

FEDERAL COMMUNICATIONS COMMISSION
REMITTANCE ADVICE

(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) Alamance Media Partners, Inc.		(3) TOTAL AMOUNT PAID (U.S. Dollars and cents) 290.00	
(4) STREET ADDRESS LINE NO.1 2509 Elon Ossipee Road			
(5) STREET ADDRESS LINE NO. 2			
(6) CITY Elon		(7) STATE NC	(8) ZIP CODE 27244
(9) DAYTIME TELEPHONE NUMBER (include area code) 3369263141		(10) COUNTRY CODE (if not in U.S.A.) US	
FCC REGISTRATION NUMBER (FRN) REQUIRED			
(11) PAYER (FRN) 0028226785			
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 Alamance Media Partners, Inc.			
(14) STREET ADDRESS LINE NO.1 2509 Elon Ossipee Road			
(15) STREET ADDRESS LINE NO. 2			
(16) CITY Elon		(17) STATE NC	(18) ZIP CODE 27244
(19) DAYTIME TELEPHONE NUMBER (include area code) 3369263141		(20) COUNTRY CODE (if not in U.S.A.) US	
FCC REGISTRATION NUMBER (FRN) REQUIRED			
(21) APPLICANT (FRN) 0028226785			
COMPLETE SECTION C FOR EACH SERVICE, IF MORE BOXES ARE NEEDED, USE CONTINUATION SHEET			
(23A) CALL SIGN/OTHER ID WSML	(24A) PAYMENT TYPE CODE MVV		(25A) QUANTITY 1
(26A) FEE DUE FOR (PTC) 290.00	(27A) TOTAL FEE 290.00		
(28A) FCC CODE 1 740		(29A) FCC CODE 2 CDBS20221108AAC	
(23B) CALL SIGN/OTHER ID	(24B) PAYMENT TYPE CODE		(25B) QUANTITY
(26B) FEE DUE FOR (PTC)	(27B) TOTAL FEE		
(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 _____	



Commission Registration System (CORES)

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FRNs & FRN Financial
Register New FRN | Reset
FRN Password
| Search for FRN

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Logged In As: cheynen@brookspierce.com | [Logout](#)

Online Payment Confirmation

Print

Online Payment Confirmation

Total Amount	\$290.00
Payer FRN	0028226785
Payer Name	cheynen@brookspierce.com
Remittance ID	3978058
Treasury Tracking ID	272ES06L

Thank you for your payment!

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For assistance, please submit a help request at <https://www.fcc.gov/wireless/available-support-services> or call 877-480-3201 (Mon.-Fri. 8 a.m.-6 p.m. ET).