NATIONAL TELECOMMUNICATIONS COMMISSION Statement of Account

	Adeluisa S. Visande													
To: The Acc	To: The Accountant: No:													
									(RC Cod	e - Year of	Issue- N	1o Series	of the R	(C)
Please issue	Order of Payment in favor o	·f												
Please issue Order of Payment in favor of for payment of the fees indicated below: Date: August 18 2025														
,	_		_	1										-
	<u> </u>	NEW	_ <u> </u> _	MOD			닏	CO		닏	MA			
	✓	REN	<u> </u>	DUP			닏	CV		닏	ROC			
				OTHERS			. ⊔	MS			OTHERS	·		_
		Daniel and				De est es d				Do at and a				1
	Particular: AUG 18, 2025 to				Particular:				Particular:					
Code	Period Covered: AUG 17, 2026				Period Covered:				Period Covered:				SUB-	
		No. of	%	No. of	Fees	No. of	%	No. of	Fees	No. of	%	No. of	Fees	TOTAL
		Years	/0	Units	1003	Years	/°	Units	1003	Years	/*	Units	1003	1
	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											-		600.00
4-02-01-100	Inspection Fee											-		720.00
4-02-01-080	Spectrum User's Fee (SUF)													0.00
	Fines/Penalties/Surcharges Radio Station License													300.00
4-02-01-140	Spectrum User's Fee (SUF)													
	FOR PERMITS													
4-02-01-010	Permit Fees													0.00
4-02-01-100														0.00
	Filing fee													0.00
	Fines/Penalties/Surcharges													0.00
FOR	AMATEUR AND ROC													
4-02-01-060	Radio Station License													0.00
	Radio operator's Cert													0.00
	Application Fee													0.00
	Seminar Fee													0.00
	Fines/Penalties/Surcharges/													0.00
4-02-01-140	Radio Station License Radio Operator's Cert.													
4-02-01-080	Permit to Purchase													0.00
	HER APPLICATION											i		1
4-02-01-020	Registration Fee													0.00
	Supervision & Regulation													0.00
4-02-01-070	Fee													L
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														0.00
4-02-01-990	Miscellaneous Income (DUPLICATE)													0.00
	Documentary Stamp Tax													30.00
4-02-01-010	(DST) e Fee, Inspection Fee, Documentary									ļ				
Others Stamp	Tax, Surcharge									ļ				0.00
	TOTAL													1,650.00
	Note: To be paid on or before <u>08/18/2025</u> otherwise subject to reassessment													
	For Assessment only Endorsed for Payment													
REMARK/S		MANICO		A CLUED!	- 01151	N DE.	AND C	DACTO		NITO IV	- A O D	DEALLOS	- TDC **	NIDV.
1. Payment	t should be made in CASH,	MANAG	EK'S/C	ASHIER'	s CHEC	n. DEM	AND DI	KAFT Pa	yable to	INIC-IX	-AO BU	KEAU OF	- IKEAS	OUKY

			 PREPARED BY:	APPROVED BY:
		No.	MAY 1:	\
O.R.	O.R.	AMOUNT:	Mandin DUANE NICO CAWALING	CARLO MARIO JACOBE
	Date:			
		D		