## NATIONAL TELECOMMUNICATIONS COMMISSION Statement of Account

To: The Accountant:  No:  (RC Code - Year of Issue- Mo Series of the RC)										2)				
	Order of Payment in favor o								(		Date:			-,
ioi payment	or the rees mareated selow		_	1										•
	<u> </u>	NEW	⊢	MOD			⊢	СО		닏	MA			
REN DUP					☐ cv				☐ ROC ☐ OTHERS					
				OTHERS			. ⊔	MS		Ш	OTHERS	·		
		Doubloule	TEA	ID DOIN A	000.05	Particula				Particula				
			Particular: TEMP-ROIX-1036-25											
Code	Description	Period Covered: 1 Year				Period Covered:				Period Covered:				SUB-
		No. of	%	No. of	Fees	No. of	%	No. of	Fees	No. of	%	No. of	Fees	TOTAL
	FOR LICENSES	Years		Units		Years		Units		Years		Units		
														0.00
4-02-01-010	Permit to Purchase											1		0.00
	Filing Fee													0.00
4-02-01-010														0.00
4-02-01-010	Construction Permit Fee											1		0.00
4-02-01-000												_		0.00
4-02-01-100												1		0.00
4-02-01-000	Fines/Penalties/Surcharges													0.00
	Radio Station License													0.00
4-02-01-140						-				-		-		
	FOR PERMITS					_		-				-		0.00
4-02-01-010														0.00
4-02-01-100												-		0.00
	Fillling fee	-				-								0.00
	Fines/Penalties/Surcharges  AMATEUR AND ROC					-						+		0.00
	Radio Station License					_						1		0.00
	Radio operator's Cert													0.00
	Application Fee													0.00
	Seminar Fee													
	Fines/Penalties/Surcharges/													0.00
	Radio Station License Radio													
4-02-01-140 4-02-01-080														0.00
	HER APPLICATION											1		0.00
4-02-01-020														0.00
	Supervision & Regulation													0.00
4-02-01-070	Fee													
4-02-01-040	Verification/Authentication													0.00
4-02-01-030														50.00
4-02-01-040												-		0.00
4-02-01-060	Modification Fee Miscellaneous Income	-				-						-		0.00
4-02-01-990	(DUPLICATE)													0.00
	Documentary Stamp Tax													0.00
4-02-01-010	(DST)	<b>—</b>		-						1		-		0.00
	Others													0.00 50.00
	TOTAL	Noto:	To be :	l naid on as	hofore	Ь		06/24/2	2025	othoruis	o cubico	t to rosss	occmor*	50.00
		Note:	io pe p	oaid on or	netore			00/24/2	2020	_ otnerwis	e subjec	t to reass	essment	
		1	П <sub>с</sub>	Assessme	nt orb						dorcodi	for Payme	nt	
REMARK/S			ror	422G22IU6	ant Only						iuoi sed 1	ioi rayifi6	int	
	ional sheets, if necessary to	show det	ailed co	mnutation	1									
	should be made in CASH, MA					AND DRA	FT Pava	ble to N	ΓC-13 FΔ	BURFALL	OF TREA	ASURY.		
,			,				, 0					,		

3. PLEASE ATTACH 1x1 ID PICTURE UPON APPLICATION FOR NEW/RENEWAL

PREPARED BY:		APPROVED BY:
	evaluator 9	Carlo Mario Jacobe I