

Exhibit 1

LINEAR CORPORATION

TECHNICAL SERVICE & ENGINEERING

FAX COVER PAGE

RECEIVED 10 21 99

ATTENTION: LINDA Elliot

COMPANY: _____

FAX#: _____

FROM: J. KUIVINEN

DATE: 10/19/99

PAGES TO FOLLOW: 4

NOTES: The FCC ID Code should be
as it is on the 731 form. This has
never changed.

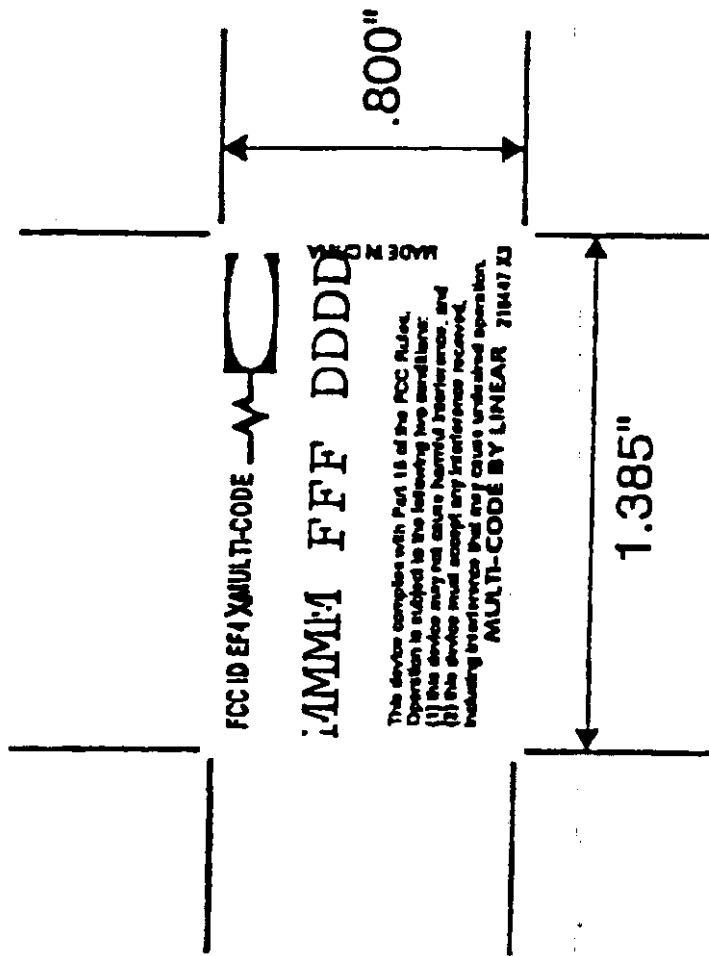
JWK. x227

2055 CORTE DEL NOGAL
CARLSBAD, CA 92009
800) 421-1587
760) 438-7043 FAX

MMMM = Model Number

FFF = Frequency

DDDD = Date (Warranty Code)



John K

From: Stacy DiMattio <stacyd@linearcorp.com>
To: John Kuivinen <johnk@linearcorp.com>
Sent: Tuesday, October 19, 1999 2:24 PM
Subject: Fw:

----- Original Message -----

From: OET <oetech@fccsun07w.fcc.gov>
To: <engineering@linearcorp.com>
Sent: Tuesday, October 19, 1999 1:03 PM

> To: John Kuivinen, null
> From: Linda Elliott
> lelliott@fcc.gov
> FCC Application Processing Branch
>
> Re: FCC ID EF4XMULTI-CODE
> Applicant: Linear Corporation
> Correspondence Reference Number: 10260
> 731 Confirmation Number: EA94839
> Date of Original E-Mail: 10/19/1999
>
> The FCC Id on the identification label does not have the letter 'X' in
the FCC ID as shown on the Form 731. Be advised that if you do not desire
the 'X' in the FCC ID, please send an email or letter to clarify. If
however, this was just a clerical oversight, and you do want the 'X' in the
FCC Id, fax me a new label as soon as possible at 301 344-2050.
>
> NOTE: The FCC ID on the label reads as follows:
>
> FCC ID EFA MULTI-CODE

**Schwaninger & Associates, P.C. Attorneys at Law**

1835 K Street, N.W., Suite 650, Washington, DC 20006
Internet Address - <http://www.sa-lawyers.net>
telephone - (202) 223-8837
facsimile - (202) 659-0071

Robert H. Schwaninger, Jr.
Michael L. Higgs, Jr. †
Delaney M. DiStefano
Benjamin J. Aron
Richard P. Hanno †
†Admitted in Maryland

Vic Jackson
Interconnection Consultant

October 12, 1999

via Next Day

Federal Communications Commission
7435 Oakland Mills Road
Columbia, MD 21046

Re: Application for Re-Certification
FCC ID EF4 XMULTI-CODE

Dear Sir or Madam:

On behalf of Linear Corporation, we hereby submit Linear Corporation's revised first page of the FCC Form 173 and identification label for its Application to Re-Certify FCC ID EF4 XMULTI-CODE pursuant to the Commission's request. Please associate the enclosed documents with the application currently pending.

As attorneys for Linear Corporation, in accord with § 1.12 of the Commission's Rules, please provide us with a copy of any correspondence regarding this application.

Very truly yours,

A handwritten signature in black ink, appearing to read 'Delaney M. DiStefano', is written over a printed name.

Delaney M. DiStefano

DMD:jjd

FEDERAL COMMUNICATIONS COMMISSION

FCC FORM 731

APPLICATION FOR EQUIPMENT AUTHORIZATION

For
FCC
use
only

Approved by OMB
3060-0057

SECTION I - ALL ITEMS IN THIS SECTION MUST BE COMPLETED

Applicant's complete, legal business name
Linear Corporation

Applicant's mailing address (Line 1)
2055 Corte Del Nogal

Applicant's mailing address (Line 2) (if required)
P.O. Box 9003

City
Carlsbad

State or Country (if foreign address) | ZIP/Postal Code | 3. FCC ID: (a) Grantee Code | (b) Equipment Product Code
California (CA) | 92018-9003 | E | F | 4 | X M U L T I - C O D E

Name, Title and Mail Stop, if any, of person at the applicant's address to receive grant, or for contact: (See Instructions)
John W. Kuivinen, P.E.

a) Telephone No. (Area/Country/City code, No. and Ext.) | (b) FAX No. (Area/Country/City code and No.)
760-438-7000 x227 | 760-438-7043

c) Internet e-mail address: **engineering@linearcorp.com**

Check here if this is a change in name and/or address not previously reported (See 47 CFR §2.934)

Bureau Use Only

Equipment Code:

Engineer:

Examiner:

SECTION II - See 47 CFR §1.1103 for Fee Type Codes and Fees. Fee Type Codes are listed in Paragraph C of the attached instructions.

Enter in Column (A) the correct Fee Type Code for the service for which you are applying. Enter in Column (B) the result obtained from multiplying the Fee amount for the Fee Type Code in Column (A) by the number entered in Column (B). If requesting more than ONE service, enter additional Fee Type Code(s) in Section III below.

(A) FEE TYPE CODE	(B) FEE MULTIPLE	(C) FEE DUE FOR FEE TYPE CODE IN COLUMN (A)	FOR FCC USE ONLY
E G C	0 0 0 1	\$ 940.00	

SECTION III - Use when requesting more than one service. If only one service is requested, complete only Section II and Section III, Item (B).

(A) FEE TYPE CODE	(B) FEE MULTIPLE	(C) FEE DUE FOR FEE TYPE CODE IN COLUMN (A)	FOR FCC USE ONLY
	0 0 0 1	\$	
	0 0 0 1	\$	
	0 0 0 1	\$	

Add all amounts shown in column C, lines (1) through (4), and enter the total here. This amount should equal your enclosed remittance.

TOTAL AMOUNT REMITTED WITH THIS APPLICATION OR FILING

\$

FOR FCC USE ONLY