Online Payment Information

Total Amount	$580.00
Payer FRN	0003760352
Payer Name	0003760352
Remittance ID	3932724
Treasury Tracking ID	271PNRQA

Thank you for your payment!

READ INSTRUCTIONS CAREFULLY
BEFORE PROCEEDING

FEDERAL COMMUNICATIONS COMMISSION

REMITTANCE ADVICE

Approved by OMB
3060-0589
Page No 1 of 1

(1) LOCK BOX #	SPECIAL USE ONLY
979089	FCC USE ONLY

SECTION A – PAYER INFORMATION

(2) PAYER NAME (if paying by credit card enter name exactly as it appears on the card)	(3) TOTAL AMOUNT PAID (U.S. Dollars and cents)
Salem Communications Holding Corporation	580.00

(4) STREET ADDRESS LINE NO.1
4880 Santa Rosa Road

(5) STREET ADDRESS LINE NO. 2

(6) CITY	(7) STATE	(8) ZIP CODE
Camarillo	CA	93012

(9) DAYTIME TELEPHONE NUMBER (include area code)	(10) COUNTRY CODE (if not in U.S.A.)
8053844502	US

FCC REGISTRATION NUMBER (FRN) REQUIRED

(11) PAYER (FRN)	(12) FCC USE ONLY
0003760352	

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
Salem Communications Holding Corporation

(14) STREET ADDRESS LINE NO.1
4880 Santa Rosa Road

(15) STREET ADDRESS LINE NO. 2

(16) CITY	(17) STATE	(18) ZIP CODE
Camarillo	CA	93012

(19) DAYTIME TELEPHONE NUMBER (include area code)	(20) COUNTRY CODE (if not in U.S.A.)
8053844502	US

FCC REGISTRATION NUMBER (FRN) REQUIRED

(21) APPLICANT (FRN)	(22) FCC USE ONLY
0003760352	

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
KXXT	MVV	1
(26A) FEE DUE FOR (PTC)	(27A) TOTAL FEE	FCC USE ONLY
290.00	290.00	
(28A) FCC CODE I	(29A) FCC CODE 2	
54742	BESTA-20220923AAA	
(23B) CALL SIGN/OTHER ID	(24B) PAYMENT TYPE CODE	(25B) QUANTITY
KPXQ	MVV	1
(26B) FEE DUE FOR (PTC)	(27B) TOTAL FEE	FCC USE ONLY
290.00	290.00	
(28B)FCC CODE I	(29B) FCC CODE 2	
55912	BESTA-20220923AAB	

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_____