READ INSTRUCTIONS CAREFULLY
BEFORE PROCEEDING

FEDERAL COMMUNICATIONS COMMISSION

REMITTANCE ADVICE

Approved by OMB
3060-0589

(1) LOCK BOX #	SPECIAL USE ONLY
979089	FCC USE ONLY

SECTION A – PAYER INFORMATION

(2) PAYER NAME (if paying by credit card enter name exactly as it appears on the card)	(3) TOTAL AMOUNT PAID (U.S. Dollars and cents)
Monticello Media LLC	290.00

(4) STREET ADDRESS LINE NO.1
481 Hillsdale Drive, Suite 300

(5) STREET ADDRESS LINE NO. 2

(6) CITY	(7) STATE	(8) ZIP CODE
Charlottesville	VA	22901

(9) DAYTIME TELEPHONE NUMBER (include area code)	(10) COUNTRY CODE (if not in U.S.A.)
4349784408	US

FCC REGISTRATION NUMBER (FRN) REQUIRED

(11) PAYER (FRN)	(12) FCC USE ONLY
0016655631	

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
Monticello Media LLC

(14) STREET ADDRESS LINE NO.1
481 Hillsdale Drive, Suite 300

(15) STREET ADDRESS LINE NO. 2

(16) CITY	(17) STATE	(18) ZIP CODE
Charlottesville	VA	22901

(19) DAYTIME TELEPHONE NUMBER (include area code)	(20) COUNTRY CODE (if not in U.S.A.)
4349784408	US

FCC REGISTRATION NUMBER (FRN) REQUIRED

(21) APPLICANT (FRN)	(22) FCC USE ONLY
0016655631	

COMPLETE SECTION C FOR EACH SERVICE, IF MORE BOXES ARE NEEDED, USE CONTINUATION SHEET

(23A) CALL SIGN/OTHER ID	(24A) PAYMENT TYPE CODE	(25A) QUANTITY
WCHV	MVV	1
(26A) FEE DUE FOR (PTC)	(27A) TOTAL FEE	FCC USE ONLY
290.00	290.00	

(28A) FCC CODE 1	(29A) FCC CODE 2
19838	CDBS20220207AAK

(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

Online Payment Confirmation

Print

Online Payment Confirmation

Total Amount	$290.00
Payer FRN	0016655631
Payer Name	cheynen@brookspierce.com
Remittance ID	3734215
Treasury Tracking ID	26UU5R90

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).