

FEDERAL COMMUNICATIONS COMMISSION  
REMITTANCE ADVICE

(1) LOCK BOX # <b>979089</b>		SPECIAL USE ONLY	
		FCC USE ONLY	
<b>SECTION A - PAYER INFORMATION</b>			
(2) PAYER NAME (if paying by credit card enter name exactly as it appears on the card) <b>Genesis Communications of Tampa Bay, Inc.</b>		(3) TOTAL AMOUNT PAID (U.S. Dollars and cents) <b>325.00</b>	
(4) STREET ADDRESS LINE NO.1 <b>PO Box 25434</b>			
(5) STREET ADDRESS LINE NO. 2			
(6) CITY <b>Tampa</b>		(7) STATE <b>FL</b>	(8) ZIP CODE <b>33622</b>
(9) DAYTIME TELEPHONE NUMBER (include area code) <b>8132811040</b>		(10) COUNTRY CODE (if not in U.S.A.) <b>US</b>	
<b>FCC REGISTRATION NUMBER (FRN) REQUIRED</b>			
(11) PAYER (FRN) <b>0003778933</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>Genesis Communications of Tampa Bay, Inc.</b>			
(14) STREET ADDRESS LINE NO.1 <b>PO Box 25434</b>			
(15) STREET ADDRESS LINE NO. 2			
(16) CITY <b>Tampa</b>		(17) STATE <b>FL</b>	(18) ZIP CODE <b>33622</b>
(19) DAYTIME TELEPHONE NUMBER (include area code) <b>8132811040</b>		(20) COUNTRY CODE (if not in U.S.A.) <b>US</b>	
<b>FCC REGISTRATION NUMBER (FRN) REQUIRED</b>			
(21) APPLICANT (FRN) <b>0003778933</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>WHBO</b>	(24A) PAYMENT TYPE CODE <b>MVV</b>	(25A) QUANTITY <b>1</b>	
(26A) FEE DUE FOR (PTC) <b>325.00</b>	(27A) TOTAL FEE <b>325.00</b>	FCC USE ONLY	
(28A) FCC CODE 1 <b>41383</b>		(29A) FCC CODE 2 <b>BESTA20230313AAB</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	
<b>SECTION D - CERTIFICATION</b>			
<b>CERTIFICATION STATEMENT</b>			
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 _____	
<b>SECTION E - CREDIT CARD PAYMENT INFORMATION</b>			
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: dkellyfcclaw1@comcast.net | [Logout](#)

## Online Payment Confirmation

Print

### Online Payment Confirmation

Total Amount	\$325.00
Payer FRN	0003778933
Payer Name	dkellyfcclaw1@comcast.net
Remittance ID	4098469
Treasury Tracking ID	274EHS74

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).