

FEDERAL COMMUNICATIONS COMMISSION
REMITTANCE ADVICE

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|---------------|------------------|
| (1) LOCKBOX # | SPECIAL USE ONLY |
| | FCC USE ONLY |

SECTION A – PAYER INFORMATION

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|--|--|--------------|
| (2) PAYER NAME (if paying by credit card enter name exactly as it appears on the card) | (3) TOTAL AMOUNT PAID (U.S. Dollars and cents) | |
| (4) STREET ADDRESS LINE NO.1 | | |
| (5) STREET ADDRESS LINE NO. 2 | | |
| (6) CITY | (7) STATE | (8) ZIP CODE |
| (9) DAYTIME TELEPHONE NUMBER (include area code) | (10) COUNTRY CODE (if not in U.S.A.) | |

FCC REGISTRATION NUMBER (FRN) REQUIRED

| | |
|------------------|-------------------|
| (11) PAYER (FRN) | (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 | | |
| (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.) | |

FCC REGISTRATION NUMBER (FRN) REQUIRED

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|----------------------|-------------------|
| (21) APPLICANT (FRN) | (22) FCC USE ONLY |
|----------------------|-------------------|

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

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|--------------------------|-------------------------|----------------|
| (23A) CALL SIGN/OTHER ID | (24A) PAYMENT TYPE CODE | (25A) QUANTITY |
| (26A) FEE DUE FOR (PTC) | (27A) TOTAL FEE | FCC USE ONLY |
| (28A) FCC CODE 1 | (29A) FCC CODE 2 | |

| | | |
|--------------------------|-------------------------|----------------|
| (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, _____, 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

MASTERCARD _____ VISA AMEX _____ DISCOVER _____

ACCOUNT NUMBER 4802138512103110 EXPIRATION DATE 05/16

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

SIGNATURE _____ DATE _____