

UCTIONS CAREFULLY
CEEDING

FEDERAL COMMUNICATI
REMITTANCE

Streamlined
MUMBAI TEL, LLC

ITC-214-20010716-00389

Approved by OMB

OX # 358115

SECTION A - PAYER I

AME (if paying by credit card, enter name exactly as it appears on your card)
i. Amend

(3) TOTAL AMOUNT PAID (U.S. Dollars and cents)
\$815.00

II
ADDRESS LINE NO. 1
ADDRESS LINE NO. 2

PAID BY CREDIT CARD

TELEPHONE NUMBER (include area code) (10) COUNTRY CODE (if not in U.S.A.) (7) STATE (8) ZIP CODE
1090 **KS** **67206**

FCC REGISTRATION NUMBER (FRN) AND TAX IDENTIFICATION NUMBER (TIN) REQUIRED
0004938353 (12) PAYER (TIN)
513581706

IF PAYER NAME AND THE APPLICANT NAME ARE DIFFERENT, COMPLETE SECTION B
IF MORE THAN ONE APPLICANT, USE CONTINUATION SHEETS (FORM 159-C)

NT NAME
i. LLC

ADDRESS LINE NO. 1
03
ADDRESS LINE NO. 2

3 TELEPHONE NUMBER (include area code) (20) COUNTRY CODE (if not in U.S.A.) (17) STATE (18) ZIP CODE
1090 **KS** **67208**

FCC REGISTRATION NUMBER (FRN) AND TAX IDENTIFICATION NUMBER (TIN) REQUIRED
IT (FRN) (22) APPLICANT (TIN)
0004959912 **481247496**

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

GN/OTHER ID (24A) PAYMENT TYPE CODE (25A) QUANTITY
CUT **1**

FOR (PTC) (27A) TOTAL FEE (29A) FCC CODE 2
\$815.00

DE 1

GN/OTHER ID (24B) PAYMENT TYPE CODE (25B) QUANTITY

FOR (PTC) (27B) TOTAL FEE (29B) FCC CODE 2
DE 1

SECTION D - CERTIFICATION

ACTION STATEMENT
ff Amend certify under penalty of perjury that the foregoing and supporting information is true and correct to
knowledge, information and belief. SIGNATURE *[Signature]* DATE **7-13-01**

SECTION E - CREDIT CARD PAYMENT INFORMATION