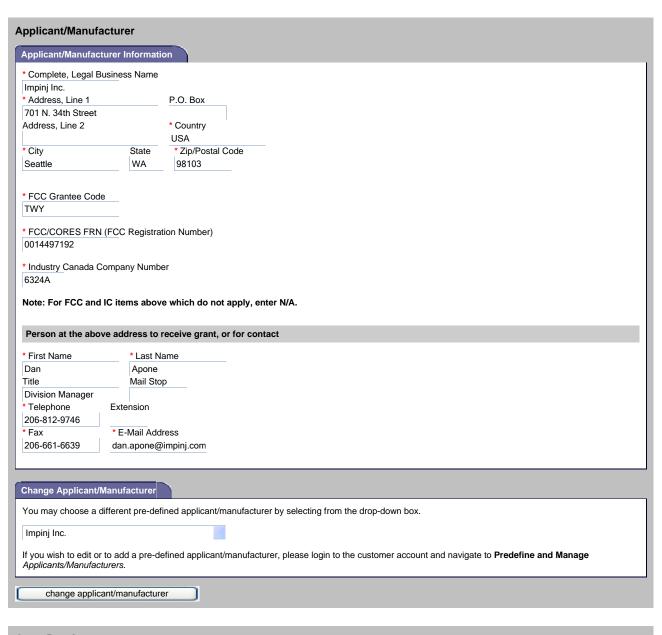
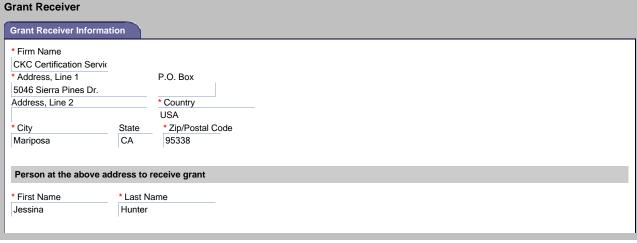
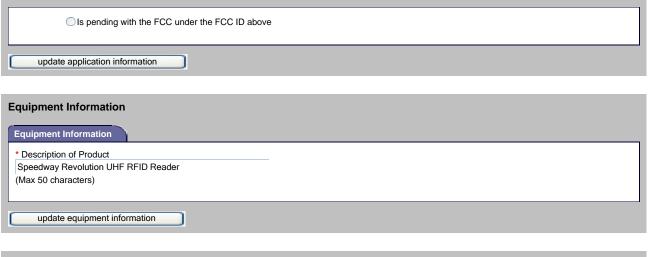
## Application E09-000115-FCC is listed below.

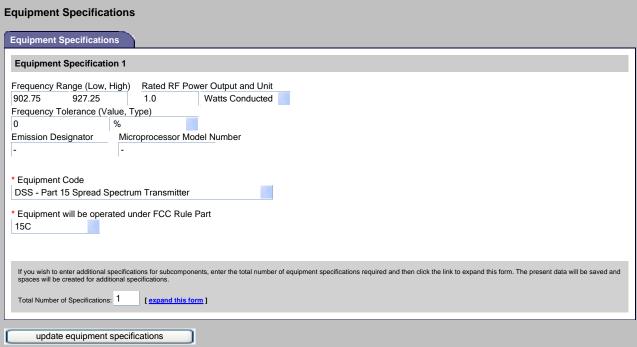


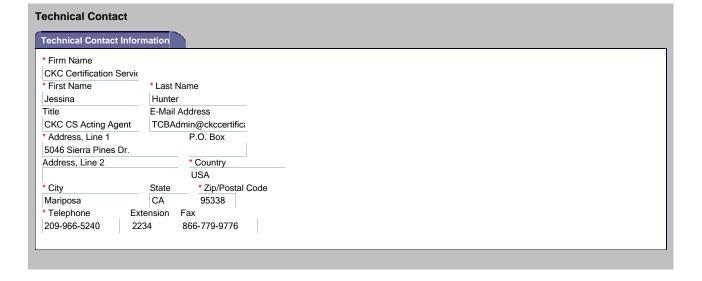


Title	Mail Stop	
CKC CS Acting Agent		
* Telephone	Extension	
209-966-5240	2234	
Fax	* E-Mail Address	
866-779-9776	TCBAdmin@ckccertifica	
Change Grant Receiver		
You may choose a different pre-defined grant receiver by selecting from the drop-down box.		
Hunter, Jessina CKC Certification Services, LLC		
If you wish to edit or to add a pre-defined grant receiver, please login to the customer account and navigate to <b>Predefine and Manage</b> Grant Receivers.		
change grant receiver		

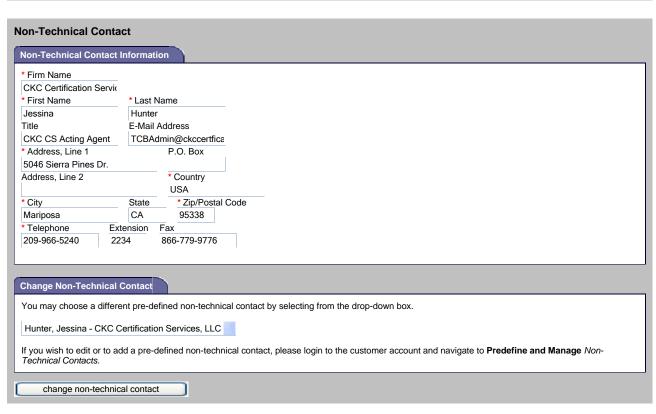
# **Application Information** Application Information \* Application is for A. Original Equipment B. Class II permissive change or modification of presently authorized equipment If A. or B. is checked, please enter the equipment product code portion of the FCC ID. Grantee Code Equipment Product Code + IPJREV FCC ID = C. Change in identification of presently authorized equipment If C. is checked, please complete the fields below. Original FCC ID Grant Date (MM/DD/YYYY) \* Does this application include a request for confidentiality for any portion(s) of the data contained in this application pursuant to 47 CFR §0.459 (d)(l)(ii)? Yes ○ No \* Does this application include a request to defer granting of this application pursuant to 47 CFR §0.459 (d)(l)(ii)? If Yes, please specify the date when grant may be issued: \* Was SAR testing performed? Yes No The answers to the following questions may require that you enter the FCC ID for a related application at the bottom of this section. \* Is the equipment in this application a composite device subject to more than one type of equipment authorization? No Yes If Yes, is this for multiple transmitters within the same device? \* Is the equipment in this application part of a system that operates with, or is marketed with another device that requires an equipment authorization? No Yes If an FCC ID for a related application is required, you will be prompted to enter it here: The related application: OHas been filed at the same time as this application under the FCC ID above Was granted under the FCC ID above Is in the process of being filed under the FCC ID above

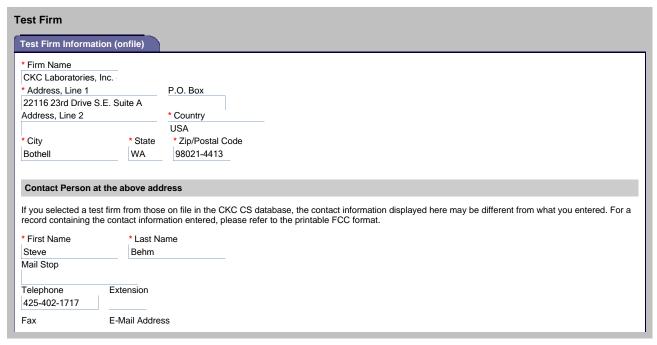






# Change Technical Contact You may choose a different pre-defined technical contact by selecting from the drop-down box. Hunter, Jessina - CKC Certification Services, LLC If you wish to edit or to add a pre-defined technical contact, please login to the customer account and navigate to Predefine and Manage Technical Contacts. Change technical contact





866-779-9776 steve.behm@ckc.com			
✓ For FCC			
For Industry Canada			
Change Test Firm and Contact			
You may choose a different on-file or pre-defined test firm by selecting from the drop-down boxes.			
On file in the CKC CS database:	CKC Laboratories, Inc Bothell, Bothell		
Pre-defined for Customer Account:	Please select a test firm		
If you wish to edit or to add an on file test firm, please navigate to the CKC CS Main page and Manage Onfile Test Firms.			
If you wish to edit or to add a pre-defined test firm, please login to the customer account and navigate to <b>Predefine and Manage</b> Test Firms.			
Test Firm Contact Information  NOTE: This information is required for both options			
* Contact Person's First Name * Contact Person's Last Name			
Armando Del Angel			
*Telephone Extension 229-966-5240 2234			
Fax E-Mail Address			
866-779-9776 armando.delangel@ckc			
Accreditation Agency If other, enter facility  A2LA  * ISO Guide 17025, or equivalent   Yes No Certificate Number Certificate Expiration  0803.05 01-31-2011			
change test firm and contact			

#### Section 5301 Certification

#### Section 5301 (Anti-Drug Abuse) Certification:

The applicant must certify that neither the applicant nor any party to the application is subject to a denial of Federal benefits, that include FCC benefits, pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. § 862 because of a conviction for possession or distribution of a controlled substance. See 47 CFR 1.2002(b) for the definition of a "party" for these purposes.

Does the applicant or authorized agent so certify?

Yes

O No

#### Applicant/Agent Certification

#### Applicant/Agent Certification:

I certify that I am authorized to sign this application. All of the statements herein and the exhibits attached hereto, are true and correct to the best of my knowledge and belief. IN accepting a Grant of Equipment Authorization issued by the FCC as a result of the representations made in this application, the applicant is responsible for (1) labeling the equipment with the exact FCC ID specified in this application, (2) compliance statement labeling pursuant to the applicable rules, and (3) compliance of the equipment with the applicable technical rules. If the applicant is not the actual manufacturer of the equipment, appropriate arrangements have been made with the manufacturer to ensure that production units of this equipment will continue to comply with the FCC's technical requirements.

Authorizing an agent to sign this application, is done solely at the applicant's discretion; however, the applicant remains responsible for all statements in this application.

If an agent has signed this application on behalf of the applicant, a written letter of authorization which includes information to enable the agent to respond to the above section 5301 (Anti-Drug Abuse) Certification statement has been provided by the applicant. It is understood that the letter of authorization must be submitted to the FCC upon request, and that the FCC reserves the right to contact the applicant directly at any time.

By checking this box, the applicant agrees to the terms and conditions set forth in the CKC CS General Agreement for certification under each entity under which certification is sought. Applicant acknowledges that they understand and agree to comply with the terms and conditions of the CKC CS General Agreement. By signing this form, the user acknowledges that they are signing on behalf of the applicant requesting certification, and the user has legal authority to sign on behalf of the applicant. User also agrees to provide CKC CS with evidence that legal authority has been delegated on behalf of the applicant if so requested.

For Agents: By signing this form as an agent on behalf of an applicant, the user acknowledges that they have been legally delegated the authority to act on behalf of the applicant and that the applicant has been provided with a copy of all terms and conditions pursuant to certification under the requested entities. Agent also agrees to provide CKC CS with evidence that legal authority has been delegated on behalf of the applicant.

#### ✓ \* I Certify and Agree with the Terms and Conditions

## Signature and Contact Information of Authorized Person Filing

 First Name
 Last Name

 Jesssina
 Hunter

 Title
 CKC CS Acting Agent

 Telephone
 Extension

 209-966-5240
 2234

 E-Mail Address
 Fax

 TCBAdmin@ckccertificia
 866-779-9776

# Complete the items below if an agent signs the application.

Firm Name

CKC Certification Services, LLC

Address, Line 1 P.O. Box 5046 Sierra Pines Dr. Country Address, Line 2 USA Zip/Postal Code City State CA 95338 Mariposa First Name Last Name Jesssina Hunter Telephone Extension 209-966-5240 2234 E-Mail Address Fax 866-779-9776 TCBAdmin@ckccertifica