

1.) CORPORATION NAME:

NTELOS Inc.

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**OFFICER
JAMES A. HYDE
401 SPRING LANE, SUITE 300
PO BOX 1990**

WAYNESBORO, VA 22980

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

WAYNESBORO CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

DUE DATE: **1/31/2012**

SCC ID NO: **03156387**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1154 SHENANDOAH VILLAGE DRIVE

CITY/ST/ZIP: WAYNESBORO, VA 22980-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JAMES A HYDE	
TITLE:	PRES/CEO	
ADDRESS:	1154 SHENANDOAH VILLAGE DRIVE	
CITY/ST/ZIP/CO:	WAYNESBORO, VA 22980-	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	BRIAN J. O'NEIL	
TITLE:	SR VP, GEN.COUN	
ADDRESS:	1154 SHENANDOAH VILLAGE DRIVE	
CITY/ST/ZIP/CO:	WAYNESBORO, VA 22980-	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	STEBBINS B. CHANDOR, JR.	
TITLE:	EVP, CFO, TRESA	
ADDRESS:	1154 SHENANDOAH VILLAGE DRIVE	
CITY/ST/ZIP/CO:	WAYNESBORO, VA 22980-	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	CONRAD D HUNTER	
TITLE:	EVP/COO	
ADDRESS:	1154 SHENANDOAH VILLAGE DRIVE	
CITY/ST/ZIP/CO:	WAYNESBORO, VA 22980-	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	S. CRAIG HIGHLAND	
TITLE:	DIRECTOR	
ADDRESS:	1154 SHENANDOAH VILLAGE DRIVE	
CITY/ST/ZIP/CO:	WAYNESBORO, VA 22980-	

NAME: MICHAEL HUBER TITLE: DIRECTOR ADDRESS: 14TH FLOOR 375 PARK AVENUE CITY/ST/ZIP/CO: NEW YORK, NY 10152-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TIMOTHY BILTZ TITLE: DIRECTOR ADDRESS: 1989 CARMEL ROAD CITY/ST/ZIP/CO: CHARLOTTE, NC 28226-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: DANIEL HENEGHAN TITLE: DIRECTOR ADDRESS: 24 NEW DAWN CITY/ST/ZIP/CO: IRVINE, CA 92620-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: RODNEY DIR TITLE: DIRECTOR ADDRESS: 1064 GREENWOOD BLVD. SUITE 200 CITY/ST/ZIP/CO: LAKE MARY, FL 32746-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: JERRY V. ELLIOTT TITLE: DIRECTOR ADDRESS: 97 FIVE MILE RIVER ROAD CITY/ST/ZIP/CO: DARIEN, CT 06820-6233	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

<u>/s/ BRIAN J. O'NEIL</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	BRIAN J. O'NEIL, SR VP, <u>GEN.COUN</u> PRINTED NAME AND CORPORATE TITLE	<u>1/25/2012</u> DATE
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It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.