

Online Payment Confirmation

Total Amount	\$290.00
Payer FRN	0002151744
Payer Name	mstoll@wileyrein.com
Remittance ID	4057778
Treasury Tracking ID	273QFQLI

Thank you for your payment!

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) Wiley Rein LLP		(3) TOTAL AMOUNT PAID (U.S. Dollars and cents) 290.00	
(4) STREET ADDRESS LINE NO.1 2050 M Street, NW			
(5) STREET ADDRESS LINE NO. 2			
(6) CITY Washington		(7) STATE DC	(8) ZIP CODE 20036
(9) DAYTIME TELEPHONE NUMBER (include area code) 2027197000		(10) COUNTRY CODE (if not in U.S.A.) US	
FCC REGISTRATION NUMBER (FRN) REQUIRED			
(11) PAYER (FRN) 0002151744		(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 Alpha Media Licensee LLC			
(14) STREET ADDRESS LINE NO.1 1211 SW 5th Avenue			
(15) STREET ADDRESS LINE NO. 2 Suite 750			
(16) CITY Portland		(17) STATE OR	(18) ZIP CODE 97204
(19) DAYTIME TELEPHONE NUMBER (include area code) 5035176200		(20) COUNTRY CODE (if not in U.S.A.) US	
FCC REGISTRATION NUMBER (FRN) REQUIRED			
(21) APPLICANT (FRN) 0022491476		(22) FCC USE ONLY	
COMPLETE SECTION C FOR EACH SERVICE, IF MORE BOXES ARE NEEDED, USE CONTINUATION SHEET			
(23A) CALL SIGN/OTHER ID KUFO (AM)	(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 26926		(29A) FCC CODE 2 BESTA-20230202AAD	
(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 _____			