

Online Payment Confirmation

Total Amount	\$325.00
Payer FRN	0030479497
Payer Name	edelozier@wbklaw.com
Remittance ID	4094611
Treasury Tracking ID	274D52BI

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 KSEN	(24A) PAYMENT TYPE CODE MVV	(25A) QUANTITY 1	
(26A) FEE DUE FOR (PTC) 325.00	(27A) TOTAL FEE 325.00		
(28A) FCC CODE 1 7655		(29A) FCC CODE 2 BESTA20230309AAB	
(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 _____	