

READ INSTRUCTIONS CAREFULLY BEFORE PROCEEDING (1) LOCKBOX #358315	FEDERAL COMMUNICATIONS COMMISSION REMITTANCE ADVICE PAGE NO. ____ OF ____		APPROVED BY OMB 3060-058 SPECIAL USE FCC USE ONLY	
SECTION A - Payer Information				
(2) PAYER NAME (if paying by credit card, enter name exactly as it appears on your card) Safety and Compliance Consulting			(3) TOTAL AMOUNT PAID (dollars and cents) \$940.00	
(4) STREET ADDRESS LINE NO. 1 29 Sweetman Lane				
(5) STREET ADDRESS LINE NO. 2				
(6) CITY West Milford			(7) STATE NJ	(8) ZIP CODE 07480
(9) DAYTIME TELEPHONE NUMBER (INCLUDING AREA CODE) (973) 728-5141			(10) COUNTRY CODE (IF NOT IN U.S.A.)	
If payer name and the applicant name are different, complete Section B. If more than one applicant, use continuation sheets (Form 159 - C).				
SECTION B - Applicant Information				
(11) APPLICANT NAME (if paying by credit card, enter name exactly as it appears on your card) Perfect Toys International Co Ltd				
(12) STREET ADDRESS LINE NO. 1 2/F, Blk 3, Wah Lai Industrial Centre				
(13) STREET ADDRESS LINE NO. 2 10-14 Kwei Tei Street				
(14) CITY Fo Tan			(15) STATE Sh	(16) ZIP CODE Hong Kong
(17) DAYTIME TELEPHONE NUMBER (INCLUDING AREA CODE) 852 2691-1863			(18) COUNTRY CODE (IF NOT IN U.S.A.)	
SECTION C - Payment Information				
(19A) FCC Call Sign/Other ID	(20A) Payment Type Code(PTC) EGC	(21A) Quantity 1	(22A) Fee Due for (PTC) in Block 20A \$940.00	FCC Use Only
(23A) FCC CODE 1 JHP10859B		(24A) FCC CODE 2 13EA97943		
(19B) FCC Call Sign/Other ID	(20B) Payment Type Code(PTC)	(21B) Quantity	(22B) Fee Due for (PTC) in Block 20B	FCC Use Only
(23B) FCC CODE 1		(24B) FCC CODE 2		
(19C) FCC Call Sign/Other ID	(20C) Payment Type Code(PTC)	(21C) Quantity	(22C) Fee Due for (PTC) in Block 20C	FCC Use Only
(23C) FCC CODE 1		(24C) FCC CODE 2		
(19D) FCC Call Sign/Other ID	(20D) Payment Type Code(PTC)	(21D) Quantity	(22D) Fee Due for (PTC) in Block 20D	FCC Use Only
(23D) FCC CODE 1		(24D) FCC CODE 2		
Shortened Block (Applicant Information) (Required)				
(25) PAYER TIN 0152403353		(26) Complete this block only if applicant name in B-11 is different from payer name in A-2 APPLICANT TIN 0		
SECTION E - Certification				

Richard Mullen
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ASC2000 - F004

FCC FORM 159 JULY 1997 (REVISED)

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