



Commission Registration System (CORES)

Associate Username to FRN
| Manage Existing
FRNs & FRN Financial
Register New FRN | Reset
FRN Password
| Search for FRN

FCC Registration

[FCC](#) > [FCC Registration](#) > [Manage Existing FRNs](#) > [FRN Financial](#) > [View/Pay](#) > Payment Confirmation

Logged In As: rbholmes1@capitaloutlook.com | [Logout](#)

Online Payment Confirmation

Print

Online Payment Confirmation

| | |
|----------------------|------------------------------|
| Total Amount | \$290.00 |
| Payer FRN | 0008615122 |
| Payer Name | rbholmes1@capitaloutlook.com |
| Remittance ID | 4019938 |
| Treasury Tracking ID | 2736ONUH |

Thank you for your payment!

[View Form159](#) [Go Back](#)

Customer Service

[Help](#)

[Frequently Asked Questions](#)

[Privacy Statement](#)

[FCC Home Page](#)

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).

READ INSTRUCTIONS CAREFULLY
BEFORE PROCEEDING

FEDERAL COMMUNICATIONS COMMISSION
REMITTANCE ADVICE

Approved by OMB
3060-0589
Page No. 1 of 1

| | | | |
|---|--|---|-------------------------------|
| (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) Live Communications, Inc. | | (3) TOTAL AMOUNT PAID (U.S. Dollars and cents) 290.00 | |
| (4) STREET ADDRESS LINE NO. 1 1363 East Tennessee Street | | | |
| (5) STREET ADDRESS LINE NO. 2 | | | |
| (6) CITY Tallahassee | | (7) STATE FL | (8) ZIP CODE 32308 |
| (9) DAYTIME TELEPHONE NUMBER (include area code) 8508770105 | | (10) COUNTRY CODE (if not in U.S.A.) US | |
| FCC REGISTRATION NUMBER (FRN) REQUIRED | | | |
| (11) PAYER (FRN) 0008615122 | | (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 Live Communications, Inc. | | | |
| (14) STREET ADDRESS LINE NO. 1 1363 East Tennessee Street | | | |
| (15) STREET ADDRESS LINE NO. 2 | | | |
| (16) CITY Tallahassee | | (17) STATE FL | (18) ZIP CODE 32308 |
| (19) DAYTIME TELEPHONE NUMBER (include area code) 8508770105 | | (20) COUNTRY CODE (if not in U.S.A.) US | |
| FCC REGISTRATION NUMBER (FRN) REQUIRED | | | |
| (21) APPLICANT (FRN) 0008615122 | | (22) FCC USE ONLY | |
| COMPLETE SECTION C FOR EACH SERVICE, IF MORE BOXES ARE NEEDED, USE CONTINUATION SHEET | | | |
| (23A) CALL SIGN/OTHER ID WTAL | (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 55330 | (29A) FCC CODE 2 20221227AAA | | |
| (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 _____ | |