Online Payment Confirmation

Total Amount	$290.00
Payer FRN	0028010627
Payer Name	pchuh@wbklaw.com
Remittance ID	3797838
Treasury Tracking ID	27008E33

Thank you for your payment!

READ INSTRUCTIONS CAREFULLY
BEFORE PROCEEDING

FEDERAL COMMUNICATIONS COMMISSION
REMITTANCE ADVICE

Approved by OMB
3060-0589

(1) LOCK BOX #	SPECIAL USE ONLY
979089	FCC USE ONLY

SECTION A – PAYER INFORMATION

(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)
WPB FCC License Sub, LLC	290.00

(4) STREET ADDRESS LINE NO.1
3415 University Avenue, West

(5) STREET ADDRESS LINE NO. 2

(6) CITY	(7) STATE	(8) ZIP CODE
St. Paul	MN	55114

(9) DAYTIME TELEPHONE NUMBER (include area code)	(10) COUNTRY CODE (if not in U.S.A.)
6516424334	US

FCC REGISTRATION NUMBER (FRN) REQUIRED

(11) PAYER (FRN)	(12) FCC USE ONLY
0028010627	

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
WPB FCC License Sub, LLC

(14) STREET ADDRESS LINE NO.1
3415 University Avenue, West

(15) STREET ADDRESS LINE NO. 2

(16) CITY	(17) STATE	(18) ZIP CODE
St. Paul	MN	55114

(19) DAYTIME TELEPHONE NUMBER (include area code)	(20) COUNTRY CODE (if not in U.S.A.)
6516424334	US

FCC REGISTRATION NUMBER (FRN) REQUIRED

(21) APPLICANT (FRN)	(22) FCC USE ONLY
0028010627	

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

(23A) CALL SIGN/OTHER ID	(24A) PAYMENT TYPE CODE	(25A) QUANTITY
WMEN	MVV	1

(26A) FEE DUE FOR (PTC)	(27A) TOTAL FEE	FCC USE ONLY
290.00	290.00	

(28A) FCC CODE I	(29A) FCC CODE 2
61080	BESTA-20220503AAB

(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 I	(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_____