

FEDERAL COMMUNICATIONS COMMISSION
REMITTANCE ADVICE

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|---|---------------------------------------|---|-------------------------------|
| (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) Nexstar Media Inc. | | (3) TOTAL AMOUNT PAID (U.S. Dollars and cents) 1,625.00 | |
| (4) STREET ADDRESS LINE NO.1 545 E. John Carpenter Frwy | | | |
| (5) STREET ADDRESS LINE NO. 2 Suite 700 | | | |
| (6) CITY Irving | | (7) STATE TX | (8) ZIP CODE 75062 |
| (9) DAYTIME TELEPHONE NUMBER (include area code) 9723738800 | | (10) COUNTRY CODE (if not in U.S.A.) US | |
| FCC REGISTRATION NUMBER (FRN) REQUIRED | | | |
| (11) PAYER (FRN) 0009961889 | | (12) FCC USE ONLY | |
| 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 Tribune Media Company | | | |
| (14) STREET ADDRESS LINE NO.1 545 E. John Carpenter Freeway | | | |
| (15) STREET ADDRESS LINE NO. 2 | | | |
| (16) CITY Irving | | (17) STATE TX | (18) ZIP CODE 75062 |
| (19) DAYTIME TELEPHONE NUMBER (include area code) 9723738000 | | (20) COUNTRY CODE (if not in U.S.A.) US | |
| FCC REGISTRATION NUMBER (FRN) REQUIRED | | | |
| (21) APPLICANT (FRN) 0005047105 | | (22) FCC USE ONLY | |
| COMPLETE SECTION C FOR EACH SERVICE, IF MORE BOXES ARE NEEDED, USE CONTINUATION SHEET | | | |
| (23A) CALL SIGN/OTHER ID WGN (AM) | (24A) PAYMENT TYPE CODE MVU | (25A) QUANTITY 1 | |
| (26A) FEE DUE FOR (PTC) 1,625.00 | (27A) TOTAL FEE 1,625.00 | FCC USE ONLY | |
| (28A) FCC CODE 1 72114 | | (29A) FCC CODE 2 BXP20221018AAD | |
| (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 _____ | |