COPY: please verify & send back

FCC 606

Approved by OMB
3060 - 0795
See instructions for public burden estimate

# TIN Registration Form

## Licensee Information

| | | | |
|---|---|---|---|
| 1) Taxpayer Identification Number: 36-369-3649 | | | |
| 2) First Name (if individual): | MI: | Last Name: | Suffix: |
| 3) Entity Name (if other than individual): DEKALB COUNTY RADIO, LTD | | | |
| 4) P.O. Box: | And /Or | 5) Street Address: 2201 NORTH FIRST STREET, STE 95 | |
| 6) City: DEKALB | 7) State: IL | 8) ZIP Code: 60115 | |
| 9) Telephone Number: 815 758-0950 | 10) FAX: 815 758-6226 | | |
| 11) E-Mail: | | | |

FEB 1998

## Contact Information (if different from the applicant)

| | | | |
|---|---|---|---|
| 12) First Name: | MI: | Last Name: | Suffix: |
| 13) Entity Name: | | | |
| 14) P.O. Box: | And /Or | 15) Street Address: | |
| 16) City: | 17) State: | 18) ZIP Code: | |
| 19) Telephone Number: | 20) FAX: | | |
| 21) E-Mail: | | | |

22) **Associated Valid Call Signs** (attach additional sheets if necessary)

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| WDKB | | | | |
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