## NATIONAL TELECOMMUNICATIONS COMMISSION Statement of Account

To: The Accountant: SMART BROADBAND, INC															
		(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 MOD					П.,				Пма				•		
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	Particul	ar:			Particular:				Particular:						
Code Description	Period Covered: 1 Year				Period Covered:				Period Covered:				]		
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	1011112		
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) Fines/Penalties/Surcharges													0.00		
Radio Station License													0.00		
4-02-01-140 Spectrum User's Fee (SUF) FOR PERMITS															
													0.00		
4-02-01-010 Permit Fees 4-02-01-100 Inspection Fee													0.00		
4-02-01-130 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													0.00		
4-02-01-130 Application Fee													0.00		
4-02-01-040 Seminar Fee Fines/Penalties/Surcharges/					-	_					-		0.00		
Radio Station License Radio													0.00		
4-02-01-140 Operator's Cert.															
4-02-01-080 Permit to Purchase	_				-								0.00		
OTHER APPLICATION					-								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 Miscellaneous Income													0.00		
4-02-01-990 (DUPLICATE)													0.00		
Documentary Stamp Tax													0.00		
4-02-01-010 (DST) Others (ADMIN FINES)													0.00		
TOTAL													0.00		
Note: To be paid on or before TODAY otherwise subject to reassessment															
For Assessment only Endorsed for Payment															
REMARK/S															
Use additional sheets, if necessary to															
<ol> <li>Payment should be made in CASH, MA</li> <li>PLEASE ATTACH 1x1 ID PICTURE UPON</li> </ol>						ι+ Г Рауа	bie to N	C-13 FA	D BUREAU	OF TREA	SURY,				
	LIST OF NAMES:														

PLEASE SEE ATTACHED NAMES AT THE BACK

PREPARED BY:	APPROVED BY:					