



**Projektname: 4\_MITSU\_0101\_BT**

Federal Communications Commission  
c/o Mellon Bank Center  
Att. Wholesale Lockbox Shift Supervisor  
Three Mellon Bank Center  
525 William Penn Way  
27<sup>th</sup> Floor, Room 153-2713  
Pittsburgh, PA 15259-0001  
USA

Torsten Lohoff  
12.11.2001  
Phone +49 (0) 2102 749 306  
Fax +49 (0) 2102 749 350

**fee payments, FCC-ID: POOWML-C07**

Dear Sirs,

please find enclosed the remittance advice form 159 for the payment of the equipment authorization fees for our customer Mitsumi Electronics Co., Ltd.

The form 159 has been filled according to the instructions in the FCC fee filing guide. It contains payments for the certification fee and the request for confidentiality.

If you have any questions, do not hesitate to contact me.

Best Regards

A handwritten signature in blue ink, appearing to be 'T. Lohoff', written in a cursive style.

READ INSTRUCTIONS CAREFULLY  
BEFORE PROCEEDING

FEDERAL COMMUNICATIONS COMMISSION  
REMITTANCE ADVICE

Approved by OMB  
3060-0589  
Page No 1 of 1

(1) LOCKBOX # 358315

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)

**7 layers AG**

(3) TOTAL AMOUNT PAID (U.S. Dollars and cents)

**\$1,130.00**

(4) STREET ADDRESS LINE NO. 1

**Borsigstr. 11**

(5) STREET ADDRESS LINE NO. 2

(6) CITY

**Ratingen**

(7) STATE

(8) ZIP CODE

**40880**

(9) DAYTIME TELEPHONE NUMBER (include area code)

**+49 2102 749 306**

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

**Germany**

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

(11) PAYER (FRN)

**999999999**

(12) PAYER (TIN)

**999999999**

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

**Mitsumi Electronics Co., Ltd.**

(14) STREET ADDRESS LINE NO. 1

**8-8-2. Kokuryo-cho**

(15) STREET ADDRESS LINE NO. 2

**chohu-chi**

(16) CITY

**Tokyo**

(17) STATE

(18) ZIP CODE

**182-8557**

(19) DAYTIME TELEPHONE NUMBER (include area code)

**+81 283 23 3332**

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

**Japan**

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

(21) APPLICANT (FRN)

**999999999**

(22) APPLICANT (TIN)

**999999999**

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

(23A) CALL SIGN/OTHER ID

(24A) PAYMENT TYPE CODE

**EGC**

(25A) QUANTITY

**1**

(26A) FEE DUE FOR (PTC)

**\$985.00**

(27A) TOTAL FEE

**\$985.00**

FCC USE ONLY

(28A) FCC CODE 1

**POOWML-C07**

(29A) FCC CODE 2

**13EA311875**

(23B) CALL SIGN/OTHER ID

(24B) PAYMENT TYPE CODE

**EBC**

(25B) QUANTITY

**1**

(26B) FEE DUE FOR (PTC)

**\$145.00**

(27B) TOTAL FEE

**\$145.00**

FCC USE ONLY

(28B) FCC CODE 1

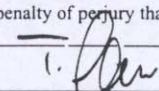
**POOWML-C07**

(29B) FCC CODE 2

**13EA311875**

SECTION D - CERTIFICATION

(30) CERTIFICATION STATEMENT

I, TORSTEN LOHOFF, 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 12.11.01

SECTION E - CREDIT CARD PAYMENT INFORMATION

(31)

MASTERCARD

MASTERCARD/VISA ACCOUNT NUMBER:

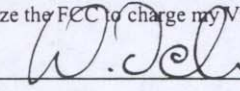
**4779 1230 0007 5458**

EXPIRATION

DATE: **02/04**

VISA

I hereby authorize the FCC to charge my VISA or MASTERCARD for the service(s)/authorization herein described.

SIGNATURE 

DATE 12.11.01