NATIONAL TELECOMMUNICATIONS COMMISSION Statement of Account

To: The Accountant: No:										r)				
(RC Code - Year of Issue- Mo Series of the RC) Please issue Order of Payment in favor of														
for payment	of the fees indicated below	:									Date:			
		NEW	Г	МОР				со			MA			
REN DUP				Η̈́cv				Roc						
				= '				OTHERS						
				OTHERS			. ⊔	MS		Ш	OTHERS	·——		-
										In				
			IIII 4E 202E Io				Particular:				Particular:			
Code	Description	Period C	Period Covered: JUL 14, 2026			Period Covered:				Period Covered:				SUB-
		No. of		No. of		No. of		No. of	_	No. of		No. of	_	TOTAL
		Years	%	Units	Fees	Years	%	Units	Fees	Years	%	Units	Fees	101712
	FOR LICENSES													ĺ
4-02-01-010	Permit to Purchase													0.00
4-02-01-130														0.00
	Filing Fee											_		0.00
4-02-01-010	Permit to Possess/Storage													0.00
4-02-01-010						_				1		1		0.00
4-02-01-060						-				-				
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														0.00
4-02-01-100														0.00
						_						1		0.00
	Fillling fee Fines/Penalties/Surcharges									1				0.00
	AMATEUR AND ROC		<u> </u>			-				 				0.00
	Radio Station License		 			\vdash				†		 		0.00
4-02-01-060			_							-		1		0.00
	Radio operator's Cert									1		1		0.00
	Application Fee													
4-02-01-040	Seminar Fee													
	Fines/Penalties/Surcharges/ Radio Station License Radio													0.00
4-02-01-140														
4-02-01-080	Operator's Cert. Permit to Purchase													0.00
	HER APPLICATION													
4-02-01-020	Registration Fee													0.00
	Supervision & Regulation													0.00
4-02-01-070	Fee									ļ				
4-02-01-040	Verification/Authentication													0.00
4-02-01-030	Examination Fee													50.00
4-02-01-040	Clearance/Certification Fee													0.00
4-02-01-060	Modification Fee													0.00
	Miscellaneous Income													0.00
4-02-01-990						_								
4-02-01-010	Documentary Stamp Tax (DST)													0.00
4-02-01-010														0.00
	Others TOTAL													50.00
	TOTAL	Note:	To be	naid on or	hefore			07/15/2	2025	otherwis	e subjec	t to reass	eccment	00.00
		Note: To be paid on or before <u>07/15/2025</u> otherwise subject to reassessment												
			П	Assessm	ant orb	,					dorcod 4	for Bourns	ant	
For Assessment only Endorsed for Payment REMARK/S														
-	ional shoots if nocossanita	chow do	allod ca	mnutatio										
	ional sheets, if necessary to					AND DO	ET De :-	blo to *!	FC 12 F4	O DUDE ***	OF TRE	CLIDY		
	should be made in CASH, MA						ırı Paya	ible to N	IC-13 FA	O BUKEAU	OF IKEA	ASUKY,		
3. PLEASE ATTACH 1x1 ID PICTURE UPON APPLICATION FOR NEW/RENEWAL														

PREPARED BY:		APPROVED BY:
	Jerwil Carin	Rolando Sampaga