

Short Form Application

Application to Participate in an FCC Auction
(Read Instructions on Back Before Completing)

Special Use	
FCC Use Only	

OMB Approval 3060-0600
Expires 4/30/97
Estimate Average Burden
Per Response: 30 Minutes

1. Applicant			8. Applicant Classification:		
2. Mail Address (No P.O. Boxes)			<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Trust <input type="checkbox"/> Corporation <input type="checkbox"/> Other _____		
			9. Preference Type:		
City _____ 4. State _____ 5. Zip Code _____			<input type="checkbox"/> Rural telephone company <input type="checkbox"/> Minority owned small business <input type="checkbox"/> Woman owned small business <input type="checkbox"/> Small Business <input type="checkbox"/> None of the above		
Auction Number _____		7. FCC Account Number _____		10. Preference Claimed:	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

1. Markets and Frequency Blocks for which you want to bid. If more than 5 markets, use supplemental form (FCC 175-S).

	Market No.	Frequency Block No.											
		1	2	3	4	5	6	7	8	9	10	11	
(a)													
(b)													
(c)													
(d)													
(e)													

Check here if supplemental forms are attached. Indicate number of supplemental forms attached: _____

12. Person(s) authorized to make or withdraw a bid (Typed/Printed Name)

(a)	(b)	(c)
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Certification: I certify the following:

- that the applicant is legally, technically, financially and otherwise qualified pursuant to 308(b) of the Communications Act and the Commission's Rules and is in compliance with the foreign ownership provisions contained in Section 310 of the Communications Act.
- that the applicant is the real party in interest in this application and that there are no agreements or understandings other than those specified in this application (see instructions for certification), which provide that someone other than the applicant shall have an interest in the license.
- that the applicant is aware that, if upon Commission inspection, this application is shown to be defective, the application may be dismissed without further consideration, and certain fees forfeited. Other penalties may also apply.
- that the applicant has not entered into and will not enter into any explicit or implicit agreements or understandings of any kind with parties not identified in this application regarding the amount to be bid, bidding strategies or the particular license on which the applicant or other parties will or will not bid.
- that the applicant, or any party to this application, is not subject to a denial of federal benefits pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988.
- that, if a preference(s) is claimed in block 10, the applicant is eligible to receive a preference(s) under Part I of the Commission's Rules.

I declare, under penalties of perjury, that I am an authorized representative of the above-named applicant for the license(s) specified above, that I have read the instructions and the foregoing certification and all matters and things stated in this application and attachments, including exhibits, are true and correct.

Typed/Printed Name of Person Certifying	Title of Person Certifying	Date
Signature of Person Certifying	Contact Person	Telephone No.

Instructions

Item 1. Applicant Name: Enter the legal name of the person or entity applying to participate in an auction. If other than an individual, insert the exact name of the entity as it appears on the legal document(s) establishing the entity such as the Articles of Incorporation.

[NOTE: Applicants who have entered into an arrangement(s) of any kind relating to the license(s) specified in this application must provide additional information. See certification instructions below.]

Item 2. Applicant Mailing Address: Enter the street address to which the entity wants future correspondence relating to this application to be mailed. Indicate street numbers or rural route numbers as appropriate.

Item 3. City: Enter the city name for the applicant mailing address.

Item 4. State: Enter the two-letter state abbreviation for the applicant address.

Item 5. ZIP Code: Enter the ZIP Code for the applicant address.

Item 6. Auction Number: Enter the appropriate auction number. This number will be supplied by the Commission in the Public Notice announcing the auction.

Item 7. FCC Account No.: Enter your personal identification number. This number must consist of ten digits. You have two options to create this FCC Account Number. Option 1-you may use your taxpayer identification number (TIN) with a prefix of "0", i.e., 0123456789. Option 2-you may use your ten-digit telephone number (i.e., 5552345678). You should use this same number when submitting additional information/material regarding this application, including any required fees submitted to the Commission on FCC 159, FCC Remittance Advice, (i.e., use the same number for this form and the FCC Account Number on FCC 159).

Item 8. Applicant Classification: Place an [X] in the appropriate box preceding the type of entity to indicate the type of legal entity applying. If an [X] is placed in the "Other" box indicate the type of entity applying in the space provided (e.g., governmental entity, association, etc.). Limited liability companies should check the "Partnership" box.

Item 9. Applicant Type: Place an [X] in the appropriate box or boxes preceding the appropriate applicant type. This information will be used for purposes of determining the applicant's eligibility for any preferences available for designated entities. See Part 1 of the Commission's Rules for definitions of the different types of designated entities.

Item 10. Preference Claimed: Place an [X] in the "Yes" box if you are claiming a preference(s) available to designated entities. If you are not claiming a preference(s) available to designated entities, place an [X] in the "No" box. In order to be eligible for a preference(s) you must have checked one or more of the boxes in Item 9 other than the "None of the above" box, and a preference(s) must be available for the license(s) for which you are applying.

Item 11. Markets/Frequency Blocks: Enter the code for the market(s) on which you want to bid in the column under Market No. The codes will be provided by the Commission in a Public Notice. Use a separate line (a-e) for each different market. If you plan to bid on more than five markets place an [X] in the box below the table to indicate there are supplementary forms attached. You must use Supplemental Form, FCC 175-S. After each market list the code for the frequency block(s) or channel (s) on which you want to bid. These codes will be provided by the Commission in a Public Notice. For example, if you wanted to bid on two frequency blocks in market (a) and one block in market (b) you would enter the codes for those two blocks in columns 1 and 2 on line (a) and leave the remaining columns on that line blank. On line (b) you would enter in column 1 the code for the block you wanted in market (b) and leave the remaining columns on the line blank.

Item 12. Authorized Representatives: Type or print the name(s) of the person(s) you wish to designate as an authorized representative(s). Only authorized representatives will be allowed to make or withdraw bids at an auction. You may list a maximum of three (3) authorized representatives.

Certification: Read the certification. Enter the typed/printed name of the individual authorized to sign the application, his/her title, date signed, authorized individual's signature, the name of a person familiar with the application (contact person) and the phone number (including area code) of the contact person. See Part 1, Subpart Q of the Commission's Rules. All applications must bear an original signature of a person authorized to sign on behalf of the applicant. List in the space provided below or in an exhibit the name, citizenship and address of all partners, if the applicant is a partnership; of a responsible officer or director, if the applicant is a corporation; of the trustee, if the applicant is a trust or, if the applicant is none of the foregoing, list the name and address of a principal or other responsible person. See Part 1, Subpart Q of the Commission's Rules.

Also list in the space provided below or in an exhibit all parties with whom the applicant has entered into an agreement(s), of any kind, relating to the licenses being auctioned including such agreements(s) relating to the post auction market structure. See Part 1, Subpart Q of the Commission's Rules.

NOTE: The Commission's Public Notice announcing the auction for the licenses on which you are interested in bidding contains information essential to completing this form correctly. Forms which are completed incorrectly may be dismissed without an opportunity for resubmission.

Use this space for listing additional information required by the Certification. [If additional space is needed attach a separate sheet(s).]

The solicitation of personal information requested in this form is authorized by the Communications Act of 1934, as amended. The Commission will use the information to determine whether grant of this application is in the public interest. In reaching that determination, or for law enforcement purposes, it may become necessary to refer personal information contained in this form to another government agency. In addition, all information provided in this form will be available for public inspection. If information requested on this form is not provided, processing may be delayed or the application may be returned without action pursuant to the Commission's rules. Your response is required to obtain the requested authority.

Public reporting burden for this information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data needed, gathering and maintaining the data needed, and completing and reviewing the collection. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Federal Communications Commission, Records Management Division, Washington, D.C. 20554, and to the Office of Management and Budget, Paperwork Reduction Project (3060-0600), Washington, D.C. 20503.

THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, P.L. 93-579, DECEMBER 31, 1976, 5 U.S.C. 522a(e)(3) AND THE PAPERWORK REDUCTION ACT OF 1980, 96-611, DECEMBER 11, 1980, 47 U.S.C. 3607

**Application to Participate in an FCC Auction
Supplemental Form**

(This form is to be used in conjunction with FCC 175)

Est. Avg. Burden 15 Minutes Per Response

Applicant	Auction No.	FCC Account No.	Page _____ OF _____
Street Address/City (No P.O. Boxes)		State	ZIP Code

	Market No.	Frequency Block No.										
		1	2	3	4	5	6	7	8	9	10	11
(f)												
(g)												
(h)												
(i)												
(j)												
(k)												
(l)												
(m)												
(n)												
(o)												
(p)												
(q)												
(r)												
(s)												
(t)												
(u)												
(v)												
(w)												
(x)												
(y)												

The solicitation of personal information requested in this form is authorized by the Communications Act of 1934, as amended. The Commission will use the information to determine whether grant of this application is in the public interest. In reaching that determination, or for law enforcement purposes, it may become necessary to refer personal information contained in this form to another government agency. In addition, all information provided in this form will be available for public inspection. If information requested on this form is not provided, processing may be delayed or the application may be returned without action pursuant to the Commission's rules. Your response is required to obtain the requested authority.

Public reporting burden for this information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Federal Communications Commission, Records Management Division, Washington, D.C. 20554, and to the Office of Management and Budget, Paperwork Reduction Project (3060-0600), Washington, D.C. 20503.

Application to Participate in an FCC Auction
Read Instructions on Back Before Completing

Special Use	
FCC Use Only	

OMB Approval 3080-0600
Expires 4/30/97
Estimate Average Burden
Per Response: 30 Minutes

1. Applicant J. Frederick Ross		8. Applicant Classification: <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Trust <input type="checkbox"/> Corporation <input type="checkbox"/> Other _____	
2. Mail Address (No P.O. Boxes) No. 1 Canyon Drive		9. Preference Type: <input type="checkbox"/> Rural telephone company <input type="checkbox"/> Minority owned small business <input type="checkbox"/> Woman owned small business <input checked="" type="checkbox"/> Small Business <input type="checkbox"/> None of the above	
City Cheyenne	4. State WY	5. Zip Code 82001	
Auction Number 2	7. FCC Account Number 0487652911		10. Preference Claimed: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

11. Markets and Frequency Blocks for which you want to bid. If more than 5 markets, use supplemental form (FCC 175-S).

Market No.	Frequency Block No.										
	1	2	3	4	5	6	7	8	9	10	11
(a) 299 Casper, WY	✓	✓									
(b) 285 Las Cruces, NM	✓	✓									
(c)											
(d)											
(e)											

Check here if supplemental forms are attached. Indicate number of supplemental forms attached: _____

12. Person(s) authorized to make or withdraw a bid (Typed/Printed Name)

(a) J. Frederick Ross	(b)	(c)
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Certification: I certify the following:

- (1) that the applicant is legally, technically, financially and otherwise qualified pursuant to 308(b) of the Communications Act and the Commission's Rules and is in compliance with the foreign ownership provisions contained in Section 310 of the Communications Act.
- (2) that the applicant is the real party in interest in this application and that there are no agreements or understandings other than those specified in this application (see instructions for certification), which provide that someone other than the applicant shall have an interest in the license.
- (3) that the applicant is aware that, if upon Commission inspection, this application is shown to be defective, the application may be dismissed without further consideration, and certain fees forfeited. Other penalties may also apply.
- (4) that the applicant has not entered into and will not enter into any explicit or implicit agreements or understandings of any kind with parties not identified in this application regarding the amount to be bid, bidding strategies or the particular license on which the applicant or other parties will or will not bid.
- (5) that the applicant, or any party to this application, is not subject to a denial of federal benefits pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988.
- (6) that, if a preference(s) is claimed in block 10, the applicant is eligible to receive a preference(s) under Part I of the Commission's Rules.

I declare, under penalties of perjury, that I am an authorized representative of the above-named applicant for the license(s) specified above, that I have read the instructions and the foregoing certification and all matters and things stated in this application and attachments, including exhibits, are true and correct.

Typed/Printed Name of Person Certifying J. Frederick Ross	Title of Person Certifying	Date 6/20/94
Signature of Person Certifying <i>J. Frederick Ross</i>	Contact Person J. Frederick Ross	Telephone No. (307) 638-4444

FCC Remittance Advice

INSTRUCTIONS FOR MAKING AUCTION PAYMENTS

- 1) All payments must be made in U.S. dollars, must be in the form of a wire transfer or cashier's check, and must be made payable to the "Federal Communications Commission" or "FCC."
- 2) All payments, whether being paid by wire or cashier's check, must be accompanied by a completed FCC Remittance Advice, Form 159.
- 3) All cashier's checks should be in a individual envelope and specifically addressed to:

Mellon Bank
P.O. Box # 358850
Pittsburgh, PA 15251-5850
Attn: Auction Payment

- 4) If paying by cashier's check and delivering in person or by courier, the check and required documents should be delivered to the following address (this address should show on the outside envelope; it is for delivery purposes only):

3 Mellon Bank Center
525 William Penn Way
Pittsburgh, PA 15259
Attn: Wholesale Lockbox Shift Supervisor
Location: 27th Floor (153-2713)

- 5) If paying by wire transfer, fax a completed FCC Remittance Advice, Form 159 to Mellon Bank at 412/236-5702 prior to and within one hour of placing the order for the wire transfer. On the cover sheet of the fax indicate "Wire Transfer - Auction Payment For Auction Event # [the Auction Event Number is indicated on page 1 of the Public Notice and immediately follows the "Report No."]. When wire transferring, fill in the information as follows:

ABA Routing Number: 043000261
Receiving Bank: Mellon Pittsburgh
BNF: FCC/AC-9116106
OBI Field: (skip one space between each information item)
"AUCTIONPAY"
FCC ACCOUNT NO. (exactly as on Form 159, Block #1)
PAYMENT TYPE CODE (exactly as on Form 159, Block #14)
FCC CODE 1 (exactly as on Form 159, Block #17)
PAYOR NAME (exactly as on Form 159, Block #3)

For further information, please direct any questions to Regina Dorsey, Chief, Billings and Collections Branch at 202/632-0241.

**INSTRUCTIONS FOR FILLING OUT THE FCC REMITTANCE FORM 159
FOR AUCTION EVENT NO. 2 (Interactive Video Data Service
Licenses)**

You **must** submit a FCC Form 159 whenever you are paying a remittance to the Commission's lockbox bank. The purpose of the FCC Form 159 is to tell the FCC who is paying, how much they are paying and what they are paying. It allows the bank to accurately process your remittance. Failure to accurately complete your FCC Form 159 could result in a delay in processing your remittance.

Before completing your FCC Form 159, please read the "Instructions For Using FCC Form 159" provided in this package.

- 1). You must complete all the blocks in the Payor Information Section. Blocks 1 through 10.
- 2). You must complete the following blocks for each "Item Number Information" in accordance with the Instructions For Using FCC Form 159 (Only if the name of the "payor" and the name of the "applicant" are different):

Block numbers 11, 13, 19, 20, 21.

- 3). Please enter the following "**unique**" information in blocks 14 and 17.

Block 14 (Payment Type Code): APAB

Block 17 (FCC Code 1): 2

Block numbers 14 and 17 will be used to identify the particular auction event in which you are participating. FCC Code 1 (Block 17) corresponds to the Auction Event Number indicated on the Public Notice which announced the event. The auction event number can be found on the front page of the Public Notice immediately following the Report Number.

**NOTICE TO INDIVIDUALS REQUIRED BY THE PRIVACY ACT OF 1974 AND THE PAPERWORK
REDUCTION ACT**

Section 9 of the Communications Act authorizes the FCC to request the information on this form. The information requested is required to recover costs incurred in carrying out its enforcement activities, policy and rulemaking activities, user information services, and international activities. The form will be used primarily to capture paper information in order to speed the refund process and maintain required accounts receivable information. It will also be used to collect fines and debts due the Commission.

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden to the Federal Communications Commission, Records Management Division, AMD-PIRS, Washington, DC 20554, and to the Office of Management and Budget, Office of Information and Regulatory Affairs, Paperwork Reduction Project (3060-0589), Washington, DC 20503.

**FEDERAL COMMUNICATIONS COMMISSION
INSTRUCTIONS FOR USING FCC FORM 159 (REMITTANCE ADVICE)
AND FCC FORM 159-C (Continuation Sheet)**

FCC FORM 159 — FCC Remittance Advice Form

The FCC Form 159, "Remittance Advice" is a multi-purpose form that generally accompanies (see chart below for specific instructions) any payment to the Federal Communications Commission (e.g., Regulatory Fees, Processing Fees, Fines, Forfeitures, Freedom of Information Act (FOIA) Billings, or any other debt due to the FCC). The information on this form is collected to ensure credit for full payment, to expedite any refunds due and to service public inquiries.

What Form Do I File?

If you are:	Then:
Paying a Regulatory Fee to the Private Radio Bureau,	You do not need to submit FCC Remittance Advice, FCC Form 159. However, you must pay your regulatory fee along with your processing fee, at the time of renewal or at the time of original license application.
Paying a Processing Fee by money order or credit card to any FCC Bureau,	You must submit FCC Remittance Advice, FCC Form 159.
Paying a Processing Fee and paying for more than one action with a single payment,	You must submit FCC Remittance Advice, FCC Form 159.
Paying a Processing Fee for a service that does not require a specific FCC Form, (e.g. Request for Special Temporary Authority),	You must submit FCC Remittance Advice, FCC Form 159.
Paying a Processing Fee to the Private Radio Bureau for a service that requires FCC Form 155,	You must submit FCC Remittance Advice, FCC Form 159 instead of Form 155.
Paying a Regulatory Fee to any one of the Mass Media, Common Carrier or Cable Services Bureau,	You must submit FCC Remittance Advice, FCC Form 159.
Paying for Fines/Forfeitures, Freedom of Information Act Fees or any other debts.	All customers paying for any of these categories must submit a FCC Remittance Advice, FCC Form 159 and a copy of their notice or invoice to the appropriate lockbox. Please refer to the specific instructions accompanying your billing document.
Paying for an Auction,	You must submit FCC Remittance Advice, FCC Form 159. Consult the FCC's Public Notice for specific instructions.
Paying by wire transfer,	You must submit FCC Remittance Advice, FCC Form 159.
Paying by Western Union Quick Collect,	You must submit FCC Remittance Advice, FCC Form 159.

Specific Form Instructions

(1) **FCC Account No.** — This is a self-assigned personal identification number that consists of ten digits. You **must** use your taxpayer identification number (TIN) with a prefix of "0" (e.g., 0123456789). **Only if you do not have a TIN**, you may use your ten-digit telephone number (e.g., 3012224567). **There are no other options available to you to create your FCC Account No.** This number will eventually be all you will need to file an application with the FCC, so once you have determined your FCC account number you must be sure to use this same number every time you send a payment to the FCC.

(2) **Total Amount Paid** — Enter the total amount of your remittance.

(3) **Payor Name** — Enter the name of the person or company (i.e., maker of the check) responsible for payment. Enter an individual name (last, first, middle initial). If a company, enter the name which is used commercially. If paying by credit card, complete this section with the full name of the cardholder.

(4) **Street Address (Line 1)** — The street address or post office box number to which correspondence should be sent.

(5) **Street Address (Line 2)** — This line may be used if further identification of the address is required.

(6) **City** — The name of the city associated with the street address given in (4).

(7) **State** — If the payor has a United States mailing address enter the appropriate two-digit state abbreviation as prescribed by the U.S. Post Office. If the payor has a mailing address outside the United States, leave this section blank.

(8) **ZIP Code** — Enter the appropriate five or nine-digit ZIP code prescribed by the U.S. Post Office. If address is foreign, enter the appropriate ZIP (postal) code.

(9) **Daytime Telephone Number** — Enter the payor's ten-digit daytime telephone number, including area code. For foreign telephone numbers include the appropriate country dialing access code, as if you were calling from the United States. [For example a United Kingdom number would have the prefix (011-44) followed by the number within the UK.] This daytime telephone number should tell us where you can be reached during normal business hours if necessary. If we cannot reach you at this number during normal business hours to resolve a problem, your filing may be returned.

(10) **Country Code** — This section is for those payors who have an address outside the United States of America. Enter the appropriate code here. To obtain country code information contact the Mailing Requirements Dept. of the U.S. Postal Service.

Read this before proceeding — IT MAY SAVE YOU TIME

If the Applicant, Licensee, Regulatee or Debtor is the same as the Payor, it is not necessary to reenter your name and address in blocks 11, 13, 19, 20, & 21. However, you must complete all information in blocks 12, 14, 15, & 16. (FCC codes in blocks 17 & 18 will only be completed in special circumstances as described in a Public Notice or in your Fee Filing Guide).

(11) **Name of Applicant, Licensee, Regulatee or Debtor** — Enter the name (last, first, middle initial) as it appears on the original application or filing being submitted. If this is a company, enter name which is used commercially. Each unique applicant, licensee, regulatee or debtor must be listed separately if multiple applications or filings are submitted. If this name is the same as the payor, (block 3), it is not necessary to fill out this section.

(12) **FCC Call Sign/Other Identifier** — Enter an applicable call sign or unique FCC identifier, if any, as prescribed by the appropriate FCC Fee Filing Guide or Public Notice that applies to you.

(13) **ZIP Code** — It is not necessary to complete this section if the Payor, (block 3), is the same as the Applicant, Licensee, Regulatee or Debtor, (block 11). Enter the five or nine-digit ZIP code prescribed by the U.S. Post Office. If address is foreign, enter the appropriate country code here.

(14) **Payment Type Code** — This section tells us what you are paying for. Beginning with the first box, enter the correct 3 or 4 character alphabetic Payment Type Code. This code can be found in the FCC Fee Filing Guide or Public Notice appropriate to your payment. **Incorrect Payment Type Codes may result in your application or filing, if applicable, being returned to you without further processing.** You are allowed to file multiple actions. There are three ways "multiple actions" are defined. The following examples provide instructions on how multiple actions should be filed when using FCC Forms 159 & 159-C:

(i) If a single service allows for a quantity of more than one of the same action, as defined in the appropriate Fee Filing Guide or Public Notice, complete only blocks 12, 13, 14, 15 & 16. Only

enter your name and address if different than "Payor Name" (block 3). Blocks 17 & 18 are only to be completed when required by Public Notice.

(ii) If you are filing concurrent actions (not the same actions) in the same lockbox, on the same application, refer to the Fee Filing Guide or Public Notice for specific instructions as to the number of quantities allowed. Complete only blocks 12, 13, 14, 15, & 16. Complete a separate "Item Information" section for each additional action required. Only enter your name and address if different than the "Payor Name" (block 3). Blocks 17 & 18 are only to be completed when required by public notice.

(iii) If a single Remittance Advice is used to pay for more than one applicant, licensee, regulatee or debtor, and action to the same lockbox, then a separate "Item Information" section must be completed for each one. For each "Item Information" section all blocks must be completed, except Blocks 17 & 18 which are only to be completed when required by Public Notice. **Remember, if any of these applications fall into category (i) or (ii) above, you must follow those instructions as well.**

(15) **Quantity** — Enter the number of actions required with this submission. Refer to the FCC Fee Filing Guide or Public Notice for information concerning multiple requests.

(16) **Amount Due** — Enter the amount of the fee required for the Payment Type Code used in (14) above.

(17) **FCC Code 1** — This section is used for special filing codes as required by the Bureau/Office

you are filing your application with. Applicant will receive specific instructions from the Bureau/Office if this block is to be used. Do not complete this block unless instructed to do so.

(18) **FCC Code 2** — (See instructions for item 17).

(19, 20, 21) **Address** — If the same as Payor address, in blocks (4) and (5), leave blank. If multiple payment codes have been used for the same Applicant, Licensee, Regulatee or Debtor, only fill out this section one time. If different from Payor Address, in blocks (4) and (5), complete these lines with the appropriate street address.

(22) **Credit Card Data** — If remitting payment by credit card place an "x" in the appropriate block for the type of credit card being used — MasterCard or Visa only. Enter your credit card number and expiration date. **If any area required for credit card approval is incomplete, the application will be returned unprocessed.**

(23) **Authorized Signature** — Sign and date the Remittance Advice Form to authorize all credit card payments. **The action will not be processed if it is not signed and dated here.**

FCC Remittance Advice Continuation Sheet (FCC Form 159-C) — Use this form for any additional services pertaining to this filing.

Checks must be denominated in U.S. currency and deposited in a U.S. financial institution. No checks drawn on a foreign bank will be accepted.

Where Do I File?

If you are paying a:	Then:
Regulatory Fee or Processing Fee	Consult the specific FCC Bureau Fee Filing Guide (i.e., Common Carrier Bureau Fee Filing Guide, Private Radio Bureau Fee Filing Guide, Mass Media Bureau Fee Filing Guide, Cable Services Bureau Fee Filing Guide, Field Operations Bureau Fee Filing Guide, Office of Engineering and Technology Fee Filing Guide)
Fine or Forfeiture	Pay to the address designated on the notice or invoice you received
Freedom of Information Act Fee	Pay to the address designated on the invoice you received
Other Debts	Pay to the address designated in the correspondence you received

Note: Fee Filing Guides can be obtained by calling Forms Distribution — 202/632-FORM

FEDERAL COMMUNICATIONS COMMISSION
FCC REMITTANCE ADVICE

Approved by OMB
 3060-0589
 Expires 2/28/97

PAGE NO. 1 OF 1

(RESERVED)

SPECIAL USE

FCC USE ONLY

(Read instructions carefully BEFORE proceeding.)

PAYOR INFORMATION

(1) FCC ACCOUNT NUMBER 04876529111 Did you have a number prior to this? Enter it. (2) TOTAL AMOUNT PAID (dollars and cents)
 \$ 2,500.00

(3) PAYOR NAME (If paying by credit card, enter name exactly as it appears on your card)
J. FREDERICK ROSS

(4) STREET ADDRESS LINE NO. 1
1 CANYON DRIVE

(5) STREET ADDRESS LINE NO. 2

(6) CITY CHEYENNE (7) STATE WY (8) ZIP CODE 82001

(9) DAYTIME TELEPHONE NUMBER (Include area code) 307/638-4444 (10) COUNTRY CODE (if not U.S.A.)

SAMPLE

ITEM #1 INFORMATION

(11A) NAME OF APPLICANT, LICENSEE, REGULATEE, OR DEBTOR FCC USE ONLY

(12A) FCC CALL SIGN/OTHER ID (13A) ZIP CODE (14A) PAYMENT TYPE CODE A P A B (15A) QUANTITY (16A) FEE DUE FOR PAYMENT TYPE CODE IN BLOCK 14 \$

(17A) FCC CODE 1 2 (18A) FCC CODE 2

(19A) ADDRESS LINE NO. 1 (20A) ADDRESS LINE NO. 2 (21A) CITY/STATE OR COUNTRY CODE

ITEM #2 INFORMATION

(11B) NAME OF APPLICANT, LICENSEE, REGULATEE, OR DEBTOR FCC USE ONLY

(12B) FCC CALL SIGN/OTHER ID (13B) ZIP CODE (14B) PAYMENT TYPE CODE (15B) QUANTITY (16B) FEE DUE FOR PAYMENT TYPE CODE IN BLOCK 14 \$

(17B) FCC CODE 1 (18B) FCC CODE 2

(19B) ADDRESS LINE NO. 1 (20B) ADDRESS LINE NO. 2 (21B) CITY/STATE OR COUNTRY CODE

CREDIT CARD PAYMENT INFORMATION

(22) MASTERCARD/VISA ACCOUNT NUMBER:
 Mastercard Visa EXPIRATION DATE:
 Month Year

(23) I hereby authorize the FCC to charge my VISA or Mastercard for the service(s)/authorization(s) herein describe. AUTHORIZED SIGNATURE DATE

**Instructions for Completing
FCC Form 574 and
Application for an IVDS
System License**

**Instructions for Completing FCC Form 574
for an IVDS System License**

As discussed in our May 23, 1994, Public Notice (Report No. ABC-94-02, Auction 2) winning bidders must file a FCC Form 574 within ten days of being notified that they are the winning bidders (i.e., by 5:30 p.m. August 15, 1994). The Form 574 must be sent to: Office of the Secretary; Federal Communications Commission; 1919 M Street, N.W., Room 222; Washington, D.C., 20554; Attention: Auction Application Processing Section. No application processing fee is required for an application for an IVDS system license acquired through the auction process.

This application is for an IVDS system license and once granted will allow the licensee to construct an unlimited number of CTS base stations with antenna heights that do not exceed 6.1 meters (20 feet) above ground or an existing manmade structure other than an antenna tower within the service area. The following items on the Form 574 must be completed for an IVDS system license: Item 1, frequency 218.0-218.5 MHz (Segment A) or 218.501-219.0 MHz (Segment B); Item 2, "FXW"; Item 18, the street address and telephone number where a person responsible for system operation may be reached; Item 19, put in IVDS area number; Item 20, "ZV"; Item 21 should be the same name as specified on the Form 175 previously submitted by the applicant; Items 22-25; Item 30; Item 32, "new station"; Item 34; Item 37; certification question (only on the 1993 version of the Form) and the name and signature blocks.

In addition to the Form 574, auction winners also must file the required interference and coverage showings with their application for an IVDS system license. See 47 C.F.R. § 95.815. At a minimum, auction winners should provide a narrative as to how they intend to minimize co-channel interference, interference to TV channel 13 station if the grade B contour of a TV channel 13 station overlaps the IVDS service area, and interference to the AMTS if the AMTS coverage area overlaps the IVDS service area, and state that they are aware that they must eliminate any interference to TV channel 13 operations or terminate operation of the interfering CTS.

In regard to the coverage showing, the auction winners, at a minimum, must provide the following information. They must indicate whether they intend to comply with the 50 percent coverage for population or geographic area. If population is chosen, winners must state where the population data was obtained. The showing must include a map or maps of the market area showing the Grade B contour of any TV channel 13 station, general location of each planned CTS (including those that exceed the "20 foot" criteria), the estimated coverage area (39 dBu contour) of each CTS, and how the applicant plans on meeting the 1, 3, and 5 year benchmarks. The showing must include basic information (i.e., power and antenna height assumed and propagation model used) on how the coverage areas were

determined. Further, entities planning on using a technology that minimizes interference to TV channel 13 by transmitting during the TV blanking interval rather than the traditional approach of reducing power and antenna height and desiring a higher antenna height than permitted under the rules (but does not require individual licensing) must include a waiver request with their application (see paragraph 31 of the Report and Order in Docket No. 91-2). The burden is on the auction winner to fill the application out correctly and provide sufficient information for the Commission to ascertain readily how the applicant plans to meet the interference and coverage requirements.

NOTE: CTSs not meeting the "20 foot" rule must be **individually licensed** (see paragraph 69 of the Report and Order in Docket No. 91-2). **Such applications, however, do not have to be filed within the ten-day period.** They should be filed at the following address: Federal Communications Commission, Interactive video and Data Service, P. O. Box 358365, Pittsburgh, PA, 15251-5365. Applications for individually licensed stations including a waiver request and requiring a fee must also be sent to the above Pittsburgh address. The following items on the Form 574 must be completed for a CTS that exceeds 6.1 meters (20 feet) above ground or an existing manmade structure other than an antenna tower within the service area (i.e., must be individually licensed). Item 1, frequency 218.0-218.5 MHz (Segment A) or 218.501-219.0 MHz (Segment B); Item 2, "FXV"; Item 8; Item 9; Item 10; Item 11; Item 14; Item 15; Item 16; Item 17; Item 18, the street address and telephone number where a person responsible for system operation may be reached; Item 19, put in service area number; Item 20, "ZV"; Item 21, should be the same name as specified on the Form 175 previously submitted by the applicant; Items 22-25; Item 26; Item 27; Item 28; Item 29; Item 30; Item 32; Item 34; Item 37; certification question (only on the 1993 version) and the name and signature blocks.