

**Annual Survey of Telecommunications  
2006**Si vous préférez ce questionnaire  
en français, veuillez cocher **Resellers, Competitive Pay Telephone Service Providers (CPTSP)**

<b>Respondent company</b>	<i>Please correct pre-printed label information, if necessary, using the corresponding boxes below:</i>	
	Legal Name	
	Operating or Trade Name (if different from legal name):	
	Mail contact person for this survey (please print clearly):	
	Job Title:	
	Street:	
	City:	
	Province:	Postal Code:
	Telephone:	Fax:
	E-mail:	Website:

**Information for Respondents****Survey Objective**

This survey collects financial and operating data for the statistical measurement and analysis of the telecommunications industry (telecom carriage or resale). These data will be aggregated to produce estimates of national and provincial economic production in Canada as well as estimates of activity by industry. These estimates are used by government, the private sector, international telecommunications organizations, academics, analysts, and the general public to better understand this sector's role in the social and economic fabric of Canada. Selected results of this survey will be published in Statistics Canada Catalogue No. 56-001-XIE.

**Authority**

This survey is collected under the authority of the Statistics Act, Revised Statutes of Canada, 1985, Chapter S19. Completion of this questionnaire is a legal requirement under this Act.

**Confidentiality**

Statistics Canada is prohibited by law from publishing or releasing any statistics which would divulge information obtained from this survey relating to any identifiable business without the previous written consent of that business. **The data on this questionnaire will be treated in confidence, used for statistical purposes and published in aggregate form only.** The confidentiality provisions of the Statistics Act are not affected by the Access to Information Act or any other legislation. **Please note that Statistics Canada does not share any individual responses with Canada Customs and Revenue Agency.**

**Data Sharing Agreements**

To reduce response burden and to ensure more uniform statistics, Statistics Canada has entered into a data sharing agreement under section 11 of the *Statistics Act* with the Institut de la statistique du Québec, to share information from this survey concerning respondents' Quebec operations, and under section 12 of the *Statistics Act* with the Canadian Radio-television and Telecommunications Commission (CRTC), for the sharing of information from all respondents.

The Quebec Statistics Act gives the Institut de la statistique du Québec the authority to collect the information requested in this report on their own and it contains the same provisions for confidentiality and penalties for disclosure of information as the federal Statistics Act.

Subsection 12(2) of the Statistics Act provides that where a respondent gives notice in writing to the Chief Statistician that the respondent objects to the sharing of the information by the Statistics Canada, the information not be shared with the department or corporation unless the department or corporation is authorized by law to require the respondent to provide the information. The CRTC is authorized by law to require the respondent to provide the information under section 37 of the Telecommunications Act. Information provided to the CRTC will be treated in accordance with the requirements of section 39 of the Telecommunications Act.

**Reporting Period**

This questionnaire should be completed for your most recent fiscal year ending no later than March 31, 2007.

**Return Procedures**

Please return the completed questionnaire(s) within **45 days** of receipt in the enclosed envelope or by facsimile to (613) 951-9920. If you anticipate difficulty in making this deadline, please inform Statistics Canada of your expected filing date.

**Reporting Instructions**

Please complete all questions that pertain to your operations; cross out cells or sections that do not apply to your company to reduce the likelihood of follow-up call-backs to verify missing information. Detailed instructions and definitions of terms used in the questionnaire are found in the Reporting Guide. Please refer to the Reporting Guide in order to ensure your responses are consistent with those provided by other respondents.

**Assistance**

If you require further assistance or need additional forms, please contact:

Telecommunications Section  
Science, Innovation and Electronic Information Division  
Statistics Canada  
R.H. Coats Building, Floor 7  
Ottawa, Ontario, K1A 0T6

Cimeron McDonald  
Phone: (613) 951-2741  
E-mail:  
cimeron.mcdonald@statcan.ca  
Fax: (613) 951-9920

Mary Hector  
Phone: (613) 951-1918  
E-mail:  
mary.hector@statcan.ca  
Fax: (613) 951-9920

**Thank you for your co-operation**

## Respondent Information

100

**A. Type of business organization:**

- |                                                       |                                                                                                                                    |                                                                            |
|-------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| <input type="checkbox"/> A single corporation         | <input type="checkbox"/> Consolidated family of corporations*<br>• complete the back page<br>• do not include foreign subsidiaries | <input type="checkbox"/> Part of a corporation<br>(e.g., branch, division) |
| <input type="checkbox"/> Provincial government system | <input type="checkbox"/> Municipal system                                                                                          | <input type="checkbox"/> Co-operative                                      |
| <input type="checkbox"/> Sole proprietorship          | <input type="checkbox"/> Joint venture                                                                                             | <input type="checkbox"/> Partnership                                       |
| <input type="checkbox"/> Other (please specify) _____ |                                                                                                                                    |                                                                            |

\* *Consolidated family of corporations* - If you are including more than one legal or operating entity on a single questionnaire, please fill out **Information Concerning Consolidated Reporting** on the back of the questionnaire. Please see the Respondent Information section in the Reporting Guide for more information on multiple unit reporting. In general, if your organization operates distinct business units (a corporation or organizational unit) offering different telecommunications services (see Industry Classification section, Page iii) for which you maintain separate financial statements, please complete a questionnaire for each unit. For more forms, contact Statistics Canada at (613) 951-2741. **Do not consolidate foreign subsidiaries in this report.**

**B. Foreign ownership** (estimates are acceptable):

- |                                                                                                                                                                                                                     |                                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|
| a) What percentage of this company's common (voting) shares were foreign owned at year end?                                                                                                                         | 101<br><input style="width: 80px;" type="text"/> % |
| b) If applicable, what percentage of this company's parent company's shares were foreign owned at year end?                                                                                                         | 102<br><input style="width: 80px;" type="text"/> % |
| c) What percentage of this company's ( <b>voting and non-voting</b> ) shares were ultimately foreign owned at year end? (e.g., through direct and/or indirect control by holding companies, parent companies, etc.) | 104<br><input style="width: 80px;" type="text"/> % |

**C. Legal changes:**

If your organization has undergone legal changes during its past fiscal year, or is reporting for other than a 12-month fiscal year, please check (✓) the appropriate box(es) below and provide a brief explanation and the date(s) of the event(s). If the legal change involved other companies, please provide their legal names:

- |                                                                                                                 |                                                           |                                                             |                                                                               |
|-----------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------------------------|
| <input type="checkbox"/> <sup>201</sup> New business                                                            | <input type="checkbox"/> <sup>202</sup> Ceased operations | <input type="checkbox"/> <sup>203</sup> Change of ownership | <input type="checkbox"/> <sup>204</sup> Merger/Amalgamation/Split-up/Spin-off |
| <input type="checkbox"/> <sup>205</sup> Other (Please describe - attach additional pages if necessary). ➤ _____ |                                                           |                                                             |                                                                               |
| _____                                                                                                           |                                                           |                                                             |                                                                               |
| _____                                                                                                           |                                                           |                                                             |                                                                               |

300

**D. Please enter your nine digit GST Registered Account/Business Number:**

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**E. Reporting period:**

This questionnaire should be completed for your most recent fiscal period ending no later than March 31, 2006. If you are reporting a fiscal period of more or less than 12 months, please explain in section C, above.

Y Y Y Y      M M      D D From: <input style="width: 100px;" type="text"/>	Y Y Y Y      M M      D D To: <input style="width: 100px;" type="text"/>
-------------------------------------------------------------------------------	-----------------------------------------------------------------------------

# Telecommunications Industry Classification

400

**A. Please indicate (✓) which of the following account for more than 50 percent of your operating revenues:**  
(check one only)

- Facilities-based telecommunications services  Reselling of telecommunications services
- Non-telecommunications activity (Please describe your main revenue activities and return this form in the envelope provided)

➤ \_\_\_\_\_  
\_\_\_\_\_

**B. Please indicate (✓) the telecommunications services provided:**

Telecommunications service	Facilities-based <sup>1</sup>	Reseller
Wireline Telecommunications	401 <input type="checkbox"/>	402 <input type="checkbox"/>
Competitive Pay Telephone Service	419 <input type="checkbox"/>	420 <input type="checkbox"/>
Mobile Telephony <sup>2</sup>	403 <input type="checkbox"/>	404 <input type="checkbox"/>
Mobile Data	421 <input type="checkbox"/>	422 <input type="checkbox"/>
Radio Common Carriage (RCC)	405 <input type="checkbox"/>	406 <input type="checkbox"/>
Paging, Narrowband PCS	407 <input type="checkbox"/>	408 <input type="checkbox"/>
Wireless Broadband (Multipoint)	409 <input type="checkbox"/>	410 <input type="checkbox"/>
Fixed Wireless (Local loop)	411 <input type="checkbox"/>	412 <input type="checkbox"/>
Satellite (Fixed)	413 <input type="checkbox"/>	414 <input type="checkbox"/>
Satellite (Mobile)	415 <input type="checkbox"/>	416 <input type="checkbox"/>
Other (Please specify) ➤	417 <input type="checkbox"/>	418 <input type="checkbox"/>

Complete this questionnaire if you do not own facilities-based wireline services, (e.g., resellers and CPTS providers). Companies that own facilities should contact Statistics Canada for the facilities-based Wireline questionnaire.

Contact Statistics Canada for the appropriate Wireless Telecommunications questionnaire if more than half of your revenues are from the services listed here.

<sup>1</sup> ownership of transmission facilities (wire, cable, radio, optical or other electromagnetic system), other than switching equipment.  
<sup>2</sup> cellular, PCS, ESMR, air-to-ground, automatic mobile telephony

**C. Please check (✓) all areas of operation** (areas where respondent has employees):

- 501 B.C.  
  502 Alta.  
  503 Sask.  
  504 Man.  
  505 Ont.  
  506 Que.  
  507 N.B.  
  508 N.S.  
  509 P.E.I.  
  510 N.L.  
  511 Y.T.  
  512 N.W.T.  
  513 Nvt.

➔ Please complete the appendix if more than one box is checked in question C.

## Follow-up Contacts

Additional person(s) to contact for follow-up information: (Please print)

Contact Module(s):

Contact telephone number(s):

## Certification

Please print the name of the person responsible for this return:

Please estimate the amount of time to complete this questionnaire

600    .   Hour(s)

Signature:

*I certify that the information provided in this report is complete and correct to the best of my knowledge.*

Title of signator:

Date completed:

**MODULE 1. OPERATING REVENUES**

**Telecommunications Operating Revenues**

**Total**  
(thousands of dollars)

**Wholesale (Carrier) Services**

(revenues from other telecom service providers for (re)sale to end users)

A. Interconnection/settlements receipts	1006	
B. Circuit / line rentals	1010	
C. Wholesale long distance (outbound toll, toll free, etc.)	1305	
D. Other wholesale services (Please specify) ➤	1013	
<b>Total - Wholesale (Carrier) Services</b>		<b>1014</b>

**Retail Services:**

(revenues from end users)

A. Local telephony:		
1. Access, fixed rate and measured services	1017	
2. Pay phones	1018	
3. Other local services n.e.c. (Please specify) ➤	1021	
<b>Total - Local telephony</b>		<b>1022</b>

B. Long distance telephony:		
1. Outbound services	1031	
2. Toll free services (1-8xx, etc.)	1034	
3. Pay phones	1035	
4. Other long distance services n.e.c. (Please specify) ➤	1038	
<b>Total - Long distance telephony</b>		<b>1039</b>

C. High speed circuit switched							
Packet-switched (report retail Internet activity in "N-T Opr. Rev.")	1040	Narrowband	1045	Wideband	1050	Broadband	1401
D. Non-switched (private line services)	1041	Narrowband	1046	Wideband	1051	Broadband	1402
F. Calling features							1054
G. Connection (activation, deactivation, one-time charges)							1057

H. Other telecommunications revenues:		
1. (Please specify) ➤		1060
2. (Please specify) ➤		1063
3. (Please specify) ➤		1066
4. Residual		1069

<b>Total - Retail Services</b> (sum of cells 1022, 1039, 1400, 1401, 1402, 1054, 1057, 1060, 1063, 1066 and 1069)	<b>1306</b>
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<b>Total - Telecommunications Operating Revenues</b> (sum of bolded cells)	<b>1070</b> (1014 + 1306)
----------------------------------------------------------------------------	---------------------------

	Residential (#)	Business (#)	Total (#)
<b>Telecom Customer Accounts</b> (at year end)	1071	1072	1073

**MODULE 1. OPERATING REVENUE — Concluded**

<b>Other Operating Revenues</b>	<b>Total</b> (thousands of dollars)
A. Sale of telecommunications goods <i>(Please specify)</i>	1079
B. Retail Internet access	1085
C. Late payment and related charges	1302
D. Other (non-telecommunications) operating revenues:	
1. <i>(Please specify)</i> ➤	1094
2. <i>(Please specify)</i> ➤	1097
3. Residual	1100
	<b>1101</b>
<b>Total - Other Operating Revenues</b> <i>(sum of cells 1079, 1085, 1302, 1094, 1097 and 1100)</i>	<b>1102</b> (1070 + 1101)
<b>TOTAL - OPERATING REVENUES</b> <i>(Telecom and Non-Telecom Services)</i>	

<b>Distribution of Operating Revenues by Type of Customer</b>		<input type="checkbox"/> (\$ 000's)	<input type="checkbox"/> (%)
A. Customers in Canada:			
1. Residential <i>(individuals and households)</i>		<b>1103</b>	
2. Business and other:			
a) Public institutions <i>(e.g., hospitals, schools, universities)</i>	1104		
b) Government <i>(e.g., federal, provincial, territorial, municipal)</i>	1105		
c) Business:			
Financial <i>(banks, trust cos., financial crown corporations)</i>	1106		
Other <i>(Please specify)</i> ➤	1107		
Total - Business	1108 (1106 + 1107)		
Total - Business and other		1109 (1104 + 1105 + 1108)	
B. Customers outside Canada <i>(exports)</i>		1110	
<b>TOTAL - OPERATING REVENUES</b> <i>(sums of bolded cells)</i>		<b>(1103 + 1109 + 1110)</b> <b>=cell 1102 or 100%</b>	

**MODULE 2. OPERATING EXPENSES**

* Estimate the \$ 000's or % of the total expense paid to incumbent and entrant telecom companies. Incumbent telecommunications companies are listed in the Reporting Guide. ** \$ 000's or % of the amount reported in the adjacent cell in col. 3.	<b>Purchases*</b>		<b>Total</b> (thousands of dollars)	<b>Salaries, wages and benefits**</b> <input type="checkbox"/> (\$ 000's) or <input type="checkbox"/> (%) of col. 3
	<input type="checkbox"/> (\$ 000's) or <input type="checkbox"/> (%) of Total			
	Telecommunications service providers			
	Incumbents	Entrants		
	1	2	3	4

<b>Telecommunications Operating Expenses</b>				
A. Telecommunications Network Expenses:				
	2001	2002		
1. Network operations				
2. Depreciation	2003			
3. Maintenance and repairs	2004	2005		
4. Wireline circuit/line rentals	2006	2007	2008	
5. Purchased long-distance services	2011	2012	2013	
6. Contribution payments <i>(to the CFA or other providers)</i>	2014			
7. Interconnection/settlement payments	2015			
8. Residual telecom network expenses n.e.c. <i>(please specify large amounts)</i> ➤	2070	2071		

**MODULE 2. OPERATING EXPENSES — Concluded**

\* Estimate the \$ 000's or % of the total expense paid to incumbent and entrant telecom companies. Incumbent telecommunications companies are listed in the Reporting Guide.  
 \*\* \$ 000's or % of the amount reported in the adjacent cell in col. 3.

**Total**  
(thousands of dollars)

**Salaries, wages and benefits\*\***  
 (\$ 000's) or  
 (%) of col. 3

3

4

**Telecommunications Operating Expenses — continued**

**B. Commercial and Administrative Expenses:**

	2016	2017
1. <u>Selling and marketing</u>	2062	2063
2. <u>Customer servicing</u>	2020	2021
3. <u>Billings and collections</u>	2022	2023
4. <u>Corporate administration and general office expenses</u>	2018	
5. <u>Advertising and related services</u>	2027	
6. <u>Professional and business fees</u> <i>(purchased legal, accounting, auditing, consulting services, etc.)</i>	2028	
7. <u>Management fees paid to head office or parent company</u>	2029	
8. <u>Amortization charges</u>	2030	
9. <u>Depreciation</u>	2034	
10. <u>Bad debts expenses</u>	2031	
11. <u>Permits and indirect taxes</u> <i>(do not include income taxes, report property taxes in C, below)</i>		
12. <u>Other commercial and administrative expenses n.e.c.: (e.g., property taxes, utilities, telecommunications/postage/ courier, insurance, travel/entertainment, office equipment rental, maintenance and repairs, etc.)</u>	2041	
a) <u>(Please specify) ➤</u>	2042	
b) <u>(Please specify) ➤</u>	2043	
c) <u>(Please specify) ➤</u>	2044	2045
d) <u>Residual expenses</u>		
	2038	
<b>C. Land and buildings rentals</b> <i>(network or commercial)</i>		
	2046	2047
<b>Total - Telecommunications Operating Expenses</b> <i>(sum of each column)</i>		

**Other Operating Expenses**

A. <u>Cost of telecommunications goods sold</u>	2049	
B. <u>Retail Internet</u>	2051	
Residual non-telecommunications expenses	2054	
C. <u>(Please specify) ➤</u>		
<b>Total - Other Operating Expenses</b>	2056 (2049 + 2051 + 2054)	2055
	2057 (2046 + 2056)	2058 (2047 + 2055) (= cell 6003, p.5)
<b>TOTAL - OPERATING EXPENSES</b>		

**MODULE 3. INCOME STATEMENT**

		<b>Total</b> (thousands of dollars)
A. Total operating revenues	3001 (=1102, p.2)	
B. Total operating expenses	3002 (=2057, p.3) ( )	
<b>Operating Income (Loss)</b>		<b>3003</b>
C. Non-operating revenues and expenses <i>(report expense items in brackets):</i>		
1. Investment income <i>(interest, dividends, joint venture and minority interest, etc.)</i>	3004	
Net gains (losses) on sale of assets <i>(fixed, intangible and investments), and</i>	3005	
2. foreign exchange		
3. Interest expenses:		
a) on short term debt	3009 ( )	
b) on long term debt	3010 ( )	
<b>Total - Interest expenses</b>	3011 ( )	
4. Write-offs and valuation adjustments <i>(not part of C.5)</i>	3018 ( )	
Other non-operating revenues and expenses n.e.c. <i>(e.g., extraordinary and other</i>	3019	
5. <i>gains and (losses))</i>		
<b>Total - Non-operating revenues and expenses</b>		<b>3020</b>
D. Income taxes:		
1. Deferred	3014 ( )	
2. Current	3015 ( )	
<b>Total - Income taxes</b>		<b>3016</b> ( )
<b>NET INCOME (LOSS)</b> <i>(sum of bolded cells)</i>		<b>3017</b> (3003 + 3020 + 3016)

**MODULE 4. BALANCE SHEET**

<b>Assets</b>	<b>Historical Cost</b>	<b>Accumulated depreciation</b>	<b>Net Book Value</b> (thousands of dollars)
Current Assets			4010
Long-term Assets:			
A. Fixed Assets <i>(property, plant and equipment):</i>			4011
1. Land			
2. Buildings	4014	4015 ( )	4016
3. Network infrastructure:			
a) construction	4021		
machinery and	4027		
b) equipment			
<b>Total - Network infrastructure</b>	4028	4029 ( )	4030
4. Other fixed assets	4035	4036 ( )	4037
<b>Total - Fixed Assets</b> <i>(sum of 'Net Book Value column,' cells 4011, 4016, 4030 and 4037)</i>			<b>4038</b>
B. Financial/Intangible Long-term Assets:			
1. Financial investments			4041
2. Long-term deferrals			4042
3. Other long-term financial/intangible assets			4043
<b>Total - Assets</b> <i>(sum of bolded cells)</i>			<b>4044</b>

**MODULE 4. BALANCE SHEET — Concluded**

<b>Liabilities</b>	<b>Historical Cost</b>		<b>Net Book Value</b> (thousands of dollars)
Current Liabilities			4049
Long-term Liabilities:			
1. Long-term debt	4053		
Supplementary question: (amount of long-term debt that is non-interest bearing):	4072	\$ _____	
2. Residual	4076		
Total - Long-term Liabilities			4056
<b>Total - Liabilities</b>			<b>4057 (4049 + 4056)</b>
<b>Shareholders' Equity</b>			
A. Share capital	4058 preferred	4059 common	4060 (4058 + 4059)
B. Retained earnings:			
1. Opening balance (previous period closing balance)	4061		
2. Net income or (loss) for the reporting period (cell 3017, page 4)	4062		
3. Dividends declared	4063 preferred ( )	4064 common ( )	4065 (4063 + 4064)
4. Other additions and (deductions)	4066		
Total - Retained earnings			4067
C. Other shareholders' equity n.e.c. (Please specify) ➤			4068
<b>Total - Shareholders' Equity</b>			<b>4069 (4060 + 4067 + 4068)</b>
<b>Total - Liabilities and Shareholders' Equity</b>			<b>4070 (4057 + 4069)</b>

**MODULE 5. CAPITAL EXPENDITURES**

If you complete the 'Survey on Capital and Repair Expenditures' for each province you operate in, you may submit photocopies of this questionnaire instead of completing this module.

	(thousands of dollars)
Construction expenditures	5009
Machinery and equipment expenditures	5018

**MODULE 6. EMPLOYMENT**

	<b>Labour Costs</b>			<b>Employees</b>
	(thousands of dollars)			(number of persons at fiscal year end)
	Salaries and wages	Fringe benefits <sup>1</sup>	Total	Total
A. Expensed labour costs	6001	6002	6003 (= cell 2058, p.3)	
B. Capitalized labour costs	6004	6005	6006	
<b>Total</b>	6007	6008	6009 (6011 + 6013) (6003 + 6006)	6010 (6012 + 6014)
C. Full-time			6011	6012
D. Part-time			6013	6014

<sup>1</sup> Supplementary labour costs such as employers contributions to CPP/QPP, EI, etc.



**Information Concerning Consolidated Reporting**

Please provide information related to subsidiaries and affiliates consolidated in this questionnaire.

**Company 1**

**Legal Name**

**Operating Name or Trade Name** (if different from legal name):

**Street:**

**City:**

**Province:**

**Postal Code:**

**Telephone:**

**Fax:**

**E-mail:**

**A. Type of business organization:**

- |                                                       |                                                                                                           |                                                                                   |
|-------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <input type="checkbox"/> A single corporation         | <input type="checkbox"/> Consolidated family of corporations<br><i>(do not include foreign companies)</i> | <input type="checkbox"/> Part of a corporation<br><i>(e.g., branch, division)</i> |
| <input type="checkbox"/> Provincial government system | <input type="checkbox"/> Municipal system                                                                 | <input type="checkbox"/> Co-operative                                             |
| <input type="checkbox"/> Joint venture                | <input type="checkbox"/> Partnership                                                                      | <input type="checkbox"/> Sole proprietor                                          |
|                                                       | <input type="checkbox"/> Other (Please specify) ➤                                                         |                                                                                   |

100

**B. Telecommunications Service:**

<b>Facilities-based</b>	<b>Reselling</b>
-------------------------	------------------

- |                                   |     |     |
|-----------------------------------|-----|-----|
| Wireline Telecommunications       | 401 | 402 |
| Competitive Pay Telephone Service | 419 | 420 |
| Mobile Telephony                  | 403 | 404 |
| Mobile Data                       | 421 | 422 |
| Radio Common Carriage (RCC)       | 405 | 406 |
| Paging, Narrowband PCS            | 407 | 408 |
| Wireless Broadband                | 409 | 410 |
| Fixed Wireless                    | 411 | 412 |
| Satellite (Fixed)                 | 413 | 414 |
| Satellite (Mobile)                | 415 | 416 |
| Other (Please specify)            | 417 | 418 |

**C. A majority of this company's revenues are:**

<b>Facilities-based</b>	<b>Reselling</b>
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- or  <sup>400</sup>  
or  Non-telecom (please specify) ➤

**D. Nine-digit GST Registered Account/Business No.:**

300  

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**E. What percentage of this company's common (voting and non-voting) shares were ultimately foreign owned at year end?**

104  

%
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**F. Please describe the company's relationship to the respondent company**

600

**Company 2**

**Legal Name**

**Operating Name or Trade Name** (if different from legal name):

**Street:**

**City:**

**Province:**

**Postal Code:**

**Telephone:**

**Fax:**

**E-mail:**

**A. Type of business organization:**

- |                                                       |                                                                                                           |                                                                                   |
|-------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <input type="checkbox"/> A single corporation         | <input type="checkbox"/> Consolidated family of corporations<br><i>(do not include foreign companies)</i> | <input type="checkbox"/> Part of a corporation<br><i>(e.g., branch, division)</i> |
| <input type="checkbox"/> Provincial government system | <input type="checkbox"/> Municipal system                                                                 | <input type="checkbox"/> Co-operative                                             |
| <input type="checkbox"/> Joint venture                | <input type="checkbox"/> Partnership                                                                      | <input type="checkbox"/> Sole proprietor                                          |
|                                                       | <input type="checkbox"/> Other (Please specify) ➤                                                         |                                                                                   |

100

**B. Telecommunications Service:**

<b>Facilities-based</b>	<b>Reselling</b>
-------------------------	------------------

- |                                   |     |     |
|-----------------------------------|-----|-----|
| Wireline Telecommunications       | 401 | 402 |
| Competitive Pay Telephone Service | 419 | 420 |
| Mobile Telephony                  | 403 | 404 |
| Mobile Data                       | 421 | 422 |
| Radio Common Carriage (RCC)       | 405 | 406 |
| Paging, Narrowband PCS            | 407 | 408 |
| Wireless Broadband                | 409 | 410 |
| Fixed Wireless                    | 411 | 412 |
| Satellite (Fixed)                 | 413 | 414 |
| Satellite (Mobile)                | 415 | 416 |
| Other (Please specify)            | 417 | 418 |

**C. A majority of this company's revenues are:**

<b>Facilities-based</b>	<b>Reselling</b>
-------------------------	------------------

- or  <sup>400</sup>  
or  Non-telecom (please specify) ➤

**D. Nine-digit GST Registered Account/Business No.:**

300  

--	--	--	--	--	--	--	--	--	--

**E. What percentage of this company's common (voting and non-voting) shares were ultimately foreign owned at year end?**

104  

%
---

**F. Please describe the company's relationship to the respondent company**

600