

READ INSTRUCTIONS CAREFULLY
BEFORE PROCEEDING

FEDERAL COMMUNICATIONS COMMISSION
REMITTANCE ADVICE

APPROVED BY OMB 3060-0589

(1) LOCKBOX #

PAGE NO. 1 OF 1

SPECIAL USE

1423

FCC/MELLON

AUG 07 2000

SECTION A - PAYER INFORMATION

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

KEVIN THOMPSON DBA DENALI VALLEY MINES LLC

(3) TOTAL AMOUNT PAID (dollars and cents)

\$ 45.00

(4) STREET ADDRESS LINE NO. 1

P.O. Box 875534

(5) STREET ADDRESS LINE NO. 2

(6) CITY

WASILLA

(7) STATE

ALASKA

(8) ZIP CODE

99687

(9) DAYTIME TELEPHONE NUMBER (include area code)

907-232-8178

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

N/A

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

SECTION B - APPLICANT INFORMATION

(11) APPLICANT NAME (if paying by credit card, enter name exactly as it appears on your card)

SAME AS ABOVE

(12) STREET ADDRESS LINE NO. 1

(13) STREET ADDRESS LINE NO. 2

(14) CITY

(15) STATE

(16) ZIP CODE

(17) DAYTIME TELEPHONE NUMBER (include area code)

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

COMPLETE SECTION C FOR EACH SERVICE, IF MORE BOXES ARE NEEDED, USE CONTINUATION SHEETS (FORM 159-C)

SECTION C - PAYMENT INFORMATION

(19A) FCC CALL SIGN/OTHER ID

(20A) PAYMENT TYPE CODE (PTC)

E A E

(21A) QUANTITY

1

(22A) FEE DUE FOR (PTC) IN BLOCK 20A

\$ 45.00

FCC USE ONLY

(23A) FCC CODE 1

(24A) FCC CODE 2

(19B) FCC CALL SIGN/OTHER ID

(20B) PAYMENT TYPE CODE (PTC)

(21B) QUANTITY

(22B) FEE DUE FOR (PTC) IN BLOCK 20B

FCC USE ONLY

(23B) FCC CODE 1

(24B) FCC CODE 2

(19C) FCC CALL SIGN/OTHER ID

(20C) PAYMENT TYPE CODE (PTC)

(21C) QUANTITY

(22C) FEE DUE FOR (PTC) IN BLOCK 20C

FCC USE ONLY

(23C) FCC CODE 1

(24C) FCC CODE 2

(19D) FCC CALL SIGN/OTHER ID

(20D) PAYMENT TYPE CODE (PTC)

(21D) QUANTITY

(22D) FEE DUE FOR (PTC) IN BLOCK 20D

FCC USE ONLY

(23D) FCC CODE 1

(24D) FCC CODE 2

SECTION D - TAXPAYER INFORMATION (REQUIRED)

Approved by OMB
3060-0085
Expires 9/30/98

FEDERAL COMMUNICATIONS COMMISSION

FCC FORM 442

FOR
FCC
USE
ONLY

FCC/MELLON

JUL 03 2000

APPLICATION FOR NEW OR MODIFIED RADIO STATION AUTHORIZATION UNDER PART 5 OF FCC RULES - EXPERIMENTAL RADIO SERVICE (OTHER THAN BROADCAST)

SECTION I																
APPLICANT NAME (Last, first, middle initial) THOMPSON KEVIN D. DBA DENALI VALLEY MINES LLC																
MAILING ADDRESS (Line 1) (Maximum 35 characters - refer to Instruction (2) on reverse of form) P.O. Box 875534																
MAILING ADDRESS (Line 2) (if required) (Maximum 65 characters) N/A																
CITY WASILLA																
STATE OR COUNTRY (if foreign address) ALASKA		ZIP CODE 99687	CALL SIGN OR FILE NUMBER													
Enter in Column (A) the correct Fee Type Code for the service you are applying for. Fee Type Codes may be found in FCC Fee Filing Guides. Enter in Column (B) the Fee Multiple, if applicable. Enter in Column (C) the result obtained from multiplying the value of the Fee Type Code in Column (A) by the number entered in Column (B), if any.																
(A) FEE TYPE CODE	(B) FEE MULTIPLE (if required)	(C) FEE DUE FOR FEE TYPE CODE IN COLUMN (A)														
<table border="1"><tr><td>E</td><td>A</td><td>E</td></tr></table>	E	A	E	<table border="1"><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td>N/A</td></tr></table>								N/A	<table border="1"><tr><td>\$</td><td>45.00</td></tr></table>	\$	45.00	
E	A	E														
			N/A													
\$	45.00															

SECTION II - To be used only when you are requesting concurrent actions which result in a requirement to list more than one Fee Type Code.													
N/A	(A) FEE TYPE CODE	(B) FEE MULTIPLE (if required)	(C) FEE DUE FOR FEE TYPE CODE IN COLUMN (A)										
(2)	<table border="1"><tr><td></td><td></td><td></td></tr></table>				<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					<table border="1"><tr><td>\$</td><td></td></tr></table>	\$		
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\$													
ADD ALL AMOUNTS SHOWN IN COLUMN C, LINES (1) THROUGH (5), AND ENTER THE TOTAL HERE. THIS AMOUNT SHOULD EQUAL YOUR ENCLOSED REMITTANCE.													
				<table border="1"><tr><td>TOAL AMOUNT REMITTED WITH THIS APPLICATION OR FILING</td></tr><tr><td>\$</td><td></td></tr></table>	TOAL AMOUNT REMITTED WITH THIS APPLICATION OR FILING	\$							
TOAL AMOUNT REMITTED WITH THIS APPLICATION OR FILING													
\$													



08-08-00 0358320 8320444 1 001 09

KEVIN D. THOMPSON 1000 E PARKWAY, FID 512 DANIELA, AK 99501		1423
Date <u>6-30-00</u>		
Pay to the order of <u>FEC</u>		\$ <u>45.00</u>
Payable to the order of <u>Forty Five and no/100</u>		
Payable to the order of <u>at Kelly's</u>		
Payable to the order of <u>Form 442 On Devils Valley</u>		
Payable to the order of <u>Kevin Thompson</u>		
3252723350 77 0000058444 1423		0000004500