

READ INSTRUCTIONS CAREFULLY
BEFORE PROCEEDING

FEDERAL COMMUNICATIONS COMMISSION
REMITTANCE ADVICE
FORM 159

Approved by OMB
3060-0589
Page No. 1 of 2

(1) LOCKBOX # 979091		SPECIAL USE ONLY	
		FCC USE ONLY	
SECTION A - PAYER INFORMATION			
(2) PAYER NAME (if paying by credit card enter name exactly as it appears on the card) Wendy L. Moris		(3) TOTAL AMOUNT PAID (U.S. Dollars and cents) \$412.00 \$910.00	
(4) STREET ADDRESS LINE NO. 1 526 Chapel Hills Drive			
(5) STREET ADDRESS LINE NO. 2 Suite 100			
(6) CITY Colorado Springs		(7) STATE CO	(8) ZIP CODE 80920
(9) DAYTIME TELEPHONE NUMBER (include area code) 719-266-4334		(10) COUNTRY CODE (if not in U.S.A.)	
FCC REGISTRATION NUMBER (FRN) REQUIRED			
(11) PAYER (FRN) 0014276414		(12) 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 TCA, Inc.			
(14) STREET ADDRESS LINE NO. 1 526 Chapel Hills Drive			
(15) STREET ADDRESS LINE NO. 2 Suite 100			
(16) CITY Colorado Springs		(17) STATE CA	(18) ZIP CODE 80920
(19) DAYTIME TELEPHONE NUMBER (include area code) 719-266-4334		(20) COUNTRY CODE (if not in U.S.A.)	
FCC REGISTRATION NUMBER (FRN) REQUIRED			
(21) APPLICANT (FRN) 0014276414		(22) 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	(25A) QUANTITY	
(26A) FEE DUE FOR (PTC)	(27A) TOTAL FEE	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 I, <u>Curt Huttzell</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>Curt Huttzell</u>		DATE <u>10/23/2015</u>	
SECTION E - CREDIT CARD PAYMENT INFORMATION			
MASTERCARD <u>X</u> VISA _____ AMEX _____ DISCOVER _____			
ACCOUNT NUMBER <u>5589 8710 0061 7839</u>		EXPIRATION DATE <u>04/2018</u>	
I hereby authorize the FCC to charge my credit card for the service(s) authorization herein described.			
SIGNATURE <u>Gruftahl</u>		DATE <u>10/23/2015</u>	

SEE PUBLIC BURDEN ON REVERSE

FCC FORM 159

FEBRUARY 2003