

FEDERAL COMMUNICATIONS COMMISSION
Washington, DC

03-30-04

Re: FRN 0010-439148
CallSign/ID -
FCC Code#1 -
FCC Code#2 -

Sky Pilot Network, Inc.

1301 Shoreway Road

Suite 211

Belmont, CA 94002

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 (FCC Form 159) is incomplete.
- () 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 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.
- () The FCC Form 159, Remittance Advice, used is obsolete. Please use the February 2000 edition. See enclosed Public Notice for further information.
- () The Payer/Applicant FCC Registration Number (FRN) is missing from the Form 159. This number is required in order to process your filing. See enclosed News Release for further assistance.

(✓) Payment for your electronically filed application cannot be processed without the confirmation number in the FCC Code 2 block of the FCC Form 159. Payment must be received within 10 business days from the receipt date of your electronically filed application to avoid dismissal. If payment is not received within 10 days, you must file another electronically filed application, properly complete a FCC Form 159, which includes the required confirmation number, and send another payment.

(✓) Other. Confirmation number or written request required. Please see enclosed Public Notice or Laboratory Checksheet.

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 202-418-1995.

Fed Ex: 8431-7103-7243

Sincerely,

FCC Financial Operations

Enclosures:

Filing Guide

Check(s) #

FCC Form(s)

OFT

101283

159

\$ 50.00

Rec'd in P.O. Box #

315

For Office Use Only:

Proc # 1

Proc # 2

1061

READ INSTRUCTIONS CAREFULLY
BEFORE PROCEEDING

FEDERAL COMMUNICATIONS COMMISSION
REMITTANCE ADVICE

Approved by OMB
3060-0589
Page 1 of 1

(1) LOCKBOX # 358315		SPECIAL USE ONLY	
SECTION A - PAYER INFORMATION			
(2) PAYER NAME (if paying by credit card enter name exactly as it appears on the card) SKYPILOT NETWORK INC		(3) TOTAL AMOUNT PAID (U.S. Dollars and cents) \$50.00	
(4) STREET ADDRESS LINE NO. 1 1301 SHOREWAY ROAD			
(5) STREET ADDRESS LINE NO. 2 SUITE 211			
(6) CITY BELMONT		(7) STATE CA	(8) ZIP CODE 94002
(9) DAYTIME TELEPHONE NUMBER (include area code) (650) 413 8056		(10) COUNTRY CODE (if not in U.S.A.)	
FCC REGISTRATION NUMBER (FRN) REQUIRED			
(11) PAYER (FRN) 0010439198		FCC USE ONLY	
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			
(14) STREET ADDRESS LINE NO. 1			
(15) STREET ADDRESS LINE NO. 2			
(16) CITY		(17) STATE	(18) ZIP CODE
(19) DAYTIME TELEPHONE NUMBER (include area code)		(20) COUNTRY CODE (if not in U.S.A.)	
FCC REGISTRATION NUMBER (FRN) REQUIRED			
(21) APPLICANT (FRN)		FCC USE ONLY	
COMPLETE SECTION C FOR EACH SERVICE. IF MORE BOXES ARE NEEDED, USE CONTINUATION SHEET			
(23A) CALL SIGN/OTHER ID	(24A) PAYMENT TYPE CODE EAG	(25A) QUANTITY 1	
(26A) FEE DUE FOR (PTC) \$50.00	(27A) TOTAL FEE \$50.00	FCC USE ONLY	
(28A) FCC CODE 1		(29A) FCC CODE 2	
(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 L. PAUL GOTTSDEN 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 [Signature] DATE 3/26/04			
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 _____			
SEE PUBLIC BURDEN ON REVERSE			

SEE PUBLIC BURDEN ON REVERSE

FCC FORM 159

FEBRUARY 2003 (REVISED)

Apr. 07 2004 02:19PM P2

FAX NO. : 6504138001

FROM : SKYPILOT NETWORK INC