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READ INSTRUCTIONS CAREFULLY BEFORE PROCEEDING (1) LOCKBOX #979089	FEDERAL COMMUNICATIONS COMMISSION REMITTANCE ADVICE FORM 159 PAGE NO 1 OF 1	APPROVED BY OMB 3060-059 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) Centro Familiar Cristiano		(3) TOTAL AMOUNT PAID (dollars and cents) \$630.00
(4) STREET ADDRESS LINE NO. 1 9834 17th Ave., S.W.		
(5) STREET ADDRESS LINE NO. 2		
(6) CITY Seattle	(7) STATE WA	(8) ZIP CODE 98106
(9) DAYTIME TELEPHONE NUMBER (INCLUDING AREA CODE) 206-7631680	(10) COUNTRY CODE (IF NOT IN U.S.A.) US	
FCC REGISTRATION NUMBER (FRN) AND TAX IDENTIFICATION NUMBER (TIN) REQUIRED		
(11) PAYER (FRN) 0017206814	(12) FCC USE ONLY	
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 Centro Familiar Cristiano		
(14) STREET ADDRESS LINE NO. 1 9834 17th Ave., S.W.		
(15) STREET ADDRESS LINE NO. 2		
(16) CITY Seattle	(17) STATE WA	(18) ZIP CODE 98106
(19) DAYTIME TELEPHONE NUMBER (INCLUDING AREA CODE) 206-7631680	(20) COUNTRY CODE (IF NOT IN U.S.A.) US	
FCC REGISTRATION NUMBER (FRN) AND TAX IDENTIFICATION NUMBER (TIN) REQUIRED		
(21) APPLICANT (FRN) 0017206814	(22) FCC USE ONLY	
COMPLETE SECTION C FOR EACH SERVICE, IF MORE BOXES ARE NEEDED, USE CONTINUATION SHEET		
(23A) FCC Call Sign/Other ID KLDY	(24A) Payment Type Code(PTC) MAR	(25A) Quantity 3
(26A) Fee Due for (PTC) \$70.00	(27A) Total Fee \$210.00	FCC Use Only
(28A) FCC CODE 1	(29A) FCC CODE 2 LMS0000047479	
(23B) FCC Call Sign/Other ID KDYM	(24B) Payment Type Code(PTC) MAR	(25B) Quantity 6
(26B) Fee Due for (PTC) \$70.00	(27B) Total Fee \$420.00	FCC Use Only

(28B) FCC CODE 1

(29B) FCC CODE 2

LMS0000047458