

Online Payment Confirmation

Total Amount	\$325.00
Payer FRN	0028948990
Payer Name	swoodworth@edingerlaw.net
Remittance ID	4143144
Treasury Tracking ID	2755UONS

Thank you for your payment!

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) Orlando Radio Marketing, Inc.		(3) TOTAL AMOUNT PAID (U.S. Dollars and cents) 325.00	
(4) STREET ADDRESS LINE NO.1 3113 Stirling Road			
(5) STREET ADDRESS LINE NO. 2 Suite 103			
(6) CITY Ft. Lauderdale		(7) STATE FL	(8) ZIP CODE 33313
(9) DAYTIME TELEPHONE NUMBER (include area code) 2027471694		(10) COUNTRY CODE (if not in U.S.A.) US	
FCC REGISTRATION NUMBER (FRN) REQUIRED			
(11) PAYER (FRN) 0028948990		(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 Orlando Radio Marketing, Inc.			
(14) STREET ADDRESS LINE NO.1 3113 Stirling Road			
(15) STREET ADDRESS LINE NO. 2 Suite 103			
(16) CITY Ft. Lauderdale		(17) STATE FL	(18) ZIP CODE 33313
(19) DAYTIME TELEPHONE NUMBER (include area code) 2027471694		(20) COUNTRY CODE (if not in U.S.A.) US	
FCC REGISTRATION NUMBER (FRN) REQUIRED			
(21) APPLICANT (FRN) 0028948990		(22) FCC USE ONLY	
COMPLETE SECTION C FOR EACH SERVICE, IF MORE BOXES ARE NEEDED, USE CONTINUATION SHEET			
(23A) CALL SIGN/OTHER ID WNDO	(24A) PAYMENT TYPE CODE MVV	(25A) QUANTITY 1	
(26A) FEE DUE FOR (PTC) 325.00	(27A) TOTAL FEE 325.00	FCC USE ONLY	
(28A) FCC CODE 1 1185		(29A) FCC CODE 2 BESTA20230419AAB	
(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 _____			