

READ INSTRUCTIONS CAREFULLY  
BEFORE PROCEEDING

FEDERAL COMMUNICATIONS COMMISSION  
REMITTANCE ADVICE

Approved by OMB  
3060-0589  
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|   |                                       |  |                               |
|---|---------------------------------------|--|-------------------------------|
| (1) LOCKBOX #<br>979095   |                                       | SPECIAL USE ONLY   |                               |
|   |                                       | FCC USE ONLY   |                               |
| SECTION A - PAYER INFORMATION   |                                       |  |                               |
| (2) PAYER NAME (if paying by credit card enter name exactly as it appears on the card)<br><b>Broadcast Sports, Inc.</b>   |                                       | (3) TOTAL AMOUNT PAID (U.S. Dollars and cents)<br><b>\$65.00</b> |                               |
| (4) STREET ADDRESS LINE NO. 1<br><b>7455 Race Road</b>  |                                       |  |                               |
| (5) STREET ADDRESS LINE NO. 2   |                                       |  |                               |
| (6) CITY<br><b>Hanover</b>  |                                       | (7) STATE<br><b>MD</b>   | (8) ZIP CODE<br><b>21076</b>  |
| (9) DAYTIME TELEPHONE NUMBER (include area code)<br><b>410-5642609</b>  |                                       | (10) COUNTRY CODE (if not in U.S.A.)<br><b>US</b>                |                               |
| FCC REGISTRATION NUMBER (FRN) REQUIRED  |                                       |  |                               |
| (11) PAYER (FRN)<br><b>0002147817</b>   |                                       | (12) FCC USE ONLY  |                               |
| IF MORE THAN ONE APPLICANT, USE CONTINUATION SHEETS (FORM 159-C)<br>COMPLETE SECTION BELOW FOR EACH SERVICE, IF MORE BOXES ARE NEEDED, USE CONTINUATION SHEET   |                                       |  |                               |
| (13) APPLICANT NAME<br><b>Broadcast Sports, Inc.</b>  |                                       |  |                               |
| (14) STREET ADDRESS LINE NO. 1<br><b>Peter A. Larsson</b>   |                                       |  |                               |
| (15) STREET ADDRESS LINE NO. 2<br><b>7455 Race Road</b>   |                                       |  |                               |
| (16) CITY<br><b>Hanover</b>   |                                       | (17) STATE<br><b>MD</b>  | (18) ZIP CODE<br><b>21076</b> |
| (19) DAYTIME TELEPHONE NUMBER (include area code)<br><b>410 564 2609</b>  |                                       | (20) COUNTRY CODE (if not in U.S.A.)<br><b>XX</b>                |                               |
| FCC REGISTRATION NUMBER (FRN) REQUIRED  |                                       |  |                               |
| (21) APPLICANT (FRN)<br><b>0002147817</b>   |                                       | (22) FCC USE ONLY  |                               |
| COMPLETE SECTION C FOR EACH SERVICE, IF MORE BOXES ARE NEEDED, USE CONTINUATION SHEET   |                                       |  |                               |
| (23A) CALL SIGN/OTHER ID<br><b>0959ST2014</b>   | (24A) PAYMENT TYPE CODE<br><b>EAE</b> | (25A) QUANTITY<br><b>1</b>                                       |                               |
| (26A) FEE DUE FOR (PTC)<br><b>\$65.00</b>   | (27A) TOTAL FEE<br><b>\$65.00</b>     | FCC USE ONLY   |                               |
| (28A) FCC CODE 1  | (29A) FCC CODE 2<br><b>13EL914701</b> |  |                               |
| (23B) CALL SIGN/OTHER ID  | (24B) PAYMENT TYPE CODE               | (25B) QUANTITY   |                               |
| (26B) FEE DUE FOR (PTC)   | (27B) TOTAL FEE                       | FCC USE ONLY   |                               |
| (28B) FCC CODE 1  | (29B) FCC CODE 2                      |  |                               |
| SECTION D - CERTIFICATION   |                                       |  |                               |
| CERTIFICATION STATEMENT<br>I, <u>DAVID C. MUSIL</u> certify under penalty of perjury that the foregoing and supporting information is true and correct to the best of my knowledge, information and belief. |                                       |  |                               |
| SIGNATURE <u>David C. Musil</u>   |                                       | DATE <u>10/21/2014</u>   |                               |
| <b>PAID BY CREDIT CARD</b>  |                                       |  |                               |

## Plastic Card Sale Transaction

Thank you.

Your transaction has been successfully completed.

### Plastic Card Sale Confirmation

#### Transaction Information

Agency Application Name: FMS U.S. Bank Lockbox for Federal Communications Commission  
(FCC)  
Pay.gov Tracking ID: 25I65TJR  
Agency Tracking ID: 74698651254  
Account Holder Name: DAVID C MUSIL  
Transaction Type: Plastic Card Sale  
Billing Address: 1005C  
Billing Address 2:  
City:  
State/Province:  
ZIP/Postal Code:  
Country: USA  
Email:  
Phone:  
Card Type: AmericanExpress  
Plastic Card Number: \*\*\*\*\*1005  
Payment Amount: \$65.00  
Current Date and Time: 10/27/2014 12:17 EDT  
Order ID:  
Order Tax Amount:  
Level 3 Data:  
Agency Memo:

**Note:** Please avoid navigating the site using your browser's Back Button - this may lead to incomplete data being transmitted and pages being loaded incorrectly. Please use the links provided whenever possible.