READ INSTRUCTIONS CAREFULLY BEFORE PROCEEDING

(1) LOCKBOX #

FEDERAL COMMUNICATIONS, COMMISSION

REMITTANCE ADVICE

PAGE NO._____ OF _____

APPROVED BY OMB 3060-0589

SPECIAL USE 124-2407468

FCC USE ONLY LLON APR 231999

SECTION A - PAYER INFORMATION

(2) PAYER NAME(if paying by credit card, enter name exactly as it appears on your card): Motorola, Inc.

(3) TOTAL AMOUNT PAID (dollars and cents): $ 90.00

(4) STREET ADDRESS LINE NO. 1: 1301 East Algonquin

(5) STREET ADDRESS LINE NO. 2:

(6) CITY: Schaumburg

(7) STATE: Illinois

(8) ZIP CODE: 60196

(9) DAYTIME TELEPHONE NUMBER (include area code):

(10) COUNTRY CODE (if not in U.S.A.):

IF PAYER NAME AND THE APPLICANT NAME ARE DIFFERENT, COMPLETE SECTION B
IF MORE THAN ONE APPLICANT, USE CONTINUATION SHEETS (FORM 159-C)

SECTION B - APPLICANT INFORMATION

(11) APPLICANT NAME(if paying by credit card, enter name exactly as it appears on your card):

(12) STREET ADDRESS LINE NO. 1:

(13) STREET ADDRESS LINE NO. 2:

(14) CITY:

(15) STATE:

(16) ZIP CODE:

(17) DAYTIME TELEPHONE NUMBER (include area code):

(18) COUNTRY CODE (if not in U.S.A.):

COMPLETE SECTION C FOR EACH SERVICE, IF MORE BOXES ARE NEEDED, USE CONTINUATION SHEETS (FORM 159-C)

SECTION C - PAYMENT INFORMATION

(19A) FCC CALL SIGN/OTHER ID	(20A) PAYMENT TYPE CODE (PTC)	(21A) QUANTITY	(22A) FEE DUE FOR (PTC) IN BLOCK 20A	FCC USE ONLY
KB2XDW	EAE	1	$ 45	

(23A) FCC CODE 1:

(24A) FCC CODE 2:

(19B) FCC CALL SIGN/OTHER ID	(20B) PAYMENT TYPE CODE (PTC)	(21B) QUANTITY	(22B) FEE DUE FOR (PTC) IN BLOCK 20B	FCC USE ONLY
~~KB2~~XBL KB2XDW	EAE	1	$ 45	

(23B) FCC CODE 1:

(24B) FCC CODE 2:

(19C) FCC CALL SIGN/OTHER ID	(20C) PAYMENT TYPE CODE (PTC)	(21C) QUANTITY	(22C) FEE DUE FOR (PTC) IN BLOCK 20C	FCC USE ONLY
			$	

(23C) FCC CODE 1:

(24C) FCC CODE 2:

(19D) FCC CALL SIGN/OTHER ID	(20D) PAYMENT TYPE CODE (PTC)	(21D) QUANTITY	(22D) FEE DUE FOR (PTC) IN BLOCK 20D	FCC USE ONLY
			$	

(23D) FCC CODE 1:

(24D) FCC CODE 2:

SECTION D - TAXPAYER INFORMATION (REQUIRED)

(25) PAYER TIN:

(26) COMPLETE THIS BLOCK ONLY IF APPLICANT NAME IN B-11 IS DIFFERENT FROM PAYER NAME IN A-2)
APPLICANT TIN:

SECTION E - CERTIFICATION

(27) CERTIFICATION STATEMENT

I, Dan Simons (PRINT NAME), Certify under penalty of perjury that the foregoing and supporting information are true and correct to the best of my knowledge, infomation and belief. SIGNATURE Dan Simons

SECTION F - CREDIT CARD PAYMENT INFORMATION

(28)

☐ MASTERCARD MASTERCARD/VISA ACCOUNT NUMBER: EXPIRATION DATE: MONTH YEAR

☐ VISA I hereby authorize the FCC to charge my VISA or MASTERCARD for the service(s)/authorizations(s) herein described. AUTHORIZED SIGNATURE DATE

SEE PUBLIC BURDEN ESTIMATE ON REVERSE

FCC FORM 159 JULY 1997 (REVISED)

04-26-99 0358320 8320076 1 001 09

Mellon Bank

MOTOROLA

1301 E. Algonquin Road Schaumburg, Illinois 60196
1-800-643-4684

Check Number
124 -2407488

HARRIS BANK ROSELLE
ROSELLE, IL

70-1558
719

CHECK DATE	CHECK NUMBER	CHECK AMOUNT
15-APR-99	2407488	**********90.00

PAY *Ninety Dollars And 00 Cents**********

TO THE ORDER OF: FCC

AUTHORIZED SIGNATURE REQUIRED

⑈2407488⑈ ⑆071915580⑆ 04-351-311-6⑈ ⑈0000090000⑈