

READ INSTRUCTIONS CAREFULLY  
BEFORE PROCEEDING

FEDERAL COMMUNICATIONS COMMISSION  
**REMITTANCE ADVICE**

Approved by OMB  
3060-0589  
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(1) LOCKBOX # <b>979089</b>		SPECIAL USE ONLY	
		FCC USE ONLY	
<b>SECTION A – PAYER INFORMATION</b>			
(2) PAYER NAME (if paying by credit card enter name exactly as it appears on the card) <b>iHM Licenses, LLC</b>		(3) TOTAL AMOUNT PAID (U.S. Dollars and cents) <b>290.00</b>	
(4) STREET ADDRESS LINE NO. 1 <b>7136 S. Yale Avenue</b>			
(5) STREET ADDRESS LINE NO. 2 <b>Suite 501</b>			
(6) CITY <b>Tulsa</b>		(7) STATE <b>OK</b>	(8) ZIP CODE <b>74136</b>
(9) DAYTIME TELEPHONE NUMBER (include area code) <b>9186644581</b>		(10) COUNTRY CODE (if not in U.S.A.) <b>US</b>	
<b>FCC REGISTRATION NUMBER (FRN) REQUIRED</b>			
(11) PAYER (FRN) <b>0014042816</b>			
<b>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</b>			
(13) APPLICANT NAME <b>iHM Licenses, LLC</b>			
(14) STREET ADDRESS LINE NO.1 <b>7136 S. Yale Avenue</b>			
(15) STREET ADDRESS LINE NO. 2 <b>Suite 501</b>			
(16) CITY <b>Tulsa</b>		(17) STATE <b>OK</b>	(18) ZIP CODE <b>74136</b>
(19) DAYTIME TELEPHONE NUMBER (include area code) <b>9186644581</b>		(20) COUNTRY CODE (if not in U.S.A.) <b>US</b>	
<b>FCC REGISTRATION NUMBER (FRN) REQUIRED</b>			
(21) APPLICANT (FRN) <b>0014042816</b>			
<b>COMPLETE SECTION C FOR EACH SERVICE, IF MORE BOXES ARE NEEDED, USE CONTINUATION SHEET</b>			
(23A) CALL SIGN/OTHER ID <b>WNTM</b>	(24A) PAYMENT TYPE CODE <b>MVV</b>		(25A) QUANTITY <b>1</b>
(26A) FEE DUE FOR (PTC) <b>290.00</b>	(27A) TOTAL FEE <b>290.00</b>		FCC USE ONLY
(28A) FCC CODE 1 <b>8695</b>		(29A) FCC CODE 2 <b>20220303AAG</b>	
(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	
<b>SECTION D – CERTIFICATION</b>			
<b>CERTIFICATION STATEMENT</b> 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 _____			
<b>SECTION E - CREDIT CARD PAYMENT INFORMATION</b>			
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 _____			