

FEDERAL COMMUNICATIONS COMMISSION  
**REMITTANCE ADVICE**

(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>Monticello Media LLC</b>	(3) TOTAL AMOUNT PAID (U.S. Dollars and cents) <b>290.00</b>
(4) STREET ADDRESS LINE NO. 1 <b>481 Hillsdale Drive, Suite 300</b>	
(5) STREET ADDRESS LINE NO. 2	
(6) CITY <b>Charlottesville</b>	(7) STATE <b>VA</b>
(8) ZIP CODE <b>22901</b>	
(9) DAYTIME TELEPHONE NUMBER (include area code) <b>4349784408</b>	(10) COUNTRY CODE (if not in U.S.A.) <b>US</b>

**FCC REGISTRATION NUMBER (FRN) REQUIRED**

(11) PAYER (FRN) <b>0016655631</b>	(12) FCC USE ONLY
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**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>Monticello Media LLC</b>		
(14) STREET ADDRESS LINE NO.1 <b>481 Hillsdale Drive, Suite 300</b>		
(15) STREET ADDRESS LINE NO. 2		
(16) CITY <b>Charlottesville</b>	(17) STATE <b>VA</b>	(18) ZIP CODE <b>22901</b>
(19) DAYTIME TELEPHONE NUMBER (include area code) <b>4349784408</b>	(20) COUNTRY CODE (if not in U.S.A.) <b>US</b>	

**FCC REGISTRATION NUMBER (FRN) REQUIRED**

(21) APPLICANT (FRN) <b>0016655631</b>	(22) FCC USE ONLY
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**COMPLETE SECTION C FOR EACH SERVICE, IF MORE BOXES ARE NEEDED, USE CONTINUATION SHEET**

(23A) CALL SIGN/OTHER ID <b>WCHV</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>19839</b>	(29A) FCC CODE 2 <b>CDBS20230215AAA</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 \_\_\_\_\_



# 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: cheyner@brookspierce.com | [Logout](#)

## Online Payment Confirmation

Print

### Online Payment Confirmation

Total Amount	\$290.00
Payer FRN	0016655631
Payer Name	cheyner@brookspierce.com
Remittance ID	4073627
Treasury Tracking ID	27422M64

Thank you for your payment!

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

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#### Customer Service

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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).