

READ INSTRUCTIONS CAREFULLY  
BEFORE PROCEEDING

FEDERAL COMMUNICATIONS COMMISSION  
**REMITTANCE ADVICE**

Estimate time per  
response-10 minutes-4 hours

(1) LOCK BOX #	SPECIAL USE ONLY	
FCC USE ONLY		
<b>SECTION A - PAYER INFORMATION</b>		
(2) PAYER NAME <b>Herbert M. Hoppe Revocable Trust</b>		(3) TOTAL AMOUNT PAID (U.S. Dollars and cents) <b>190.00</b>
(4) STREET ADDRESS LINE NO.1 <b>PO Box 366</b>		
(5) STREET ADDRESS LINE NO. 2		
(6) CITY <b>Sauk Rapids</b>	(7) STATE <b>MN</b>	(8) ZIP CODE <b>56379</b>
(9) DAYTIME TELEPHONE NUMBER (include area code) <b>3202526200</b>		(10) COUNTRY CODE (if not in U.S.A.) <b>US</b>
<b>FCC REGISTRATION NUMBER (FRN) REQUIRED</b>		
(11) PAYER (FRN) <b>0027937648</b>		(12) FCC USE ONLY
<b>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</b>		
(13) APPLICANT NAME <b>Herbert M. Hoppe Revocable Trust</b>		
(14) STREET ADDRESS LINE NO.1 <b>PO Box 366</b>		
(15) STREET ADDRESS LINE NO. 2		
(16) CITY <b>Sauk Rapids</b>	(17) STATE <b>MN</b>	(18) ZIP CODE <b>56379</b>
(19) DAYTIME TELEPHONE NUMBER (include area code) <b>3202526200</b>		(20) COUNTRY CODE (if not in U.S.A.) <b>US</b>
<b>FCC REGISTRATION NUMBER (FRN) REQUIRED</b>		
(21) APPLICANT (FRN) <b>0027937648</b>		(22) FCC USE ONLY
<b>COMPLETE SECTION C FOR EACH SERVICE, IF MORE BOXES ARE NEEDED, USE CONTINUATION SHEET</b>		
(23A) CALL SIGN/OTHER ID	(24A) PAYMENT TYPE CODE <b>MAR</b>	(25A) QUANTITY <b>1</b>
(26A) FEE DUE FOR (PTC) <b>95.0</b>	(27A) TOTAL FEE <b>95.00</b>	FCC USE ONLY
(28A) FCC CODE 1 <b>781435</b>		(29A) FCC CODE 2 <b>LMS0000223567</b>
(23B) CALL SIGN/OTHER ID	(24B) PAYMENT TYPE CODE <b>MAR</b>	(25B) QUANTITY <b>1</b>
(26B) FEE DUE FOR (PTC) <b>95.0</b>	(27B) TOTAL FEE <b>95.00</b>	FCC USE ONLY
(28B) FCC CODE 1 <b>781435</b>		(29B) FCC CODE 2 <b>LMS0000223567</b>
<b>SECTION D - CERTIFICATION</b>		
<b>CERTIFICATION STATEMENT</b>		
I, _____, 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 _____		DATE _____