

03-05-04 8210722 002

Wire Transfer - Application Fee Payment

READ INSTRUCTIONS CAREFULLY
BEFORE PROCEEDING

FEDERAL COMMUNICATIONS COMMISSION
REMITTANCE ADVICE

Approved by OMB
30604529
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(1) LOCKBOX # 358210		MARC 4 2004	
SECTION A - PAYER INFORMATION			
(2) PAYER NAME (if paying by credit card enter name exactly as it appears on the card) SES Americom, Inc.		(3) TOTAL AMOUNT PAID (U.S. Dollars and cents) \$98,645.00	
(4) STREET ADDRESS LINE NO 1 4 Research Way			
(5) STREET ADDRESS LINE NO 2 SAT-RPL-20040227-00024			
(6) CITY Princeton		(7) STATE NJ	(8) ZIP CODE 08540-6684
(9) DAYTIME TELEPHONE NUMBER (include area code) 609-987-4025		(10) COUNTRY CODE (if not in U.S.A.)	
FCC REGISTRATION NUMBER (FRN) REQUIRED			
(11) PAYER (FRN) 0003-7623-66		(12) FCC SERVICE	
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 SES Americom, Inc.			
(14) STREET ADDRESS LINE NO 1 4 Research Way			
(15) STREET ADDRESS LINE NO 2			
(16) CITY Princeton		(17) STATE NJ	(18) ZIP CODE 08540-6684
(19) DAYTIME TELEPHONE NUMBER (include area code) 609-987-4025		(20) COUNTRY CODE (if not in U.S.A.)	
FCC REGISTRATION NUMBER (FRN) REQUIRED			
(21) APPLICANT (FRN) 0003-7623-66		(22) FCC SERVICE	
COMPLETE SECTION C FOR EACH SERVICE. IF MORE BOXES ARE NEEDED, USE CONTINUATION SHEET			
(23A) CALL SIGN/OTHER ID	(24A) PAYMENT TYPE CODE BNY	(25A) QUANTITY 1	
(26A) FEE DUE FOR (PTC) \$98,645.00	(27A) TOTAL FEE \$98,645.00		
(28A) FCC CODE 1		(29A) FCC CODE 2 IB2004000426	
(23B) CALL SIGN/OTHER ID	(24B) PAYMENT TYPE CODE	(25B) QUANTITY	
(26B) FEE DUE FOR (PTC)	(27B) TOTAL FEE		
(28B) FCC CODE 1		(29B) FCC CODE 2	
SECTION D - CERTIFICATION			
CERTIFICATION STATEMENT			
I, <u>Rhonda L. Kovacs</u> , 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 <u>Rhonda H. Kovacs</u>		DATE <u>March 4, 2004</u>	
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) with information herein described.			
SIGNATURE _____		DATE _____	