

CORRESPONDENCE

Marstech Limited

11 Kelfield Street
Etobicoke, Ontario, M9W 5A1
(416) 246-1116

Fax: (416) 246-1020, E-mail bob@marstechltd.com

Testing For FCC
Submissions/
Verifications

Engineering &
Administrative



Authorized by:
Professional Engineers
Ontario

Industry Canada
Industrie Canada
Approved Test Facility



To: Mr. Joe Dichoso **Date:** January 7, 1999
Company: FCC Lab - Maryland **Pages:** 3, including this cover sheet.
(FCC Application
Processing Branch)
From: Bob Marshall
Reference: 98428D1 **Fax Log:** FCC-2005
Subject: FCC ID: AX292AJC215H
Applicant: Clarion Co. ltd.
Correspondence Reference No.: 5440
731 Confirmation No.: EA92011
Date of Original Email: 01/05/1999

COMMENTS:

- 1) Please see the attached Bank Draft dated October 13, 1998 and Fee Form sent to Mellon Bank.

Please call us at (416) 246-1116, if further info is required.

Best Regards,

15538 (04/97) PART 3

CUSTOMER'S RECORD OF DRAFT PURCHASED FROM

THE TORONTO-DOMINION BANK

1885 - 01527030

NO.

- 1527030

OCTOBER 13 19 98

PAYABLE TO **FEDERAL COMMUNICATIONS COMMISSION**

U.S. \$ *****365.00

365 00

DOLLARS

UNITED STATES CURRENCY

RECEIPT ONLY - NOT NEGOTIABLE

PLEASE RETAIN FOR PRESENTATION IN EVENT ORIGINAL LOST

[Signature]
 AUTHORIZED OFFICER NUMBER
 COUNTERSIGNED
Clarion / JC - 215H #9842801

(2)

READ INSTRUCTIONS CAREFULLY BEFORE PROCEEDING

APPROVED BY OMB 3060-0589

FEDERAL COMMUNICATIONS COMMISSION REMITTANCE ADVICE

SPECIAL USE

ELECTRONIC FILING

FCC USE ONLY

PAGE NO 1 OF 1

1) LOCKBOX # 358315

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 (dollars and cents)

Marstech Limited

\$365.00 USD

4) STREET ADDRESS LINE NO. 1

11 Kelfield Street

5) STREET ADDRESS LINE NO. 2

6) CITY

Etobicoke, Ontario

(7) STATE

(8) ZIP CODE

M9W 5A1

9) DAYTIME TELEPHONE NUMBER (include area code)

(416) 246-1116

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

CAN (CANADA)

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)

CLARION CO., LTD.

(12) STREET ADDRESS LINE NO. 1

50 Kamitoda

(13) STREET ADDRESS LINE NO. 2

(14) CITY

Toda Saitama

(15) STATE

(16) ZIP CODE

335-8511

(17) DAYTIME TELEPHONE NUMBER (include area code)

81 48 443 1111 Ext. 665

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

JAPAN

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

SECTION C - PAYMENT INFORMATION

Table with 5 columns: FCC CALL SIGN/OTHER ID, PAYMENT TYPE CODE (PTC), QUANTITY, FEE DUE FOR (PTC) IN BLOCK, and FCC USE ONLY. It contains five rows of payment data for different services.

SECTION D - TAXPAYER INFORMATION (REQUIRED)

(25) PAYER TIN: 4 1 6 2 4 6 1 1 1 6

(26) COMPLETE THIS BLOCK ONLY IF APPLICANT NAME IN 8-11 IS DIFFERENT FROM PAYER NAME IN 2-3. APPLICANT TIN: 8 1 4 8 4 4 3 11 -11

SECTION E - CERTIFICATION

(27) CERTIFICATION STATEMENT

I, Robert G. Marshall, P. Eng., Certify under penalty of perjury that the foregoing and supporting information

are true and correct to the best of my knowledge, information and belief. SIGNATURE Robert Marshall

SECTION F - CREDIT CARD PAYMENT INFORMATION

Form for credit card payment information including fields for MASTERCARD/VISA ACCOUNT NUMBER, EXPIRATION DATE, AUTHORIZED SIGNATURE, and DATE.

SEE PUBLIC BURDEN ESTIMATE ON REVERSE

FCC FORM 159 JULY 1997 (REVISED)

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