NATIONAL TELECOMMUNICATIONS COMMISSION Statement of Account

				BRAI	DLEY	ALLEN	I IGO	Γ						
To: The Acc	countant:										No: Year of Issue- Mo Series of the RC)			
									(RC Cod	le - Year o	t Issue- N	1o Serie	s of the R	C)
Please issue	Order of Payment in favor of	of												
for payment of the fees indicated below:										Date:			_	
		w Пмор				Псо				МА				
		REN DUP				Hcv				_ F	ROC			
			F	OTHERS		∏ Ms				F	OTHERS			
			_	,						_	,			-
		rticular: RROC-RLM-ROVII-1018				Particular:				Particular:				
١		Period Co	overed:	JUL 22, 2 JUL 21, 2	025 to	Period Covered:				Period Covered:				1
Code	Description	No of No of				No. of No. of				No. of No. of				SUB- TOTAL
		Years	%	Units	Fees	Years	%	Units	Fees	Years	%	Units	Fees	IOIAL
	FOR LICENSES					İ								1
4-02-01-010	Permit to Purchase													0.00
4-02-01-130														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)													0.00
	Fines/Penalties/Surcharges Radio Station License													0.00
4-02-01-140	Spectrum User's Fee (SUF)													
	FOR PERMITS													
4-02-01-010	Permit Fees													0.00
	Inspection Fee													0.00
	Fillling fee													0.00
4-02-01-140	Fines/Penalties/Surcharges													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/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
4 02 04 070	Supervision & Regulation													0.00
4-02-01-070		-								1				0.00
	Verification/Authentication Examination Fee	1			_					1		+		0.00
	Clearance/Certification Fee										_	+		0.00
	Modification Fee				_						_	+		0.00
4-02-01-000	Miscellaneous Income	-								<u> </u>				0.00
4-02-01-990	(DUPLICATE)													
4 02 01 010	Documentary Stamp Tax													30.00
4-02-01-010	(DST) Others	—												30
	TOTAL									†				240.00
		Note:	To be i	paid on or	hefore			07/23/2	2025	otherwi	se suhier	t to reass	essment	
		rrote.	10 00	Julu 011 01	belole			017207			se subjec	to reass	coomene	
			For	Assessme	ent only	,				П	ndorsed	for Payme	ent	
REMARK/S														
1. Payment s	should be made in CASH, MA	NAGER'S	/CASHII	ER's CHEC	K. DEM.	AND DRA	FT Paya	ble to N	ΓC-13 FA	O BUREAU	J OF			
TREASURY														