

FEDERAL COMMUNICATIONS COMMISSION
REMITTANCE ADVICE

(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) iHM Licenses, LLC	(3) TOTAL AMOUNT PAID (U.S. Dollars and cents) 290.00	
(4) STREET ADDRESS LINE NO. 1 7136 S. Yale Avenue		
(5) STREET ADDRESS LINE NO. 2 Suite 501		
(6) CITY Tulsa	(7) STATE OK	(8) ZIP CODE 74136
(9) DAYTIME TELEPHONE NUMBER (include area code) 9186644581	(10) COUNTRY CODE (if not in U.S.A.) US	

FCC REGISTRATION NUMBER (FRN) REQUIRED

(11) PAYER (FRN) 0014042816	(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 iHM Licenses, LLC		
(14) STREET ADDRESS LINE NO.1 7136 S. Yale Avenue		
(15) STREET ADDRESS LINE NO. 2 Suite 501		
(16) CITY Tulsa	(17) STATE OK	(18) ZIP CODE 74136
(19) DAYTIME TELEPHONE NUMBER (include area code) 9186644581	(20) COUNTRY CODE (if not in U.S.A.) US	

FCC REGISTRATION NUMBER (FRN) REQUIRED

(21) APPLICANT (FRN) 0014042816	(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 KXYZ	(24A) PAYMENT TYPE CODE MVV	(25A) QUANTITY 1
(26A) FEE DUE FOR (PTC) 290.00	(27A) TOTAL FEE 290.00	FCC USE ONLY
(28A) FCC CODE 1 95	(29A) FCC CODE 2 20220228AAD	
(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 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 _____