

Facsimile Cover Sheet

To: Mellon Bank	From: Cadence Design Systems
Company: 40 FCC	Date: 10/30/00
Fax #: (412) 209-6045	Pages including this cover sheet: 6
Reference:	

REMARKS: ☐ Urgent ☐ For Your Review ☐ Reply ASAP ☐ Please Comment

Comments:

TO whom it may Concern:
Attached please see Form 159 and FCC Form 731
for FCC ID: OWS-920, confirmation # EA98933

Thanks
Ami

This transmittal is intended only for the use of the individual or entity named above and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If you are not the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone and return the original message via the postal service. Thank you.

READ INSTRUCTIONS CAREFULLY BEFORE PROCEEDING (1) LOCKBOX #	FEDERAL COMMUNICATIONS COMMISSION REMITTANCE ADVICE	Approved by OMB 3060-0589 Page No. <u> </u> of <u> </u>
		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)		(3) TOTAL AMOUNT PAID (U.S. Dollars and cents)
Cadence Design Systems		495.00
(4) STREET ADDRESS LINE NO. 1		
555 River Oaks Parkway Bldg 4		
(5) STREET ADDRESS LINE NO. 2		
(6) CITY		
San Jose		
(7) STATE		(8) ZIP CODE
CA		95134
(9) DAYTIME TELEPHONE NUMBER (include area code)		(10) COUNTRY CODE (if not in U.S.A.)
408-4738395		
FCC REGISTRATION NUMBER (FRN) AND TAX IDENTIFICATION NUMBER (TIN) REQUIRED		
(11) PAYER (FRN)		(12) PAYER (TIN)
		770148231
IF PAYER NAME AND THE APPLICANT NAME ARE DIFFERENT, COMPLETE SECTION B IF MORE THAN ONE APPLICANT, USE CONTINUATION SHEETS (FORM 159-C)		
(13) APPLICANT NAME		
Innovative Communications		
(14) STREET ADDRESS LINE NO. 1		
101 South Second Street		
(15) STREET ADDRESS LINE NO. 2		
(16) CITY		
Milwaukee		
(17) STATE		(18) ZIP CODE
WI		53204
(19) DAYTIME TELEPHONE NUMBER (include area code)		(20) COUNTRY CODE (if not in U.S.A.)
262-7830200		
FCC REGISTRATION NUMBER (FRN) AND TAX IDENTIFICATION NUMBER (TIN) REQUIRED		
(21) APPLICANT (FRN)		(22) APPLICANT (TIN)
		391971547
COMPLETE SECTION C FOR EACH SERVICE, IF MORE BOXES ARE NEEDED, USE CONTINUATION SHEET		
(23A) CALL SIGN/OTHER ID		(24A) PAYMENT TYPE CODE
OWS-920		EFT (EFT)
(25A) QUANTITY		
1		
(26A) FEE DUE FOR (PTC)		(27A) TOTAL FEE
495.00		
(28A) FCC CODE 1		(29A) FCC CODE 2
OWS-920		13EA98933
(23B) CALL SIGN/OTHER ID		(24B) PAYMENT TYPE CODE
(25B) QUANTITY		
(26B) FEE DUE FOR (PTC)		(27B) TOTAL FEE
(28B) FCC CODE 1		(29B) FCC CODE 2
SECTION D - CERTIFICATION		
(30) CERTIFICATION STATEMENT		
I, <u>Amir Ashtiani</u> , 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 <u>Amir Ashtiani</u>		DATE <u>10/23/00</u>
SECTION E - CREDIT CARD PAYMENT INFORMATION		
(31)	MASTERCARD/VISA ACCOUNT NUMBER:	EXPIRATION
☐ MASTERCARD	4246040007083159	9302
☒ VISA	I hereby authorize the FCC to charge my VISA or MASTERCARD for the service(s)/authorization herein described.	
SIGNATURE <u>Fro Clark</u>		DATE <u>10-30-00</u>