FEDERAL COMMUNICATIONS COMMISSION REMITTANCE ADVICE

(1) LOCK BOX #				SPECIAL USE ONLY	
979089			H	FCC USE ONLY	
(2) PAYER NAME (if paying by credit card enter		PAYER INFORMAT		UNT PAID (U.S. Dollars and cents)	
iHM Licenses, LLC			290.00		
(4) STREET ADDRESS LINE NO.1 7136 S. Yale Avenue					
(5) STREET ADDRESS LINE NO. 2					
Suite 501 (7) STATE (8) ZIP CODE					
Tulsa			(7) STATE OK	(8) ZIP CODE 74136	
(9) DAYTIME TELEPHONE NUMBER (include area code) (10) COUNTR 9186644581 US			Y CODE (if not in U.S	.A.)	
FCC REGISTRATION NUMBER (FRN) REQUIRED					
(11) PAYER (FRN) (12			(12) FCC USE ONLY		
0014042816					
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					
iHM Licenses, LLC					
(14) STREET ADDRESS LINE NO.1 7136 S. Yale Avenue					
(15) STREET ADDRESS LINE NO. 2 Suite 501					
(16) CITY			(17) STATE	(18) ZIP CODE	
Tulsa			OK	74136	
(19) DAYTIME TELEPHONE NUMBER (include area code)(20) COUNTRY CODE (if not in U.S.A.) 9186644581US					
FCC REGISTRATION NUMBER (FRN) REQUIRED					
(21) APPLICANT (FRN) (22) FCC USE ONLY					
0014042816					
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					
WCKY	MVV		1		
(26A) FEE DUE FOR (PTC)	(27A) TOTAL FEE			FCC USE ONLY	
290.00	290.00				
(28A) FCC CODE I 51722	(29A) FCC CODE 2 BESTA-202202			11аав	
(23B) CALL SIGN/OTHER ID	(24B) PAYMENT TYPE CODE		(25B) QI	(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	certify under penalty of periury th	hat the foregoing and su	upporting information	is true and correct to	
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					
	SEE PUBLIC BURDEN ON REVERSE		FCC FORM 159 FEBRUARY 2003(REVISED)		