## NATIONAL TELECOMMUNICATIONS COMMISSION Statement of Account

Statement of Account

To: The Accountant:				Mario candelario L. Magada (RC Coo					No: de - Year of Issue- Mo Series of the RC)					
	Order of Payment in favor of the fees indicated belo										Date:			
Tor payment		NEW REN		MOD DUP OTHERS				CO CV MS			MA ROC	;		
		Particu	lar: D/D	OS BOY 12	20 22 4	Particula	ar.			Particula	ır.			
Particular: P/P			MAY 19. 2	123 to	Period Covered:								1 !	
Code Description Period Covered:									Period Covered:				SUB-	
		No. of Years	%	No. of Units	Fees	No. of Years	%	No. of Units	Fees	No. of Years	%	No. of Units	Fees	TOTAL
	FOR LICENSES													
4-02-01-010	Permit to Purchase													0.00
4-02-01-130												-		0.00
4-02-01-010	Permit to Possess/Storage													120.00
	Construction Permit Fee											-		0.00
4-02-01-060												-		0.00
4-02-01-100			+	-				-		-	_	-		0.00
4-02-01-080	Spectrum User's Fee (SUF) Fines/Penalties/Surcharges Radio Station License													0.00
4-02-01-140	Spectrum User's Fee (SUF)													
	FOR PERMITS		1											
4-02-01-010	Permit Fees													0.00
4-02-01-100												-		0.00
	Fillling fee													360.00
4-02-01-140			-							ļ				0.00
	AMATEUR AND ROC	+	-	_		-				<u> </u>		1		
4-02-01-060			-								_	-		0.00
	Radio operator's Cert		-					-		-				0.00
	Application Fee		-					-		ļ				
4-02-01-040	Seminar Fee Fines/Penalties/Surcharges Radio Station License Radio	/												0.00
	Operator's Cert.													
	Permit to Purchase	+	-	-		-				<u> </u>	_	1		0.00
	HER APPLICATION	+	+			-				<u> </u>		1		0.00
4-02-01-020	Supervision & Regulation													0.00
4-02-01-070	Fee Verification/Authentication					-								0.00
4-02-01-040						_								0.00
4-02-01-030	Examination Fee Clearance/Certification Fee					_								0.00
	Modification Fee													0.00
4-02-01-990	Miscellaneous Income													0.00
4-02-01-010	Documentary Stamp Tax													30.00
	Others													0.00
	TOTA	NL						L						510.00
		Note:	Note: To be paid on or before <u>07/08/2025</u> otherwise subject to reassessment											
REMARK/S	For Assessment only Endorsed for Payment  EMARK/S													
1. Use addit	ional sheets, if necessary t	o show de	tailed co	mputatio	n									
2. Payment	should be made in CASH, N	/ANAGER	'S/CASHI	ER's CHEC	K. DEM	AND DRA	FT Paya	ble to N	TC-13 FA	O BUREAU	OF TREA	ASURY,		

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

PREPARED BY:		APPROVED BY:	
	Evaluator1 10		