

# CORRESPONDENCE

## Marstech Limited

11 Kelfield Street  
Etobicoke, Ontario, M9W 5A1  
(416) 246-1116

Fax: (416) 246-1020, E-mail bob@marstechltd.com

Testing For FCC  
Submissions/  
Verifications

Engineering &  
Administrative



Authorized by:  
Professional Engineers  
Ontario

Industry Canada  
Industria Canada  
Approved Test Facility



**To:** Mr. Joe Dichoso      **Date:** January 7, 1999

**Company:** FCC Lab - Maryland      **Pages:** 3, including this cover sheet.  
(FCC Application  
Processing Branch)

**From:** Bob Marshall

**Reference:** 98428D      **Fax Log:** FCC-L004

**Subject:** FCC ID: AX292AJC215H  
Applicant: Clarion Co. ltd.  
**Correspondence Reference No.:** 5438  
**731 Confirmation No.:** EA92010  
**Date of Original Email:** 01/05/1999

### COMMENTS:

- 1) Please see the attached Bank Draft dated October 13, 1998 and Fee Form sent to Mellon Bank.

Please call us at (416) 246-1116, if further info is required.

Best Regards,

**THE TORONTO-DOMINION BANK**WOOD  
7763  
WOODBRIDGE, ONTARIO L4L 2C7

1885 - 01527029

NO.

- 1527029

OCTOBER 13 19 98

PAYABLE **FEDERAL COMMUNICATIONS COMMISSION**  
TO\*\*\*\*\*475.00  
U.S. \$

475.00

DOLLARS

UNITED STATES CURRENCY

RECEIPT ONLY - NOT NEGOTIABLE

PLEASE RETAIN FOR PRESENTATION IN EVENT ORIGINAL LOST

AUTHORIZED OFFICER

NUMBER

COUNTERSIGNED

Clarion/JC-215H

#984280

READ INSTRUCTIONS CAREFULLY  
BEFORE PROCEEDING

ELECTRONIC FILING

1) LOCKBOX # 358315

FEDERAL COMMUNICATIONS COMMISSION  
REMITTANCE ADVICE

PAGE NO. 1 OF 1

APPROVED BY OMB 3060-0589

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)

Marstech Limited

(3) TOTAL AMOUNT PAID (dollars and cents)

\$475.00U 5D

4) STREET ADDRESS LINE NO. 1

11 Kelfield Street

5) STREET ADDRESS LINE NO. 2

6) CITY

Etobicoke, Ontario

(7) STATE

(8) ZIP CODE

M9W 5A1

9) DAYTIME TELEPHONE NUMBER (Include area code)

(416) 246-1116

(10) COUNTRY CODE (if not in U.S.A.)

CAN (CANADA)

IF PAYER NAME AND THE APPLICANT NAME ARE DIFFERENT, COMPLETE SECTION B  
IF MORE THAN ONE APPLICANT, USE CONTINUATION SHEETS (FORM 159-C)

SECTION B - APPLICANT INFORMATION

(11) APPLICANT NAME (if paying by credit card, enter name exactly as it appears on your card)

CLARION CO., LTD.

(12) STREET ADDRESS LINE NO. 1

50 Kamitoda

(13) STREET ADDRESS LINE NO. 2

(14) CITY

Toda Saitama

(15) STATE

(16) ZIP CODE

335-8511

(17) DAYTIME TELEPHONE NUMBER (include area code)

81 48 443 1111 Ext. 665

(18) COUNTRY CODE (if not in U.S.A.)

JAPAN

COMPLETE SECTION C FOR EACH SERVICE, IF MORE BOXES ARE NEEDED, USE CONTINUATION SHEETS (FORM 159-C)

SECTION C - PAYMENT INFORMATION

(19A) FCC CALL SIGN/OTHER ID

(20A) PAYMENT TYPE CODE (PTC)

E F T

(21A) QUANTITY

1

(22A) FEE DUE FOR (PTC IN BLOCK 20A)

\$475.00 USD

FCC USE ONLY

(23A) FCC CODE 1

(24A) FCC CODE 2

(19B) FCC CALL SIGN/OTHER ID

(20B) PAYMENT TYPE CODE (PTC)

(21B) QUANTITY

(22B) FEE DUE FOR (PTC IN BLOCK 20B)

FCC USE ONLY

(23B) FCC CODE 1

(24B) FCC CODE 2

(19C) FCC CALL SIGN/OTHER ID

(20C) PAYMENT TYPE CODE (PTC)

(21C) QUANTITY

(22C) FEE DUE FOR (PTC IN BLOCK 20C)

FCC USE ONLY

(23C) FCC CODE 1

(24C) FCC CODE 2

(19D) FCC CALL SIGN/OTHER ID

(20D) PAYMENT TYPE CODE (PTC)

(21D) QUANTITY

(22D) FEE DUE FOR (PTC IN BLOCK 20D)

FCC USE ONLY

(23D) FCC CODE 1

(24D) FCC CODE 2

SECTION D - TAXPAYER INFORMATION (REQUIRED)

(25)

PAYER TIN

4 1 6 2 4 6 1 1 1 6

APPLICANT TIN

8 1 4 8 4 4 3 11 11

SECTION E - CERTIFICATION

(27) CERTIFICATION STATEMENT

I, Robert G. Marshall, P. Eng.  
(PRINT NAME)

Certify under penalty of perjury that the foregoing and supporting information

are true and correct to the best of my knowledge, information and belief. SIGNATURE Robert Marshall

SECTION F - CREDIT CARD PAYMENT INFORMATION

(28)

MASTERCARD/VISA ACCOUNT NUMBER:

MASTERCARD

EXPIRATION DATE

MONTH YEAR

VISA

I hereby authorize the FCC to charge my VISA or MASTERCARD  
for the services/authorized herein described.

AUTHORIZED SIGNATURE

DATE

SEE PUBLIC BURDEN ESTIMATE ON REVERSE

FCC FORM 159 JULY 1997 (REVISED)