

READ INSTRUCTIONS CAREFULLY
BEFORE PROCEEDING

FEDERAL COMMUNICATIONS COMMISSION
REMITTANCE ADVICE

Approved by OMB
3060-0589

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9921a

(1) LOCK BOX # 358210	FCC/MELLON MAR 15 2004	SPECIAL USE ONLY
		FCC USE ONLY

SECTION A - PAYER INFORMATION

(2) PAYER NAME (if paying by credit card enter name exactly as it appears on the card) Northrop Grumman Space & Missi	(3) TOTAL AMOUNT PAID (U.S. Dollars and cents) \$1,410.00	
(4) STREET ADDRESS LINE NO. 1 1000 Wilson Blvd.		
(5) STREET ADDRESS LINE NO. 2 Suite 2300		
(6) CITY Arlington	(7) STATE VA	(8) ZIP CODE 22209
(9) DAYTIME TELEPHONE NUMBER (include area code) 703 - 7417717	(10) COUNTRY CODE (if not in U.S.A.) US	

FCC REGISTRATION NUMBER (FRN) REQUIRED

(11) PAYER (FRN) 0004843553	(12) FCC USE ONLY
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IF MORE THAN ONE APPLICANT, USE CONTINUATION SHEETS (FORM 159-C)
COMPLETE SECTION BELOW FOR EACH SERVICE, IF MORE BOXES ARE NEEDED, USE CONTINUATION SHEET

(13) APPLICANT NAME Northrop Grumman Space & Mission Systems Corp.		
(14) STREET ADDRESS LINE NO. 1 1000 Wilson Blvd.		
(15) STREET ADDRESS LINE NO. 2 Suite 2300		
(16) CITY Arlington	(17) STATE VA	(18) ZIP CODE 22209 -
(19) DAYTIME TELEPHONE NUMBER (include area code) 703-741-7717	(20) COUNTRY CODE (if not in U.S.A.) US	

FCC REGISTRATION NUMBER (FRN) REQUIRED

(21) APPLICANT (FRN) 0004843553	(22) FCC USE ONLY
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COMPLETE SECTION C FOR EACH SERVICE, IF MORE BOXES ARE NEEDED, USE CONTINUATION SHEET

(23A) CALL SIGN/OTHER ID	(24A) PAYMENT TYPE CODE CWY	(25A) QUANTITY 1
(26A) FEE DUE FOR (PTC) \$1,410.00	(27A) TOTAL FEE \$1,410.00	FCC USE ONLY
(28A) FCC CODE 1	(29A) FCC CODE 2 IB2004000566	
(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

CERTIFICATION STATEMENT
I, DAVID S. KEIR, 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 David S. Keir DATE 03-15-2004

SECTION E - CREDIT CARD PAYMENT INFORMATION

MASTERCARD _____ VISA _____ AMEX _____ DISCOVER _____

ACCOUNT NUMBER _____ EXPIRATION DATE _____

I hereby authorize the FCC to charge my credit card for the service(s)/authorization herein described.

SIGNATURE _____ DATE _____