

READ INSTRUCTIONS CAREFULLY  
BEFORE PROCEEDING

FEDERAL COMMUNICATIONS COMMISSION  
REMITTANCE ADVICE

Approved by OMB  
3060-0589  
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(1) LOCK BOX # <b>979089</b>		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) <b>John Borsari</b>		(3) TOTAL AMOUNT PAID (U.S. Dollars and cents) <b>290.00</b>	
(4) STREET ADDRESS LINE NO. 1 <b>100009</b>			
(5) STREET ADDRESS LINE NO. 2			
(6) CITY <b>Arlington</b>		(7) STATE <b>VA</b>	(8) ZIP CODE <b>22210</b>
(9) DAYTIME TELEPHONE NUMBER (include area code) <b>7035245800</b>		(10) COUNTRY CODE (if not in U.S.A.) <b>US</b>	
FCC REGISTRATION NUMBER (FRN) REQUIRED			
(11) PAYER (FRN) <b>0006276331</b>		(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 <b>Aerco Broadcasting Corporation</b>			
(14) STREET ADDRESS LINE NO. 1 <b>1554 Bori St., Urb Caribe</b>			
(15) STREET ADDRESS LINE NO. 2			
(16) CITY <b>San Juan</b>		(17) STATE <b>PR</b>	(18) ZIP CODE <b>927</b>
(19) DAYTIME TELEPHONE NUMBER (include area code) <b>7877568700</b>		(20) COUNTRY CODE (if not in U.S.A.) <b>US</b>	
FCC REGISTRATION NUMBER (FRN) REQUIRED			
(21) APPLICANT (FRN) <b>0003732435</b>		(22) FCC USE ONLY	
COMPLETE SECTION C FOR EACH SERVICE, IF MORE BOXES ARE NEEDED, USE CONTINUATION SHEET			
(23A) CALL SIGN/OTHER ID <b>WQBS</b>	(24A) PAYMENT TYPE CODE <b>MVV</b>	(25A) QUANTITY <b>1</b>	
(26A) FEE DUE FOR (PTC) <b>290.00</b>	(27A) TOTAL FEE <b>290.00</b>	FCC USE ONLY	
(28A) FCC CODE 1 <b>MVV</b>		(29A) FCC CODE 2 <b>BESTA20230207AAE</b>	
(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 _____	

## Online Payment Confirmation

Total Amount	\$290.00
Payer FRN	0006276331
Payer Name	john@borsari.com
Remittance ID	4061863
Treasury Tracking ID	273S12E8

Thank you for your payment!