

READ INSTRUCTIONS CAREFULLY
BEFORE PROCEEDING

FEDERAL COMMUNICATIONS COMMISSION
REMITTANCE ADVICE

Approved by OMB
3060-0589
Page No 1 of 1

(1) LOCKBOX # 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) Mendota Broadcasting, Inc.		(3) TOTAL AMOUNT PAID (U.S. Dollars and cents) 290.00	
(4) STREET ADDRESS LINE NO.1 4162 E. Third Road			
(5) STREET ADDRESS LINE NO. 2			
(6) CITY Mendota		(7) STATE IL	(8) ZIP CODE 61342
(9) DAYTIME TELEPHONE NUMBER (include area code) 8152242100		(10) COUNTRY CODE (if not in U.S.A.) US	
FCC REGISTRATION NUMBER (FRN) REQUIRED			
(11) PAYER (FRN) 0001838317			
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 Mendota Broadcasting, Inc.			
(14) STREET ADDRESS LINE NO.1 4162 E. Third Road			
(15) STREET ADDRESS LINE NO. 2			
(16) CITY Mendota		(17) STATE IL	(18) ZIP CODE 61342
(19) DAYTIME TELEPHONE NUMBER (include area code) 8152242100		(20) COUNTRY CODE (if not in U.S.A.) US	
FCC REGISTRATION NUMBER (FRN) REQUIRED			
(21) APPLICANT (FRN) 0001838317			
COMPLETE SECTION C FOR EACH SERVICE, IF MORE BOXES ARE NEEDED, USE CONTINUATION SHEET			
(23A) CALL SIGN/OTHER ID WSPL	(24A) PAYMENT TYPE CODE MVV		(25A) QUANTITY 1
(26A) FEE DUE FOR (PTC) 290.00	(27A) TOTAL FEE 290.00		
(28A) FCC CODE 1 63535		(29A) FCC CODE 2 CDBS20221004AAA	
(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 _____	



Commission Registration System (CORES)

Associate Username to FRN
| Manage Existing
FRNs & FRN Financial
Register New FRN | Reset
FRN Password
| Search for FRN

FCC Registration

[FCC](#) > [FCC Registration](#) > [Manage Existing FRNs](#) > [FRN Financial](#) > [View/Pay](#) > Payment Confirmation

Logged In As: cheynen@brookspierce.com | [Logout](#)

Online Payment Confirmation

Print

Online Payment Confirmation

Total Amount	\$290.00
Payer FRN	0001838317
Payer Name	cheynen@brookspierce.com
Remittance ID	3943895
Treasury Tracking ID	271UL56P

Thank you for your payment!

[View Form159](#) [Go Back](#)

Customer Service

[Help](#)

[Frequently Asked Questions](#)

[Privacy Statement](#)

[FCC Home Page](#)

For assistance, please submit a help request at <https://www.fcc.gov/wireless/available-support-services> or call 877-480-3201 (Mon.-Fri, 8 a.m.-6 p.m. ET).