

(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) Monticello Media LLC	(3) TOTAL AMOUNT PAID (U.S. Dollars and cents) 290.00
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(4) STREET ADDRESS LINE NO. 1
481 Hillsdale Drive, Suite 300

(5) STREET ADDRESS LINE NO. 2

(6) CITY Charlottesville	(7) STATE VA	(8) ZIP CODE 22901
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(9) DAYTIME TELEPHONE NUMBER (include area code) 4349784408	(10) COUNTRY CODE (if not in U.S.A.) US
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FCC REGISTRATION NUMBER (FRN) REQUIRED

(11) PAYER (FRN) 0016655631	(12) FCC USE ONLY
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**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
Monticello Media LLC

(14) STREET ADDRESS LINE NO.1
481 Hillsdale Drive, Suite 300

(15) STREET ADDRESS LINE NO. 2

(16) CITY Charlottesville	(17) STATE VA	(18) ZIP CODE 22901
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(19) DAYTIME TELEPHONE NUMBER (include area code) 4349784408	(20) COUNTRY CODE (if not in U.S.A.) US
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FCC REGISTRATION NUMBER (FRN) REQUIRED

(21) APPLICANT (FRN) 0016655631	(22) FCC USE ONLY
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COMPLETE SECTION C FOR EACH SERVICE, IF MORE BOXES ARE NEEDED, USE CONTINUATION SHEET

(23A) CALL SIGN/OTHER ID WCHV	(24A) PAYMENT TYPE CODE MVV	(25A) QUANTITY 1
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(26A) FEE DUE FOR (PTC) 290.00	(27A) TOTAL FEE 290.00	FCC USE ONLY
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(28A) FCC CODE 1 19838	(29A) FCC CODE 2 CDBS20220207AAK
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(23B) CALL SIGN/OTHER ID	(24B) PAYMENT TYPE CODE	(25B) QUANTITY
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(26B) FEE DUE FOR (PTC)	(27B) TOTAL FEE	FCC USE ONLY
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(28B) FCC CODE 1	(29B) FCC CODE 2
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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)

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 FRN Password
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Logged In As: cheyner@brookspierce.com | [Logout](#)

Online Payment Confirmation

Print

Online Payment Confirmation

Total Amount	\$290.00
Payer FRN	0016655631
Payer Name	cheyner@brookspierce.com
Remittance ID	3734215
Treasury Tracking ID	26UU5R90

Thank you for your payment!

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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).