## NATIONAL TELECOMMUNICATIONS COMMISSION Statement of Account

ARNOLD CABAHUG

61 2025 07 0115

To: The Accountant:				,						(RC Code - Year of Issue- Mo Series of the RC)				
Please issue	Order of Payment in favor of	of												
	of the fees indicated below										Date:			
	_			1										•
	_	NEW	⊢	MOD			$\vdash$	CO		닏	MA			
	✓	REN	⊢	DUP			님	CV			ROC			
				OTHERS			. ⊔	MS			OTHERS	·		
		1												
Particular:  Code Description Period Cover			articular: AT-RSL-ROVII-1004-25 JUL 16, 2025 to				Particular:			Particular:			-	
				rered: JUL 15, 2028			Period Covered:			Period Covered:			SUB-	
		No. of	%	No. of	No. of % No. of Fees			No. of % No. of Fees			TOTAL			
		Years	%	Units	Fees	Years	%	Units	rees	Years	%	Units	rees	
	FOR LICENSES													
4-02-01-010	Permit to Purchase													0.00
4-02-01-130	Filing Fee													0.00
4-02-01-010														0.00
4-02-01-010														0.00
4-02-01-060	Radio Station License									İ				396.00
4-02-01-100	Inspection Fee													0.00
	Spectrum User's Fee (SUF)													0.00
	Fines/Penalties/Surcharges													0.00
	Radio Station License													
4-02-01-140	Spectrum User's Fee (SUF)	-	-			-						-		-
	FOR PERMITS	<u> </u>						-		ļ		-		
	Permit Fees											-		0.00
	Inspection Fee											-		0.00
	Fillling fee													0.00
	Fines/Penalties/Surcharges													0.00
	AMATEUR AND ROC									<u> </u>				
4-02-01-060	Radio Station License											-		0.00
4-02-01-060	Radio operator's Cert													180.00
	Application Fee													
4-02-01-040	Seminar Fee													
	Fines/Penalties/Surcharges/ Radio Station License Radio													0.00
4-02-01-140	Operator's Cert.													
	Permit to Purchase													0.00
ОТ	HER APPLICATION													
4-02-01-020	Registration Fee													0.00
	Supervision & Regulation	1												0.00
4-02-01-070		<u> </u>	1					ļ	-	ļ		-		
4-02-01-040	Verification/Authentication	<u> </u>	<u> </u>							<b></b>		1		0.00
4-02-01-030	Examination Fee	<u> </u>								L		-		0.00
4-02-01-040	Clearance/Certification Fee	<u> </u>	1							L		-		0.00
4-02-01-060										<u> </u>		1		0.00
4-02-01-000	Miscellaneous Income									1				0.00
4-02-01-990	(DUPLICATE)  Documentary Stamp Tax	<del>                                     </del>	<u> </u>					<b>-</b>		<b>I</b>				30.00
4-02-01-010	(DST)	<u> </u>				L				L				
	Others													0.00
	TOTAL													606.00
		Note:	To be p	oaid on or	before			07/17/2	2025	otherwis	e subjec	t to reass	essment	
	For Assessment only Endorsed for Payment													
REMARK/S			_		,					_				
. Payment s TREASURY	hould be made in CASH, MA	NAGER'S	/CASHII	R's CHEC	K. DEM	AND DRA	FT Paya	ble to N7	C-13 FA	O BUREAU	OF			

O.R.	No.						
	AMOUNT:	PREPARED BY:		APPROV			
			Karl Louis Intino		FELIPE GUMALO		
	Date:			_			
	By:						