



# 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: rbholmes1@capitaloutlook.com | [Logout](#)

## Online Payment Confirmation

Print

### Online Payment Confirmation

Total Amount	\$325.00
Payer FRN	0008615122
Payer Name	rbholmes1@capitaloutlook.com
Remittance ID	4191360
Treasury Tracking ID	27673Q70

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).

READ INSTRUCTIONS CAREFULLY  
BEFORE PROCEEDING

FEDERAL COMMUNICATIONS COMMISSION  
REMITTANCE ADVICE

Approved by OMB  
3060-0589  
Page No 1 of 1

(1) LOCKBOX # <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>Live Communications, Inc.</b>	(3) TOTAL AMOUNT PAID (U.S. Dollars and cents) <b>325.00</b>	
(4) STREET ADDRESS LINE NO. 1 <b>1363 East Tennessee Street</b>		
(5) STREET ADDRESS LINE NO. 2		
(6) CITY <b>Tallahassee</b>	(7) STATE <b>FL</b>	(8) ZIP CODE <b>32308</b>
(9) DAYTIME TELEPHONE NUMBER (include area code) <b>8508770105</b>	(10) COUNTRY CODE (if not in U.S.A.) <b>US</b>	
<b>FCC REGISTRATION NUMBER (FRN) REQUIRED</b>		
(11) PAYER (FRN) <b>0008615122</b>	(12) FCC USE ONLY	
<b>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</b>		
(13) APPLICANT NAME <b>Live Communications, Inc.</b>		
(14) STREET ADDRESS LINE NO. 1 <b>1363 East Tennessee Street</b>		
(15) STREET ADDRESS LINE NO. 2		
(16) CITY <b>Tallahassee</b>	(17) STATE <b>FL</b>	(18) ZIP CODE <b>32308</b>
(19) DAYTIME TELEPHONE NUMBER (include area code) <b>8508770105</b>	(20) COUNTRY CODE (if not in U.S.A.) <b>US</b>	
<b>FCC REGISTRATION NUMBER (FRN) REQUIRED</b>		
(21) APPLICANT (FRN) <b>0008615122</b>	(22) FCC USE ONLY	
<b>COMPLETE SECTION C FOR EACH SERVICE, IF MORE BOXES ARE NEEDED, USE CONTINUATION SHEET</b>		
(23A) CALL SIGN/OTHER ID <b>WTAL</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>55330</b>	(29A) FCC CODE 2 <b>20230621AAE</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 _____	