

READ INSTRUCTIONS CAREFULLY
BEFORE PROCEEDING

FEDERAL COMMUNICATIONS COMMISSION
REMITTANCE ADVICE

Approved by OMB
3060-0589
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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) Rincon Broadcasting LS LLC		(3) TOTAL AMOUNT PAID (U.S. Dollars and cents) 290.00	
(4) STREET ADDRESS LINE NO.1 c/o Point Broadcasting Company			
(5) STREET ADDRESS LINE NO. 2 715 Broadway, Suite 320			
(6) CITY Santa Monica		(7) STATE CA	(8) ZIP CODE 90401
(9) DAYTIME TELEPHONE NUMBER (include area code) 3104514430		(10) COUNTRY CODE (if not in U.S.A.) US	
FCC REGISTRATION NUMBER (FRN) REQUIRED			
(11) PAYER (FRN) 0015946494		(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 Rincon Broadcasting LS LLC			
(14) STREET ADDRESS LINE NO.1 c/o Point Broadcasting Company			
(15) STREET ADDRESS LINE NO. 2 715 Broadway, Suite 320			
(16) CITY Santa Monica		(17) STATE CA	(18) ZIP CODE 90401
(19) DAYTIME TELEPHONE NUMBER (include area code) 3104514430		(20) COUNTRY CODE (if not in U.S.A.) US	
FCC REGISTRATION NUMBER (FRN) REQUIRED			
(21) APPLICANT (FRN) 0015946494		(22) FCC USE ONLY	
COMPLETE SECTION C FOR EACH SERVICE, IF MORE BOXES ARE NEEDED, USE CONTINUATION SHEET			
(23A) CALL SIGN/OTHER ID KUTY	(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 22011		(29A) FCC CODE 2 20221104AAD	
(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 _____	