

READ INSTRUCTIONS CAREFULLY BEFORE PROCEEDING (1) LOCKBOX # _____	FEDERAL COMMUNICATIONS COMMISSION REMITTANCE ADVICE PAGE NO. <u>1</u> OF <u>1</u>	APPROVED BY OMB 3060-0589 SPECIAL USE _____ FCC USE ONLY _____
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SECTION A - PAYER INFORMATION

(2) PAYER NAME (if paying by credit card, enter name exactly as it appears on your card) Johann Roidt		(3) TOTAL AMOUNT PAID (dollars and cents) \$ 940.00
(4) STREET ADDRESS LINE NO. 1 Storchenweg 5		
(5) STREET ADDRESS LINE NO. 2 		
(6) CITY Straubing	(7) STATE 	(8) ZIP CODE D-94315
(9) DAYTIME TELEPHONE NUMBER (include area code) +49 9421 55 22 13	(10) COUNTRY CODE (if not in U.S.A.) Germany	

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) Siemens AG A&D SE		
(12) STREET ADDRESS LINE NO. 1 Wuerzburger Strasse 121		
(13) STREET ADDRESS LINE NO. 2 		
(14) CITY Fuerth	(15) STATE 	(16) ZIP CODE D-90766
(17) DAYTIME TELEPHONE NUMBER (include area code) +49 911 750 9157	(18) COUNTRY CODE (if not in U.S.A.) Germany	

COMPLETE SECTION C FOR EACH SERVICE, IF MORE BOXES ARE NEEDED, USE CONTINUATION SHEETS (FORM 159-C)

SECTION C - PAYMENT INFORMATION

(19A) FCC CALL SIGN/OTHER ID N.A.	(20A) PAYMENT TYPE CODE (PTC) E G C	(21A) QUANTITY 1	(22A) FEE DUE FOR (PTC) IN BLOCK 20A \$ 940.00	FCC USE ONLY
(23A) FCC CODE 1 N.A.		(24A) FCC CODE 2 N.A.		
(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		

SECTION D - TAXPAYER INFORMATION (REQUIRED)

(25) PAYER TIN 9 4 2 1 5 5 2 2 1 3	(26) COMPLETE THIS BLOCK ONLY IF APPLICANT NAME IN B-11 IS DIFFERENT FROM PAYER NAME IN A-3 APPLICANT TIN 9 1 1 7 5 0 9 1 5 7
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SECTION E - CERTIFICATION

(27) CERTIFICATION STATEMENT I, <u>Johann Roidt</u> , Certify under penalty of perjury that the foregoing and supporting information (PRINT NAME) are true and correct to the best of my knowledge, information and belief. SIGNATURE <u><i>J. Roidt</i></u>	
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SECTION F - CREDIT CARD PAYMENT INFORMATION

(28)	MASTERCARD/VISA ACCOUNT NUMBER: ☒ MASTERCARD 5 2 3 2 5 7 2 9 6 2 0 2 1 4 3 9	EXPIRATION DATE: 0 4 9 9 MONTH YEAR
☐ VISA I hereby authorize the FCC to charge my VISA or MASTERCARD for the service(s)/authorization(s) herein described.	AUTHORIZED SIGNATURE <u><i>J. Roidt</i></u> DATE November 13, 1998	

SEE PUBLIC BURDEN ESTIMATE ON REVERSE
FCC FORM 159 JULY 1997 (REVISED)