

FCC/US BANK

READ INSTRUCTIONS CAREFULLY
BEFORE PROCEEDING

FEDERAL COMMUNICATIONS COMMISSION
REMITTANCE ADVICE

Approved by OMB
3060-0589
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(1) LOCK BOX # 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) Copper Valley Wireless, Inc.		(3) TOTAL AMOUNT PAID (U.S. Dollars and cents) \$65.00	
(4) STREET ADDRESS LINE NO. 1 PO Box 3329			
(5) STREET ADDRESS LINE NO. 2			
(6) CITY Valdez		(7) STATE AK	(8) ZIP CODE 99686 -3329
(9) DAYTIME TELEPHONE NUMBER (include area code) 907-8358000		(10) COUNTRY CODE (if not in U.S.A.) US	
FCC REGISTRATION NUMBER (FRN) REQUIRED			
(11) PAYER (FRN) 0001568302		(12) FCC USE ONLY	
IF MORE THAN ONE APPLICANT, USE CONTINUATION SHEETS (FORM 159-C) COMPLETE SECTION BELOW FOR EACH SERVICE, IF MORE BOXES ARE NEEDED, USE CONTINUATION SHEET			
(13) APPLICANT NAME Copper Valley Wireless, LLC			
(14) STREET ADDRESS LINE NO. 1 David Dengel			
(15) STREET ADDRESS LINE NO. 2 &nbsp; P.O. Box 337			
(16) CITY Valdez		(17) STATE AK	(18) ZIP CODE 99686
(19) DAYTIME TELEPHONE NUMBER (include area code) (907) 835-7706		(20) COUNTRY CODE (if not in U.S.A.) XX	
FCC REGISTRATION NUMBER (FRN) REQUIRED			
(21) APPLICANT (FRN) 0001568302		(22) FCC USE ONLY	
COMPLETE SECTION C FOR EACH SERVICE, IF MORE BOXES ARE NEEDED, USE CONTINUATION SHEET			
(23A) CALL SIGN/OTHER ID 0416RR2015	(24A) PAYMENT TYPE CODE EAE	(25A) QUANTITY 1	
(26A) FEE DUE FOR (PTC) \$65.00	(27A) TOTAL FEE \$65.00	FCC USE ONLY	
(28A) FCC CODE 1		(29A) FCC CODE 2 13EL959193	
(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 I, <u>Richard D. Edino</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>Richard D. Edino</u> DATE <u>9/16/2015</u>			
SECTION E - CREDIT CARD PAYMENT INFORMATION			
MASTERCARD _____ VISA _____ AMEX _____ DISCOVER _____ ACCOUNT NUMBER _____ EXPIRATION DATE _____ I hereby authorize the FCC to charge my credit card for the service(s)/authorization herein described. SIGNATURE _____ DATE _____			

SEE PUBLIC BURDEN ON REVERSE

FCC FORM 159

FEBRUARY 2003(REVISED)