FCC/MELLON OCT 18 2001

READ INSTRUCTIONS CAREFULLY BEFORE PROCEEDING (1) LOCKBOX # 358320	FEDERAL COMMUNICATIONS COMMISSION REMITTANCE ADVICE	Approved by OMB 10-22-01 8320841 001 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)	(3) TOTAL AMOUNT PAID (U.S. Dollars and cents)
SENSIS CORPORATION	$50.00

(4) STREET ADDRESS LINE NO. 1
5793 WIDEWATERS PARKWAY

(5) STREET ADDRESS LINE NO. 2

(6) CITY	(7) STATE	(8) ZIP CODE
DEWITT	NY	13214

(9) DAYTIME TELEPHONE NUMBER (include area code)	(10) COUNTRY CODE (if not in U.S.A.)
315-445-0550	

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

(11) PAYER (FRN)	(12) PAYER (TIN)
0004-9889-60	222629993

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	(24A) PAYMENT TYPE CODE	(25A) QUANTITY
	EAE	1

(26A) FEE DUE FOR (PTC)	(27A) TOTAL FEE	FCC USE ONLY
$50.00	$50.00	

(28A) FCC CODE 1	(29A) FCC CODE 2

(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, JOSEPH A STEVENS, 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 03 OCT 01

Approved by OMB
3060-0065
Expires 9/30/98

FEDERAL COMMUNICATIONS COMMISSION

FCC FORM 442

FOR FCC USE ONLY

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)
Sensis Corporation

MAILING ADDRESS (Line 1) (Maximum 35 characters - refer to Instruction (2) on reverse of form)
5793 Widewaters Parkway

MAILING ADDRESS (Line 2) (if required) (Maximum 35 characters)

CITY
DeWitt

STATE OR COUNTRY (if foreign address)	ZIP CODE	CALL SIGN OR FILE NUMBER
NY	13214	0236-EX-PL-2001

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)	FOR FCC USE ONLY
(1)	E A E		$ 50.00	

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.

	(A) FEE TYPE CODE	(B) FEE MULTIPLE (If required)	(C) FEE DUE FOR FEE TYPE CODE IN COLUMN (A)	FOR FCC USE ONLY
(2)			$	
(3)			$	
(4)			$	
(5)			$	

ADD ALL AMOUNTS SHOWN IN COLUMN C, LINES (1) THROUGH (5), AND ENTER THE TOTAL HERE. THIS AMOUNT SHOULD EQUAL YOUR ENCLOSED REMITTANCE. →

TOTAL AMOUNT REMITTED WITH THIS APPLICATION OR FILING	FOR FCC USE ONLY
$ 50.00	