

# Online Payment Confirmation

Total Amount	\$720.00
Payer FRN	0030479497
Payer Name	edelozier@wbklaw.com
Remittance ID	4116882
Treasury Tracking ID	274P9E2O

Thank you for your payment!

FEDERAL COMMUNICATIONS COMMISSION  
**REMITTANCE ADVICE**

(1) LOCKBOX # <b>979089</b>	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) <b>Townsquare License, LLC</b>	(3) TOTAL AMOUNT PAID (U.S. Dollars and cents) <b>720.00</b>
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(4) STREET ADDRESS LINE NO. 1  
**1 Manhattanville Road**

(5) STREET ADDRESS LINE NO. 2  
**Suite 202**

(6) CITY <b>Purchase</b>	(7) STATE <b>NY</b>	(8) ZIP CODE <b>10577</b>
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(9) DAYTIME TELEPHONE NUMBER (include area code) <b>2038610900</b>	(10) COUNTRY CODE (if not in U.S.A.) <b>US</b>
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**FCC REGISTRATION NUMBER (FRN) REQUIRED**

(11) PAYER (FRN) <b>0030479497</b>	(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  
**Townsquare License, LLC**

(14) STREET ADDRESS LINE NO.1  
**1 Manhattanville Road**

(15) STREET ADDRESS LINE NO. 2  
**Suite 202**

(16) CITY <b>Purchase</b>	(17) STATE <b>NY</b>	(18) ZIP CODE <b>10577</b>
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(19) DAYTIME TELEPHONE NUMBER (include area code) <b>2038610900</b>	(20) COUNTRY CODE (if not in U.S.A.) <b>US</b>
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**FCC REGISTRATION NUMBER (FRN) REQUIRED**

(21) APPLICANT (FRN) <b>0030479497</b>	(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 <b>KMPT</b>	(24A) PAYMENT TYPE CODE <b>MMR</b>	(25A) QUANTITY <b>1</b>
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(26A) FEE DUE FOR (PTC) <b>720.00</b>	(27A) TOTAL FEE <b>720.00</b>	FCC USE ONLY
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(28A) FCC CODE 1 <b>71754</b>	(29A) FCC CODE 2 <b>CDBS20230328AAA</b>
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(23B) CALL SIGN/OTHER ID	(24B) PAYMENT TYPE CODE	(25B) QUANTITY
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(26B) FEE DUE FOR (PTC)	(27B) TOTAL FEE	FCC USE ONLY
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(28B) FCC CODE 1	(29B) FCC CODE 2
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**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 \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

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

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_