NATIONAL TELECOMMUNICATIONS COMMISSION Statement of Account ROWENA MAOLIII ING

To: The Accountant:		ROWENA MAQUILING							No: le - Year of Issue- Mo Series of the RC)					
	Order of Payment in favor o								(NC COU	c - icai oi		o. Series	or the ne	-,
for payment	of the fees indicated below										Date:			
	✓	NEW		MOD				co			MA			
		REN		DUP				CV			ROC			
	_			OTHERS				MS			OTHERS	i		
							. –			_				
		Particula	ar:			Particul	ar:			Particula	r:			
		JUL 28, 2025 to Period Covered: JUL 27, 2028				Period Covered:				Period Covered:				1 !
Code	Description		T T		U28		I I	N 6		<u> </u>	vereu.	N6		SUB-
		No. of Years	%	No. of Units	Fees	No. of Years	%	No. of Units	Fees	No. of Years	%	No. of Units	Fees	TOTAL
	FOR LICENSES	icais		Ullits		icais		Ullits		Icais		Ullits		
4-02-01-010												+		0.00
	Permit to Purchase											+		0.00
4-02-01-130	Filing Fee									1		+		0.00
4-02-01-010	Permit to Possess/Storage											_		0.00
4-02-01-010	Construction Permit Fee											+		0.00
4-02-01-060	Radio Station License											+		0.00
4-02-01-100	Inspection Fee											+		0.00
4-02-01-080	Spectrum User's Fee (SUF) Fines/Penalties/Surcharges											_		0.00
	Radio Station License													0.00
4-02-01-140	Spectrum User's Fee (SUF)													
	FOR PERMITS													
4-02-01-010	Permit Fees													0.00
4-02-01-100	Inspection Fee													0.00
4-02-01-130														0.00
4-02-01-140														0.00
FOR	AMATEUR AND ROC													
4-02-01-060	Radio Station License													0.00
4-02-01-060	Radio operator's Cert													180.00
4-02-01-130	Application Fee													
4-02-01-040	Seminar Fee													
	Fines/Penaities/Surcharges/													0.00
4-02-01-140	Radio Station License Radio Operator's Cert.													
4-02-01-080	Permit to Purchase													0.00
	HER APPLICATION											\top		
4-02-01-020	Registration Fee													0.00
	Supervision & Regulation	1												0.00
4-02-01-070	Fee													
4-02-01-040	Verification/Authentication													0.00
4-02-01-030	Examination Fee													0.00
4-02-01-040	Clearance/Certification Fee													0.00
4-02-01-060		-								\vdash		\perp		0.00
4 02 01 000	Miscellaneous Income													0.00
- 32-01-330	(DUPLICATE) Documentary Stamp Tax													30.00
4-02-01-010														
	Others													360
	TOTAL													570.00
Note: To be paid on or before <u>07/28/2025</u> otherwise subject to reassessment														
			_											
			For	Assessm	ent only					En	dorsed f	for Payme	nt	
REMARK/S														

1. Payment should be made in CASH, MANAGER'S/CASHII

				PREPARED BY:	APPROVED BY:
O.R.		No.		ed.	lttac 1
		AMOUNT:		frank y	VHaut.
	O.R.			RINDLEY REGINIO	FELIPE GUMALO
		Date:			FNGINEER V
		Bv:			LINOINLLIN