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US BANK/FCC JUL 08 2013

READ INSTRUCTIONS CAREFULLY BEFORE PROCEEDING

FEDERAL COMMUNICATIONS COMMISSION
REMITTANCE ADVICE

Approved by OMB
3060-0589

(1) LOCKBOX #	SPECIAL USE ONLY
979095	FCC USE ONLY

SECTION A – PAYER INFORMATION

(2) PAYER NAME (if paying by credit card enter name exactly as it appears on the card)	(3) TOTAL AMOUNT PAID (U.S. Dollars and cents)
Raytheon Technical Services Company	$60.00

(4) STREET ADDRESS LINE NO.1
6125 E. 21st Street

(5) STREET ADDRESS LINE NO. 2
MS 42

(6) CITY	(7) STATE	(8) ZIP CODE
Indianapolis	IN	46219 -2058

(9) DAYTIME TELEPHONE NUMBER (include area code)	(10) COUNTRY CODE (if not in U.S.A.)
317-3067793	US

FCC REGISTRATION NUMBER (FRN) REQUIRED

(11) PAYER (FRN)	(12) FCC USE ONLY
0016363756	

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
Raytheon Technical Services Company

(14) STREET ADDRESS LINE NO.1
Brian Kavalar MS:42

(15) STREET ADDRESS LINE NO. 2
6125 E. 21st Street

(16) CITY	(17) STATE	(18) ZIP CODE
Indianapolis	IN	46219

(19) DAYTIME TELEPHONE NUMBER (include area code)	(20) COUNTRY CODE (if not in U.S.A.)
	XX

FCC REGISTRATION NUMBER (FRN) REQUIRED

(21) APPLICANT (FRN)	(22) FCC USE ONLY
0016363756	

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

(23A) CALL SIGN/OTHER ID	(24A) PAYMENT TYPE CODE	(25A) QUANTITY
0575ST2013	EAE	1
(26A) FEE DUE FOR (PTC)	(27A) TOTAL FEE	FCC USE ONLY
$60.00	$60.00	
(28A) FCC CODE 1	(29A) FCC CODE 2	
	13EL283980	

(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,_____, 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_____ DATE_____

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_____

Raytheon
4101 E Plano Parkway
Plano, TX 75074-1814

6/27/13 9095

FEDERAL COMMUNICATIONS COMMISSION
Washington, DC 20554

Re: FRN_____
Call Sign/ID_____
FCC Code #1_____
FCC Code #2_____

Dear FCC Customer:

Re: Return of Unprocessable Application

This is to notify you that your application package is being returned for the following reasons:

( ) No application/filing accompanied your submission.

( ) No remittance accompanied your submission. Please refer to the appropriate Fee Filing Guide

( ) The remittance for payment type code _____ is now $ _____.

( ) Your check is not acceptable for this reason _____.

( ) Multiple checks for a single application are not accepted, please send one check for $ _____.

(X) No remittance advice (FCC Form 159) accompanied your submission.

( ) The payment type code is needed.

( ) The remittance advice form (FCC Form 159) is incomplete.

( ) The credit card section of FCC Form 159 Remittance Advice needs _____Expiration date_____Signature.

( ) Block 3 must be completed (please enter $ _____) to authorize a credit charge, only the credit card holder can complete this item.

( ) Your credit card was denied by Authorizations; please confirm or correct card number.

( ) Your credit card was declined; if any question, please contact bank that issued card.

( ) The FCC Form 159, Remittance Advice, used is obsolete. Please use the July 2005 edition. See enclosed Public Notice for further information.

( ) The Payer/Applicant FCC Registration Number (FRN) is missing from the Form 159. This number is required in order to process your filing. See enclosed News Release for further assistance.

( ) **Payment for your electronically filed application cannot be processed without the confirmation number in the FCC Code 2 block of the FCC Form 159. Payment must be received within 10 business days from the receipt date of your electronically filed application to avoid dismissal. If payment is not received within 10 days, you must file another electronically filed application, properly complete a FCC Form 159, which includes the required confirmation number, and send another payment.**

( ) Other.

Please refer to the enclosed Fee Filing Guide for further instructions, and mail your corrected application, remittance advice form and payment to the appropriate P.O. Box in St. Louis, MO.

If you have further questions, please contact the FCC at 202-418-1995.

Sincerely,

FCC Financial Operations

Enclosures:
Filing Guide_____
Check/Credit Card(s) #_____ $_____
FCC Form(s)_____ Rec'd in P.O. Box # _____

White - Applicant Yellow – Bank Pink – F. C. C.

FCC Form 164
June 2008