



SPECTRUM RESEARCH & TESTING LABORATORY, INC.  
15200 Shady Grove Road, Suite 350  
Rockville, Maryland 20850  
Tel: (301) 670-2818 • Fax: (301) 963-8573

9/26/99

Date: Jan. 22, 1999

Exhibit 13

Federal Communications Commission  
Linda Elliott/ Legal Instruments Examiner  
Applications Processing Branch  
7435 Oakland Mills Road  
Columbia, MD 21046

AC/LE 1/26/99  
TR/JD 1/24/98

Dear Ms. Elliott:

Enclosed are amended Form 731 to include a frequency for

FCC ID: N98966LCD  
Confirmation #EA92676

Reference #5380

Sincerely,

Annie Liu

9/26/99  
FCC LABORATORY  
APPROVAL

**AMENDED****SECTION IV - Enter FCC ID from Page 1, Section I**

► FCC ID#N98966LCD

1 (a) Instead of Applicant, FCC is authorized to mail original Grant to: (See instructions)  
 Firm name, **Spectrum Research & Testing Lab. Inc.**  
 number, street, **15200 Shady Grove Road**  
 City, State/Country, **Suite 350**  
 ZIP/Postal Code **Rockville, MD 20850**

(b) Name, Title and Mail Stop, if any, of person at above address to receive Grant: (If 1.(a) is completed, this item must be completed)  
**Johnson Ho / Director**

2 (a) Technical contact: Firm name, <b>Spectrum Research &amp; Testing Lab.</b> contact person, <b>15200 Shady Grove Road</b> number, street, <b>Suite 350</b> City, State/Country, <b>Rockville, MD 20850</b> ZIP/Postal Code	(b) Telephone No. (Area/Country/City code, No and Ext.) <b>(301) 670-2818</b>
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(d) Internet e-mail address: <b>srtlab@aol.com</b>	(f) Telephone No. (Area/Country/City code, No and Ext.) <b>(301) 670-2818</b>
(e) Non-Technical contact: Firm name, <b>Spectrum Research &amp; Testing Lab.</b> contact person, <b>15200 Shady Grove Road</b> number, street, <b>Suite 350</b> City, State/Country, <b>Rockville, MD 20850</b> ZIP/Postal Code	(g) FAX No. (Area/Country/City code and No.) <b>(301) 963-8573</b>

(h) Internet e-mail address: **srtlab@aol.com**

3. 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 of the Commission's Rules? If "Yes" see instructions.  Yes  No

4. Does the applicant request that the Commission defer grant of this application pursuant to 47 CFR §0.457(d)(1)(ii)? (See instructions)  Yes  No

5. Type of equipment authorization requested: (check one box only)  Certification  Type Acceptance  Notification

6. (a) Equipment Code and description: (See instructions, page 4) (b) Equipment will be operated under FCC Rule Part(s):  
**E T S Cordless Telephone** **FCC Part 15 (Subject B)**

7. Application is for: (Check one box only)

<input checked="" type="checkbox"/> 1. Original equipment (See instructions)	<input type="checkbox"/> 2. Change in identification of presently authorized equipment	<input type="checkbox"/> 3. Class II permissive change or modification of presently authorized equipment (See instructions)
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8. EQUIPMENT SPECIFICATIONS: (See instructions)	(a) Frequency range in MHz	(b) Rated RF power output in watts	(c) Frequency tolerance %, Hz, ppm	(d) Emission designator (See 47 CFR §2.201 and §2.202)	(e) Microprocessor model number
<b>HANDSET 49.67-49.97MHz</b>					
<b>BASE 46.61-46.97MHz</b>					

9. Is the equipment in this application:

(a) a composite device subject to more than one type of equipment authorization?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(b) part of a system that operates with, or is marketed with, another device that requires an equipment authorization?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

If either of the above questions is answered "Yes" complete items 10 (a) and (b). (See instructions)