

MATSUSHITA ELECTRIC CORPORATION OF AMERICA
Two Panasonic Way 71-5, Secaucus, New Jersey 07094
201-271-3500 (Accounts Payable Inquiry Line)

Panasonic Technics *Quasar*

No. 696725

62-20
311

PAY

Date
11/17/00

Vendor Number
10-000-000404569

Net Amount
\$640.00

Six Hundred Forty and 0/100ths Dollars

FEDERAL COMMUNICATIONS COMMISSION

TO THE
ORDER
OF

445 12TH STREET
WASHINGTON DC
20554

Citicorp (Delaware) CITICORP A subsidiary of Citicorp.
ONE PENN'S WAY
NEW CASTLE, DELAWARE 19720

VOID IF CASHED AFTER 90 DAYS

AUTHORIZED SIGNATURE

⑈00696725⑈

⑆031100209⑆

38576494⑈

S2020

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Two Panasonic Way 71-5, Secaucus, New Jersey 07094
201-271-3500 (Accounts Payable Inquiry Line)

Panasonic Technics *Quasar*

VENDOR NO. 10-000-000404569

PLEASE DETACH BEFORE DEPOSITING

No. 696725

VOUCHER NO.	INVOICE NO.	PURCHASE ORDER	INVOICE DATE	AMOUNT	DISCOUNT	NET AMOUNT
359837 * CALL FOR PICKUP MECA-TPRA X7761	PCPD00F004		11-16-00	640.00	.00	640.00
	13EA99423 12/4/00					
TOTALS				\$640.00	\$0.00	\$640.00

PCPD-00-F004

12/12/00

FEDERAL COMMUNICATIONS COMMISSION
WASHINGTON, D.C. 20554MATUSHITA ELECTRONIC CORP
ONE PANASONIC WAY - PANAZIP 4B-8
SECAUCUS NJ 07094

RE: CALL SIGN/ID

ACT9TGEF-27GSM
FCC CODE #1

FCC CODE #2 13EA99423

Dear FCC Customer:

Re: Return of Unprocessable Application

This is to notify you that your application package is being returned for the following reasons:

- () No application/filing accompanied your submission.
- () No remittance accompanied your submission. Please refer to the appropriate Fee Filing Guide.
- () The remittance for payment type code _____ is now \$ _____.
- () Your check is not acceptable for this reason _____.
- () Multiple checks for a single application are not accepted, please send one check for \$ _____.
- () No remittance advice (FCC Form 159) accompanied your submission.
- () The payment type code is needed.
- () The remittance advice form is incomplete or obsolete.
- () When paying with a single remittance and filing for more than one applicant, or filing more than one call sign/identifier, each item must be listed individually on FCC Form 159/159C Remittance Advice.
- () The credit card section of FCC Form 159 Remittance Advice needs _____ Expiration date _____ Signature.
- () Block 3 must be completed (please enter \$ _____) to authorize a credit card charge, only the credit card holder can complete this item.
- () Your credit card was denied by Authorizations; please confirm or correct card number.
- () Your credit card was declined; if any question, please contact bank that issued card.
- () Please sign the application form; original signature required (not photocopy or stamp).
- () Please include a signed form FCC574R, FCC405A, FCC601 or FCC605. Signature must be original; photocopy or facsimile stamp not acceptable.

✓ OTHER: PAYMENT TYPE CODE IS NO LONGER ACCEPTED
REQUEST FOR CONFIDENTIALITY FEE TYPE CODE FROM "EBT" TO "EBC"

Please refer to the enclosed Fee Filing Guide for further instructions, and mail your corrected application, remittance advice form and payment to the appropriate P. O. Box in Pittsburgh, PA.

If you have further questions, please contact the FCC at: 1-888-225-5322 or 202-418-1995

Sincerely,
FCC Financial Operations

Enclosures:

Filing Guide

Check(s) #

FCC Form(s)

For Office Use Only:

Rec'd. in P. O. Box #

Proc #1

Proc #2