

FORM D

Notice of Exempt Offering of Securities

U.S. Securities and Exchange Commission  
Washington, DC 20549

(See instructions beginning on page 5)

Intentional misstatements or omissions of fact constitute federal criminal violations. See 18 U.S.C. 1001.

1449180

OMB APPROVAL

OMB Number: 3235-0076

Expires: October 31, 2008

Estimated average burden hours per response: 4.00

Item 1. Issuer's Identity

Name of Issuer  
Fort Mill Telephone Company

Jurisdiction of Incorporation/Organization  
South Carolina

Previous Name(s)  None

- Entity Type (Select one)
- Corporation
  - Limited Partnership
  - Limited Liability Company
  - General Partnership
  - Business Trust
  - Other (Specify)
- 

Year of Incorporation/Organization (Select one)

Over Five Years Ago  Within Last Five Years (specify year)

Yet to Be Formed

(If more than one issuer is filing this notice, check this box  and identify additional issuer(s) by attaching Items 1 and 2 Continuation Page(s).)

SFC Mail Processing

Item 2. Principal Place of Business and Contact Information

Street Address 1: 330 East Black Street

Street Address 2:

City: Rock Hill State/Province/Country: SC ZIP/Postal Code: 29731 Phone No.: 803-326-7577

Washington, DC 111

OCT 28 2008

Item 3. Related Persons

PROCESSED

Last Name: Barnes, Jr. First Name: Frank Middle Name: S.

Street Address 1: 330 East Black Street Street Address 2:

City: Rock Hill State/Province/Country: SC ZIP/Postal Code: 29731

Relationship(s):  Executive Officer  Director  Promoter

Clarification of Response (If Necessary):

Barcode: 08063624

(Identify additional related persons by checking this box  and attaching Item 3 Continuation Page(s).)

Item 4. Industry Group (Select one)

- Agriculture
- Banking and Financial Services
  - Commercial Banking
  - Insurance
  - Investing
  - Investment Banking
  - Pooled Investment Fund
- Business Services
- Energy
  - Electric Utilities
  - Energy Conservation
  - Coal Mining
  - Environmental Services
  - Oil & Gas
  - Other Energy
- Construction
- REITS & Finance
- Residential
- Other Real Estate
- Health Care
  - Biotechnology
  - Health Insurance
  - Hospitals & Physicians
  - Pharmaceuticals
  - Other Health Care
- Manufacturing
- Real Estate
  - Commercial
- Retailing
- Restaurants
- Technology
  - Computers
  - Telecommunications
  - Other Technology
- Travel
  - Airlines & Airports
  - Lodging & Conventions
  - Tourism & Travel Services
  - Other Travel
- Other

If selecting this industry group, also select one fund type below and answer the question below:

- Hedge Fund
  - Private Equity Fund
  - Venture Capital Fund
  - Other Investment Fund
- Is the issuer registered as an investment company under the Investment Company Act of 1940?  Yes  No

Other Banking & Financial Services

**Item 5. Issuer Size (Select one)**

Revenue Range (for issuer not specifying "hedge" or "other investment" fund in Item 4 above)

- No Revenues
- \$1 - \$1,000,000
- \$1,000,001 - \$5,000,000
- \$5,000,001 - \$25,000,000
- \$25,000,001 - \$100,000,000
- Over \$100,000,000
- Decline to Disclose
- Not Applicable

OR

Aggregate Net Asset Value Range (for issuer specifying "hedge" or "other investment" fund in Item 4 above)

- No Aggregate Net Asset Value
- \$1 - \$5,000,000
- \$5,000,001 - \$25,000,000
- \$25,000,001 - \$50,000,000
- \$50,000,001 - \$100,000,000
- Over \$100,000,000
- Decline to Disclose
- Not Applicable

**Item 6. Federal Exemptions and Exclusions Claimed (Select all that apply)**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Rule 504(b)(1) (not (i), (ii) or (iii)) | <input type="checkbox"/> Section 3(c)(1) | <input type="checkbox"/> Section 3(c)(9)  |
| <input type="checkbox"/> Rule 504(b)(1)(i)                       | <input type="checkbox"/> Section 3(c)(2) | <input type="checkbox"/> Section 3(c)(10) |
| <input type="checkbox"/> Rule 504(b)(1)(ii)                      | <input type="checkbox"/> Section 3(c)(3) | <input type="checkbox"/> Section 3(c)(11) |
| <input type="checkbox"/> Rule 504(b)(1)(iii)                     | <input type="checkbox"/> Section 3(c)(4) | <input type="checkbox"/> Section 3(c)(12) |
| <input type="checkbox"/> Rule 505                                | <input type="checkbox"/> Section 3(c)(5) | <input type="checkbox"/> Section 3(c)(13) |
| <input checked="" type="checkbox"/> Rule 506                     | <input type="checkbox"/> Section 3(c)(6) | <input type="checkbox"/> Section 3(c)(14) |
| <input type="checkbox"/> Securities Act Section 4(6)             | <input type="checkbox"/> Section 3(c)(7) |   |

**Item 7. Type of Filing**

- New Notice      OR       Amendment

Date of First Sale in this Offering:       OR       First Sale Yet to Occur

**Item 8. Duration of Offering**

Does the issuer intend this offering to last more than one year?       Yes       No

**Item 9. Type(s) of Securities Offered (Select all that apply)**

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Equity   | <input type="checkbox"/> Pooled Investment Fund Interests |
| <input type="checkbox"/> Debt  | <input type="checkbox"/> Tenant-in-Common Securities      |
| <input type="checkbox"/> Option, Warrant or Other Right to Acquire Another Security                                  | <input type="checkbox"/> Mineral Property Securities      |
| <input type="checkbox"/> Security to be Acquired Upon Exercise of Option, Warrant or Other Right to Acquire Security | <input type="checkbox"/> Other (Describe)                 |

**Item 10. Business Combination Transaction**

Is this offering being made in connection with a business combination transaction, such as a merger, acquisition or exchange offer?       Yes       No

Clarification of Response (if Necessary)

Item 11. Minimum Investment

Minimum investment accepted from any outside investor \$ 0

Item 12. Sales Compensation

Recipient N/A Recipient CRD Number [ ] No CRD Number

(Associated) Broker or Dealer [ ] None (Associated) Broker or Dealer CRD Number [ ] No CRD Number

Street Address 1 Street Address 2

City State/Province/Country ZIP/Postal Code

States of Solicitation [ ] All States [ ] AL [ ] AK [ ] AZ [ ] AR [ ] CA [ ] CO [ ] CT [ ] DE [ ] DC [ ] FL [ ] GA [ ] HI [ ] ID [ ] IL [ ] IN [ ] IA [ ] KS [ ] KY [ ] LA [ ] ME [ ] MD [ ] MA [ ] MI [ ] MN [ ] MS [ ] MO [ ] MT [ ] NE [ ] NV [ ] NH [ ] NJ [ ] NM [ ] NY [ ] NC [ ] ND [ ] OH [ ] OK [ ] OR [ ] PA [ ] RI [ ] SC [ ] SD [ ] TN [ ] TX [ ] UT [ ] VT [ ] VA [ ] WA [ ] WV [ ] WI [ ] WY [ ] PR

(Identify additional person(s) being paid compensation by checking this box [ ] and attaching Item 12 Continuation Page(s).)

Item 13. Offering and Sales Amounts

(a) Total Offering Amount \$ 7,569,068.00\* OR [ ] Indefinite
(b) Total Amount Sold \$ 7,569,068.00\*
(c) Total Remaining to be Sold (Subtract (a) from (b)) \$ 0 OR [ ] Indefinite

Clarification of Response (if Necessary) \*This amount represents the appraised fair value of target company shares that were acquired in the merger in exchange for shares of the issuer.

Item 14. Investors

Check this box [ ] if securities in the offering have been or may be sold to persons who do not qualify as accredited investors, and enter the number of such non-accredited investors who already have invested in the offering:

Enter the total number of investors who already have invested in the offering: 12\*\*

Item 15. Sales Commissions and Finders' Fees Expenses

Provide separately the amounts of sales commissions and finders' fees expenses, if any. If an amount is not known, provide an estimate and check the box next to the amount.

Sales Commissions \$ 0 [ ] Estimate

Finders' Fees \$ 0 [ ] Estimate

Clarification of Response (if Necessary)

\*\* All shares exchanged in the merger were surrendered by and issued to a voting trust. Although for purposes of completing this Form D, the issuer has completed the "number of investors" question based on the number of beneficiaries under this voting trust, all of whom the issuer believes are accredited investors, nothing contained herein shall be deemed an admission that the trust beneficiaries, as opposed to the trust itself, were offerees, purchasers or investors in the transaction.

Item 16. Use of Proceeds

Provide the amount of the gross proceeds of the offering that has been or is proposed to be used for payments to any of the persons required to be named as executive officers, directors or promoters in response to Item 3 above. If the amount is unknown, provide an estimate and check the box next to the amount.

\$ 0

Estimate

Clarification of Response (if Necessary)

[Empty box for clarification of response]

Signature and Submission

Please verify the information you have entered and review the Terms of Submission below before signing and submitting this notice.

Terms of Submission. In Submitting this notice, each identified issuer is:

Notifying the SEC and/or each State in which this notice is filed of the offering of securities described and undertaking to furnish them, upon written request, in accordance with applicable law, the information furnished to offerees.\*

Irrevocably appointing each of the Secretary of the SEC and the Securities Administrator or other legally designated officer of the State in which the issuer maintains its principal place of business and any State in which this notice is filed, as its agents for service of process, and agreeing that these persons may accept service on its behalf, of any notice, process or pleading, and further agreeing that such service may be made by registered or certified mail, in any Federal or state action, administrative proceeding, or arbitration brought against the issuer in any place subject to the jurisdiction of the United States, if the action, proceeding or arbitration (a) arises out of any activity in connection with the offering of securities that is the subject of this notice, and (b) is founded, directly or indirectly, upon the provisions of: (i) the Securities Act of 1933, the Securities Exchange Act of 1934, the Trust Indenture Act of 1939, the Investment Company Act of 1940, or the Investment Advisers Act of 1940, or any rule or regulation under any of these statutes; or (ii) the laws of the State in which the issuer maintains its principal place of business or any State in which this notice is filed.

Certifying that, if the issuer is claiming a Rule 505 exemption, the issuer is not disqualified from relying on Rule 505 for one of the reasons stated in Rule 505(b)(2)(iii).

\* This undertaking does not affect any limits Section 102(a) of the National Securities Markets Improvement Act of 1996 ("NSMIA") [Pub. L. No. 104-290, 110 Stat. 3416 (Oct. 11, 1996)] imposes on the ability of States to require information. As a result, if the securities that are the subject of this Form D are "covered securities" for purposes of NSMIA, whether in all instances or due to the nature of the offering that is the subject of this Form D, States cannot routinely require offering materials under this undertaking or otherwise and can require offering materials only to the extent NSMIA permits them to do so under NSMIA's preservation of their anti-fraud authority.

Each identified issuer has read this notice, knows the contents to be true, and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person. (Check this box [ ] and attach Signature Continuation Pages for signatures of issuers identified in Item 1 above but not represented by signer below.)

Issuer(s)

Fort Mill Telephone Company

Name of Signer

Daniel R. Robertson

Signature

[Handwritten signature: Daniel R. Robertson]

Title

Executive V.P. - CFO

Number of continuation pages attached:

4

Date

10/24/2008

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

Item 3 Continuation Page

Item 3. Related Persons (Continued)

Last Name: Barnes  
First Name: Bryant  
Middle Name: G.  
Street Address 1: 330 East Black Street  
Street Address 2:  
City: Rock Hill  
State/Province/Country: SC  
ZIP/Postal Code: 29731  
Relationship(s):  Executive Officer  Director  Promoter  
Clarification of Response (if Necessary):

Last Name: Barnes, Jr.  
First Name: L.  
Middle Name: A.  
Street Address 1: 330 East Black Street  
Street Address 2:  
City: Rock Hill  
State/Province/Country: SC  
ZIP/Postal Code: 29731  
Relationship(s):  Executive Officer  Director  Promoter  
Clarification of Response (if Necessary):

Last Name: Barnes  
First Name: E.  
Middle Name: L.  
Street Address 1: 330 East Black Street  
Street Address 2:  
City: Rock Hill  
State/Province/Country: SC  
ZIP/Postal Code: 29731  
Relationship(s):  Executive Officer  Director  Promoter  
Clarification of Response (if Necessary):

Last Name: Miller, Jr.  
First Name: Harry  
Middle Name:  
Street Address 1: 330 East Black Street  
Street Address 2:  
City: Rock Hill  
State/Province/Country: SC  
ZIP/Postal Code: 29731  
Relationship(s):  Executive Officer  Director  Promoter  
Clarification of Response (if Necessary):

(Copy and use additional copies of this page as necessary.)

Item 3 Continuation Page

Item 3. Related Persons (Continued)

Last Name: Barnes, Jr. First Name: John Middle Name: M.  
Street Address 1: 330 East Black Street Street Address 2:  
City: Rock Hill State/Province/Country: SC ZIP/Postal Code: 29731  
Relationship(s):  Executive Officer  Director  Promoter  
Clarification of Response (if Necessary):

Last Name: McFadden First Name: D. Middle Name: Glenn  
Street Address 1: 330 East Black Street Street Address 2:  
City: Rock Hill State/Province/Country: SC ZIP/Postal Code: 29731  
Relationship(s):  Executive Officer  Director  Promoter  
Clarification of Response (if Necessary):

Last Name: Robertson, Sr. First Name: Daniel Middle Name: R.  
Street Address 1: 330 East Black Street Street Address 2:  
City: Rock Hill State/Province/Country: SC ZIP/Postal Code: 29731  
Relationship(s):  Executive Officer  Director  Promoter  
Clarification of Response (if Necessary):

Last Name: Dosch First Name: Matthew Middle Name:  
Street Address 1: 330 East Black Street Street Address 2:  
City: Rock Hill State/Province/Country: SC ZIP/Postal Code: 29731  
Relationship(s):  Executive Officer  Director  Promoter  
Clarification of Response (if Necessary):

(Copy and use additional copies of this page as necessary.)

Item 3 Continuation Page

Item 3. Related Persons (Continued)

Last Name	First Name	Middle Name
Bushardt	Jeff	
Street Address 1	Street Address 2	
330 East Black Street		
City	State/Province/Country	ZIP/Postal Code
Rock Hill	SC	29731
Relationship(s): <input checked="" type="checkbox"/> Executive Officer <input type="checkbox"/> Director <input type="checkbox"/> Promoter		
Clarification of Response (if Necessary)		

Last Name	First Name	Middle Name
Emerson	Forrest	M.
Street Address 1	Street Address 2	
330 East Black Street		
City	State/Province/Country	ZIP/Postal Code
Rock Hill	SC	29731
Relationship(s): <input checked="" type="checkbox"/> Executive Officer <input type="checkbox"/> Director <input type="checkbox"/> Promoter		
Clarification of Response (if Necessary)		

Last Name	First Name	Middle Name
Barnes, III	Ladson	A.
Street Address 1	Street Address 2	
330 East Black Street		
City	State/Province/Country	ZIP/Postal Code
Rock Hill	SC	29731
Relationship(s): <input checked="" type="checkbox"/> Executive Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> Promoter		
Clarification of Response (if Necessary)		

Last Name	First Name	Middle Name
Simrill	David	
Street Address 1	Street Address 2	
330 East Black Street		
City	State/Province/Country	ZIP/Postal Code
Rock Hill	SC	29731
Relationship(s): <input checked="" type="checkbox"/> Executive Officer <input type="checkbox"/> Director <input type="checkbox"/> Promoter		
Clarification of Response (if Necessary)		

(Copy and use additional copies of this page as necessary.)

Item 3 Continuation Page

Item 3. Related Persons (Continued)

Last Name: Elliott, First Name: Frances, Middle Name: Barnes  
Street Address 1: 330 East Black Street, Street Address 2: [Blank]  
City: Rock Hill, State/Province/Country: SC, ZIP/Postal Code: 29731  
Relationship(s):  Executive Officer  Director  Promoter  
Clarification of Response (if Necessary): [Blank]

Last Name: Taylor, First Name: Mary, Middle Name: Lea B.  
Street Address 1: 330 East Black Street, Street Address 2: [Blank]  
City: Rock Hill, State/Province/Country: SC, ZIP/Postal Code: 29731  
Relationship(s):  Executive Officer  Director  Promoter  
Clarification of Response (if Necessary): [Blank]

Last Name: Barnes, First Name: Jean, Middle Name: S.  
Street Address 1: 330 East Black Street, Street Address 2: [Blank]  
City: Rock Hill, State/Province/Country: SC, ZIP/Postal Code: 29731  
Relationship(s):  Executive Officer  Director  Promoter  
Clarification of Response (if Necessary): [Blank]

Last Name: [Blank], First Name: [Blank], Middle Name: [Blank]  
Street Address 1: [Blank], Street Address 2: [Blank]  
City: [Blank], State/Province/Country: [Blank], ZIP/Postal Code: [Blank]  
Relationship(s):  Executive Officer  Director  Promoter  
Clarification of Response (if Necessary): [Blank]

(Copy and use additional copies of this page as necessary.)

END