

READ INSTRUCTIONS CAREFULLY
BEFORE PROCEEDING

FEDERAL COMMUNICATIONS COMMISSION
REMITTANCE ADVICE

Approved by OMB
3060-0589
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(1) LOCKBOX # 358115

FCC/MELLON JUN 29 2007

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)
Wholesale Network Services, Inc.

(3) TOTAL AMOUNT PAID (U.S. Dollars and cents)
\$965.00

(4) STREET ADDRESS LINE NO. 1
1650 Jefferson Road

(5) STREET ADDRESS LINE NO. 2

(6) CITY **Whippany** (7) STATE **NJ** (8) ZIP CODE **07981**

(9) DAYTIME TELEPHONE NUMBER (include area code) **973-739-0039** (10) COUNTRY CODE (if not in U.S.A.)
US

(11) PAYER (FRN) **0016655318** (12) PAYER (TIN) **20-5299536**
FCC REGISTRATION NUMBER (FRN) AND TAX IDENTIFICATION NUMBER (TIN) REQUIRED

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

(14) STREET ADDRESS LINE NO. 1

(15) STREET ADDRESS LINE NO. 2

(16) CITY

(17) STATE

(18) ZIP CODE

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

(21) APPLICANT (FRN) (22) APPLICANT (TIN)
FCC REGISTRATION NUMBER (FRN) AND TAX IDENTIFICATION NUMBER (TIN) REQUIRED

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
CUT 1

(26A) FEE DUE FOR (PTC) (27A) TOTAL FEE (29A) FCC CODE 2
\$965.00 \$965.00

(28A) FCC CODE 1 (29B) FCC CODE 2
IB2007001566

(23B) CALL SIGN/OTHER ID (24B) PAYMENT TYPE CODE (25B) QUANTITY

(26B) FEE DUE FOR (PTC) (27B) TOTAL FEE (29B) FCC CODE 2
FCC USE ONLY

(28B) FCC CODE 1 (29B) FCC CODE 2

SECTION D - CERTIFICATION

(30) CERTIFICATION STATEMENT
I, _____, 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 _____

SECTION E - CREDIT CARD PAYMENT INFORMATION

(31) MASTERCARD/VISA ACCOUNT NUMBER

EXPIRATION DATE

MASTERCARD

VISA

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