to the Missouri Municipal League or the St. Louis County Municipal League (if you are located within St. Louis County), please mark this box and enter the amount here: \$\_\_\_\_\_ (the assigned amount may not exceed \$<amount>). **Please Note: the amount of the Past Tax Payment you receive will be directly reduced by the amount assigned to the Missouri Municipal League or St. Louis County Municipal League.**

**CLAIM INFORMATION**

**In order to obtain the benefits of the Settlement, you must attach BOTH of the following to this Claim Form:**

- Copies of the ordinances or municipal code provisions imposing Business License Tax between September 1, 2005 and October 31, 2007 (or, if you are in the St. Louis market, between July 1, 2005 and October 31, 2007).
- Copies of an ordinance enacted by the Municipality accepting all terms and provisions of the Settlement Agreement, or other acknowledgment that the Municipality agrees to be bound by the terms of the Settlement Agreement if approved by the Court as well as an opinion of counsel, addressed to U S Cellular, that the Settlement Agreement, if approved by the Court, is a binding obligation of the Municipality. If you have elected to make an assignment to the Missouri Municipal League or St. Louis County Municipal League, the ordinance or other acknowledgment must expressly authorize the assignment. Sample acceptable ordinances are attached; *provided, however*, you should consult with legal counsel to determine an appropriate ordinance for you.

**The Municipality's duly authorized representative, to whom all inquiries regarding this Claim Form may be directed, is:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

**The Municipality's duly authorized representative, to whom all inquiries regarding its Business License Tax may be directed, is:**

- Same as above     Other:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

**I certify that:**

1. I am authorized to submit the Claim Form on behalf of the Municipality identified above and to make the representations set forth in this Claim Form on behalf of the Municipality;
2. After due inquiry, the information contained in and submitted with this Claim Form is complete and accurate to the best of my knowledge and that of the Municipality;
3. The Municipality agrees to be bound by the terms of the Settlement Agreement if approved by the Court; and
4. Prior to submitting the Claim Form, the Municipality has taken all actions necessary for the Settlement Agreement to be enforceable against the Municipality.

\_\_\_\_\_  
Signature of Duly Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

**MAIL YOUR COMPLETED CLAIM FORM TO**

John Reilly  
U.S. Cellular  
8410 W. Bryn Mawr Ave.  
Chicago, IL 60631