NATIONAL TELECOMMUNICATIONS COMMISSION Statement of Account HAM RATOMAL ACLIE

To: The Accountant:		HAM BATOMALAQUE							No: ode - Year of Issue- Mo Series of the RC)					
Please issue Order of Payment in favor for payment of the fees indicated belo										Date:	Septembe	er 26 2025	_	
<u> </u>	NEW REN		MOD DUP OTHERS				CO CV MS			MA ROC OTHERS	s			
	Particul	ar:			Particular:			Particular:						
			SED 27, 2025 to											
Code Description	Period Covered: SEP 26, 2028			028	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		ł	
	1												0.00	
											+		0.00	
4-02-01-130 Filing Fee 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	-				_								0.00	
4-02-01-010 Permit Fees													0.00	
4-02-01-100 Inspection Fee			_								+		0.00	
4-02-01-130 Filing fee 4-02-01-140 Fines/Penalties/Surcharges					-						+		0.00	
FOR AMATEUR AND ROC													0.00	
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	**												20.00	
Fines/Penalties/Surcharges Radio Station License Radio	′												0.00	
4-02-01-140 Operator's Cert.											+		0.00	
4-02-01-080 Permit to Purchase OTHER APPLICATION	+				-						+		0.00	
	+				-						+		0.00	
4-02-01-020 Registration Fee Supervision & Regulation													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 Modification Fee													0.00	
Miscellaneous Income 4-02-01-990 (DUPLICATE) Documentary Stamp Tax													30.00	
4-02-01-010 (DST)									L				30.00	
Others													0.00	
TOTA	ıL]										1		240.00	
REMARK/S 1. Payment should be made in CASI	Note:	For	Assessmo	ent only		AND D	09/26/2		En	dorsed	t to reasso for Payme	ent	SURY	

				PREPARED BY:		APPROVED BY:
O.R.		No.			/	ltta a I
		AMOUNT:		fred to	5	VT4Kent.
).R. [RINDLEY	ÉGINIO	FELIPE GUMALO, JR.
		Date:				ENGINEER V
	Г	Bv:				LINGINLLIN