READ INSTRUCTIONS CAREFULLY BEFORE PROCEEDING

(1) LOCKBOX #

FEDERAL COMMUNICATIONS COMMISSION

REMITTANCE ADVICE

Approved by OMB
3060-0589
Page No 1 of __

SPECIAL USE

FCC USE ONLY

SECTION A - PAYER INFORMATION

(2) PAYER NAME (if paying by credit card, enter name exactly as it appears on your card)
Axonn, LLC

(3) TOTAL AMOUNT PAID (U.S. Dollars and cents)

(4) STREET ADDRESS LINE NO. 1
2021 Lakeshore Drive, Suite 500

(5) STREET ADDRESS LINE NO. 2

(6) CITY
New Orleans

(7) STATE
LA

(8) ZIP CODE
70122

(9) DAYTIME TELEPHONE NUMBER (include area code)
504-282-8119

(10) COUNTRY CODE (if not in U.S.A.)

FCC REGISTRATION NUMBER (FRN) AND TAX IDENTIFICATION NUMBER (TIN) REQUIRED

(11) PAYER (FRN)
0005-0537-64

(12) PAYER (TIN)
721084135

IF PAYER NAME AND THE APPLICANT NAME ARE DIFFERENT, COMPLETE SECTION B
IF MORE THAN ONE APPLICANT, USE CONTINUATION SHEETS (FORM 159-C)

(13) APPLICANT NAME

(14) STREET ADDRESS LINE NO. 1

(15) STREET ADDRESS LINE NO. 2

(16) CITY

(17) STATE

(18) ZIP CODE

(19) DAYTIME TELEPHONE NUMBER (include area code)

(20) COUNTRY CODE (if not in U.S.A.)

FCC REGISTRATION NUMBER (FRN) AND TAX IDENTIFICATION NUMBER (TIN) REQUIRED

(21) APPLICANT (FRN)

(22) APPLICANT (TIN)

COMPLETE SECTION C FOR EACH SERVICE, IF MORE BOXES ARE NEEDED, USE CONTINUATION SHEET

(23A) CALL SIGN/OTHER ID
0243PL2001

(24A) PAYMENT TYPE CODE
EAE

(25A) QUANTITY
1

(26A) FEE DUE FOR (PTC)
$50.00

(27A) TOTAL FEE
$50.00

FCC USE ONLY

(28A) FCC CODE 1

(29A) FCC CODE 2
EL11613

(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

(30) CERTIFICATION STATEMENT

I, Delany D'Stefano, 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 [signature] DATE 10/30/01

SECTION E - CREDIT CARD PAYMENT INFORMATION

(31)

☐ MASTERCARD

MASTERCARD/VISA ACCOUNT NUMBER:

EXPIRATION DATE:

☐ VISA

I hereby authorize the FCC to charge my VISA or MASTERCARD for the service(s)/authorization herein described.

SIGNATURE _____ DATE _____

AXONN L.L.C. **09/28/2001** 3565

ACCOUNT NO. FEDERALC		VENDOR Federal Communications Commission			CHECK NO. 3565
VOUCHER	INVOICE NUMBER	INVOICE DATE	INVOICE AMOUNT	AMOUNT PAID	DISCOUNT TAKEN
200100251	PO 175	09/27/2001	50.00	50.00	0.00
				CHECK TOTAL	50.00

WHITNEY NATIONAL BANK
228 ST. CHARLES AVE.
NEW ORLEANS, LA 70130-2615

14-17/650

3565

AXONN L.L.C.
2021 LAKESHORE DR.
NEW ORLEANS, LA 70122

CHECK NO.	CHECK DATE	VENDOR NO.
3565	09/28/2001	FEDERAL

PAY FIFTY AND NO/100 DOLLARS

CHECK AMOUNT
$50.00

TO THE ORDER OF:

Federal Communications Commission
445 12th Street SW

Washington, DC 20554

M. Motoshaji

AUTHORIZED SIGNATURE MP

⑈003565⑈ ⑆065000171⑆ 713313110⑈

SECURITY FEATURES INCLUDED. DETAILS ON BACK.