

MAY 11 2015

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READ INSTRUCTIONS CAREFULLY
BEFORE PROCEEDINGFEDERAL COMMUNICATIONS COMMISSION
REMITTANCE ADVICEApproved by OMB
3060-0589
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(1) LOCK BOX # 979095		US BANK/FCC		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) Thinkify LLC			(3) TOTAL AMOUNT PAID (U.S. Dollars and cents) \$65.00		
(4) STREET ADDRESS LINE NO. 1 118450 Technology Drive					
(5) STREET ADDRESS LINE NO. 2 Suite E1					
(6) CITY Morgan Hill			(7) STATE CA	(8) ZIP CODE 95037	
(9) DAYTIME TELEPHONE NUMBER (include area code) 408-7827111			(10) COUNTRY CODE (if not in U.S.A.) US		
FCC REGISTRATION NUMBER (FRN) REQUIRED					
(11) PAYER (FRN) 0018801704			(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 Thinkify, LLC					
(14) STREET ADDRESS LINE NO. 1 Curt Carrender					
(15) STREET ADDRESS LINE NO. 2 18450 Technology Drive, Suite E1					
(16) CITY Morgan Hill			(17) STATE CA	(18) ZIP CODE 95037	
(19) DAYTIME TELEPHONE NUMBER (include area code) (408) 782-7111			(20) COUNTRY CODE (if not in U.S.A.) US		
FCC REGISTRATION NUMBER (FRN) REQUIRED					
(21) APPLICANT (FRN) 0018801704			(22) FCC USE ONLY		
COMPLETE SECTION C FOR EACH SERVICE, IF MORE BOXES ARE NEEDED, USE CONTINUATION SHEET					
(23A) CALL SIGN/OTHER ID 0238RR2015	(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 13EL405909			
(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>Mellie Roth</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>Mellie Roth</u> DATE <u>5/5/15</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)