

Online Payment Confirmation

| | |
|----------------------|----------------------|
| Total Amount | \$325.00 |
| Payer FRN | 0030479497 |
| Payer Name | edelozier@wbklaw.com |
| Remittance ID | 4187824 |
| Treasury Tracking ID | 27655A8R |

Thank you for your payment!

READ INSTRUCTIONS CAREFULLY
BEFORE PROCEEDING

FEDERAL COMMUNICATIONS COMMISSION
REMITTANCE ADVICE

Approved by OMB
3060-0589
Page No 1 of 1

| | | | |
|---|---------------------------------------|---|-------------------------------|
| (1) LOCK BOX # 979089 | | 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) Townsquare License, LLC | | (3) TOTAL AMOUNT PAID (U.S. Dollars and cents) 325.00 | |
| (4) STREET ADDRESS LINE NO.1 1 Manhattanville Road | | | |
| (5) STREET ADDRESS LINE NO. 2 Suite 202 | | | |
| (6) CITY Purchase | | (7) STATE NY | (8) ZIP CODE 10577 |
| (9) DAYTIME TELEPHONE NUMBER (include area code) 2038610900 | | (10) COUNTRY CODE (if not in U.S.A.) US | |
| FCC REGISTRATION NUMBER (FRN) REQUIRED | | | |
| (11) PAYER (FRN) 0030479497 | | | |
| 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 Purchase | | (17) STATE NY | (18) ZIP CODE 10577 |
| (19) DAYTIME TELEPHONE NUMBER (include area code) 2038610900 | | (20) COUNTRY CODE (if not in U.S.A.) US | |
| FCC REGISTRATION NUMBER (FRN) REQUIRED | | | |
| (21) APPLICANT (FRN) 0030479497 | | | |
| COMPLETE SECTION C FOR EACH SERVICE, IF MORE BOXES ARE NEEDED, USE CONTINUATION SHEET | | | |
| (23A) CALL SIGN/OTHER ID KBOB | (24A) PAYMENT TYPE CODE MVV | (25A) QUANTITY 1 | |
| (26A) FEE DUE FOR (PTC) 325.00 | (27A) TOTAL FEE 325.00 | | |
| (28A) FCC CODE 1 13662 | | (29A) FCC CODE 2 CDBSBESTA20230615AAB | |
| (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, _____, 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 _____ | |