NATIONAL TELECOMMUNICATIONS COMMISSION

Statement of Account							
HOSPITALITY RESOURCES INC							

To: The Accountant:		п	JSPITA	LIIYI	KESUC	JKCE	SINC			No:			
								(RC Cod	e - Year of	Issue- N	1o Series	of the RO	C)
Please issue Order of Payment in favor for payment of the fees indicated belo										Date:	Septemb	er 25 2025	
]	NEW		MOD				l co			MA			
Ī	✓ REN	Ē	DUP				cv		П	ROC			
•	_	Ē	OTHERS			┌	MS		П	OTHERS	6		
						_			_				•
	Particu	lar: 22-I	PROCLMVI		Particul	ar:			Particula	r:			
Code Description	Period (Covered:	SEP 27, 2 SEP 26, 2	025 to 028	Period Covered:				Period Covered:]
code Description	No. of	T	No. of		No. of	l	No. of	_	No. of		No. of	_	SUB- TOTAL
	Years	%	Units	Fees	Years	%	Units	Fees	Years	%	Units	Fees	IOIAL
FOR LICENSES													
4-02-01-010 Permit to Purchase													0.00
4-02-01-130 Filing Fee													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	1												0.00
4-02-01-140 Spectrum User's Fee (SUF)													
FOR PERMITS					İ								
4-02-01-010 Permit Fees													0.00
4-02-01-100 Inspection Fee													0.00
4-02-01-130 Filing 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													0.00
4-02-01-040 Seminar Fee													0.00
Fines/Penalties/Surcharges Radio Station License Radio													0.00
4-02-01-140 Operator's Cert.													
4-02-01-080 Permit to Purchase													0.00
OTHER APPLICATION													
4-02-01-020 Registration Fee													0.00
Supervision & Regulation													0.00
4-02-01-070 Fee													0.00
4-02-01-040 Verification/Authentication 4-02-01-030 Examination Fee				_									0.00
4-02-01-030 Examination Fee 4-02-01-040 Clearance/Certification Fee		_		_							_		0.00
		+		_							_		0.00
Miscellaneous Income		+											0.00
4-02-01-990 (DUPLICATE)							_						
Documentary Stamp Tax													30.00
Othors		+		t -			<u> </u>						0.00
TOT		1											210.00
	Note:	To be	paid on or	before			09/25/2	2025	otherwis	e subjec	t to reass	essment	
		_											
		Fo	r Assessm	ent only	,				Er	dorsed	for Payme	ent	
REMARK/S 1. Payment should be made in CAS	LI MANIA	SEDIE#	VEDIED	e CHE	r DEM	VNDD	DAET D	wahla *-	NTC VIII	EAO BI	IDEALLO	E TDEAC	HIDV

				PREPARED BY:	APPROVED BY:
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ı		AMOUNT:		from the same of t	VII Kint.
0.	O.R.		RINDLEYREGINIO	FELIPE GUMALO, JR.	
		Date:			ENGINEER V
		Bv:			LINOINLLIN