

Facsimile Cover Sheet

To: Mellon Bank	From: Cadence Design Systems
Company: 40 FCC	Date: 10/30/00
Fax #: (412)209-6045	Pages including this cover sheet: 6
Reference:	

REMARKS: Urgent For Your Review Reply ASAP Please Comment

Comments:

TO whom it may Concern:
Attached please see Form 159 and FCC Form 731
for FCC ID: OWS-920, confirmation # EA98933

Thanks
Ami

This transmittal is intended only for the use of the individual or entity named above and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If you are not the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone and return the original message via the postal service. Thank you.

READ INSTRUCTIONS CAREFULLY BEFORE PROCEEDING

(1) LOCKBOX #

FEDERAL COMMUNICATIONS COMMISSION
REMITTANCE ADVICE

Approved by OMB
3060-0589
Page No. ___ of ___

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)
 Cladence Design Systems | 495.00 +

(4) STREET ADDRESS LINE NO. 1
 555 River Oaks Parkway Bldg 4

(5) STREET ADDRESS LINE NO. 2

(6) CITY | (7) STATE | (8) ZIP CODE
 San Jose | CA | 95134

(9) DAYTIME TELEPHONE NUMBER (include area code) | (10) COUNTRY CODE (if not in U.S.A.)
 408-4738395

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

(11) PAYER (FRN) | (12) PAYER (TIN)
 | 7701482311

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
 Innovative Communications

(14) STREET ADDRESS LINE NO. 1
 101 South Second Street

(15) STREET ADDRESS LINE NO. 2

(16) CITY | (17) STATE | (18) ZIP CODE
 Milwaukee | WI | 53204

(19) DAYTIME TELEPHONE NUMBER (include area code) | (20) COUNTRY CODE (if not in U.S.A.)
 262-7830200

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

(21) APPLICANT (FRN) | (22) APPLICANT (TIN)
 | 3919715471

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
 OWS-920 | EFT (EFT) |

(26A) FEE DUE FOR (PTC) | (27A) TOTAL FEE | FCC USE ONLY
 495.00 |

(28A) FCC CODE 1 | (29A) FCC CODE 2
 OWS-920 | 13EA98933

(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, Amir Ashtiani, 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 Amir Ashtiani DATE 10/23/00

SECTION E - CREDIT CARD PAYMENT INFORMATION

(31) MASTERCARD VISA

MASTERCARD/VISA ACCOUNT NUMBER: 4246040007083159 | EXPIRATION 9307

I hereby authorize the FCC to charge my VISA or MASTERCARD for the service(s)/authorization herein described.
 SIGNATURE Fro Clark DATE 10-30-00