

# POST OFFICE TO ADDRESSEE



EF921185914US

## ORIGIN (POSTAL USE ONLY)

### INTERNATIONAL SHIPMENTS ONLY

☐ Business Papers

☐ Merchandise

Customs forms and commercial invoice may be required. See Pub 273 and International Mail Manual

|                      |                 |                    |
|----------------------|-----------------|--------------------|
| P.O. ZIP             | Day of Delivery | Flat Rate Envelope |
| Date of Delivery     | Postage         |                    |
| Return Receipt       |                 |                    |
| C.O.D.               |                 |                    |
| Total Postage & Fees |                 |                    |

## DELIVERY (POSTAL USE ONLY)

|                                 |       |                    |
|---------------------------------|-------|--------------------|
| Delivery Attempt                | Time  | Employee Signature |
| Mo. Day                         | AM PM |                    |
| Delivery Attempt                | Time  | Employee Signature |
| Mo. Day                         | AM PM |                    |
| Date of Delivery                | Time  | Employee Signature |
| Mo. Day                         | AM PM |                    |
| Signature of Addressee or Agent |       |                    |
| X                               |       |                    |
| Name - Please Print             |       |                    |
| X                               |       |                    |

## CUSTOMER USE ONLY

### METHOD OF PAYMENT:

Express Mail Corporate Acct. No.

Federal Agency Acct. No. or Postal Service Acct. No.

☐ WAIVER OF SIGNATURE (Domestic Only): I wish delivery to be made without obtaining the signature of the addressee or the addressee's agent (if in the judgment of the delivery employee, the article can be left in a secure location) and I authorize the delivery employee to sign that the shipment was delivered and understand that the signature of the delivery employee will constitute valid proof of delivery.

NO DELIVERY

☐ WEEKEND ☐ HOLIDAY

Customer Signature

John P. Rothgeb  
Ericsson GE Mobile Communications  
Mountain View Road - Room 2669  
Lynchburg, Va. 24502

Wholesale Lockbox Shift Supervisor  
Federal Communications Commission  
c/o Mellon Bank, Three Mellon Bank  
525 William Penn Way  
27th Floor, Room 153-2713  
Pittsburg, PA 15259

PLEASE PRESS HARD

YOU ARE MAKING 3 COPIES

LABEL 11-B 11/93

For Pickup or Tracking Call 1-800-222-1811

ERICSSON REGULATORY GROUP

1 MOUNTAIN VIEW RD.  
LYNCHBURG, VA. 24502

1006

88-25228  
510

Dec 8 1994

Pay to the Order of **FEDERAL COMMUNICATIONS COMMISSION**

Forty five dollars \$ 45.00

Dollars

**Central Fidelity**  
Central Fidelity  
National Bank  
Lynchburg, Virginia 24504

For MOUNTAIN VIEW RD.  
Signed *John P. Rothgeb*

**ERICSSON**



December 7, 1994

Federal Communications Commission  
Equipment Approval Services  
PO Box 358315  
Pittsburgh, Pennsylvania 15251-5315

Subject: Enclosed a check for Modification follows:

FCC ID

FEE

AXATR-329-A2

\$45

John P. Rothgeb  
Specialist Regulatory Programs  
Room 2669  
Tel. (804) -528-7476  
Fax no. (804) -948-6510

Enclosures: check  
Filing for Equipment Approval Branch

7/95

FCC FORM 731  
APPLICATION FOR EQUIPMENT AUTHORIZATION

See 47 CFR 1.1103 for FEE TYPE CODES and FEES, and paragraph C of the attached instructions.

**SECTION I - ALL ITEMS IN THIS SECTION MUST BE COMPLETED**

APPLICANT'S FULL BUSINESS NAME

ERICSSON GE MOBILE COMMUNICATION INC.

APPLICANT'S MAILING ADDRESS (Line 1) (Maximum 35 characters)

MOUNTAIN VIEW ROAD

APPLICANT'S MAILING ADDRESS (Line 2) (if required) (Maximum 35 characters)

CITY

LYNCHBURG

STATE OR COUNTRY (if foreign address)

ZIP CODE

VIRGINIA

24502

COMPLETE FCC IDENTIFIER:

GRANTEE CODE

EQUIPMENT PRODUCT CODE (14 characters maximum)

**A**

x

A

TR- 329-A2

Enter in Column (A) the correct Fee Type Code for the service for which you are applying. Fee Type Codes may be found in FCC Fee Filing Guides and paragraph C of attached instructions. Enter in Column (C) the result obtained from multiplying the value of the Fee Type Code in Column (A) by the number entered in Column (B).

| <b>(A)</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="3" style="padding: 5px;">FEE TYPE CODE</th> </tr> <tr> <td style="width: 33%; text-align: center; padding: 5px;">E</td> <td style="width: 33%; text-align: center; padding: 5px;">A</td> <td style="width: 33%; text-align: center; padding: 5px;">T</td> </tr> </table> | FEE TYPE CODE |   |   | E | A | T | <b>(B)</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="4" style="padding: 5px;">FEE MULTIPLE</th> </tr> <tr> <td style="width: 25%; text-align: center; padding: 5px;">0</td> <td style="width: 25%; text-align: center; padding: 5px;">0</td> <td style="width: 25%; text-align: center; padding: 5px;">0</td> <td style="width: 25%; text-align: center; padding: 5px;">1</td> </tr> </table> | FEE MULTIPLE |  |  |  | 0 | 0 | 0 | 1 | <b>(C)</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="padding: 5px;">FEE DUE FOR FEE TYPE CODE IN COLUMN (A)</th> </tr> <tr> <td style="padding: 5px;">\$ 45.00</td> </tr> </table> | FEE DUE FOR FEE TYPE CODE IN COLUMN (A) | \$ 45.00 | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="padding: 5px;">FOR FCC USE ONLY</th> </tr> <tr> <td style="height: 40px;"></td> </tr> </table> | FOR FCC USE ONLY |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|---|---|---|---|---|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--|--|--|---|---|---|---|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|--|
| FEE TYPE CODE                                                                                                                                                                                                                                                                                                                                                               |               |   |   |   |   |   |                                                                                                                                                                                                                                                                                                                                                                                                                                             |              |  |  |  |   |   |   |   |                                                                                                                                                                                                                                |                                         |          |                                                                                                                                                                                   |                  |  |
| E                                                                                                                                                                                                                                                                                                                                                                           | A             | T |   |   |   |   |                                                                                                                                                                                                                                                                                                                                                                                                                                             |              |  |  |  |   |   |   |   |                                                                                                                                                                                                                                |                                         |          |                                                                                                                                                                                   |                  |  |
| FEE MULTIPLE                                                                                                                                                                                                                                                                                                                                                                |               |   |   |   |   |   |                                                                                                                                                                                                                                                                                                                                                                                                                                             |              |  |  |  |   |   |   |   |                                                                                                                                                                                                                                |                                         |          |                                                                                                                                                                                   |                  |  |
| 0                                                                                                                                                                                                                                                                                                                                                                           | 0             | 0 | 1 |   |   |   |                                                                                                                                                                                                                                                                                                                                                                                                                                             |              |  |  |  |   |   |   |   |                                                                                                                                                                                                                                |                                         |          |                                                                                                                                                                                   |                  |  |
| FEE DUE FOR FEE TYPE CODE IN COLUMN (A)                                                                                                                                                                                                                                                                                                                                     |               |   |   |   |   |   |                                                                                                                                                                                                                                                                                                                                                                                                                                             |              |  |  |  |   |   |   |   |                                                                                                                                                                                                                                |                                         |          |                                                                                                                                                                                   |                  |  |
| \$ 45.00                                                                                                                                                                                                                                                                                                                                                                    |               |   |   |   |   |   |                                                                                                                                                                                                                                                                                                                                                                                                                                             |              |  |  |  |   |   |   |   |                                                                                                                                                                                                                                |                                         |          |                                                                                                                                                                                   |                  |  |
| FOR FCC USE ONLY                                                                                                                                                                                                                                                                                                                                                            |               |   |   |   |   |   |                                                                                                                                                                                                                                                                                                                                                                                                                                             |              |  |  |  |   |   |   |   |                                                                                                                                                                                                                                |                                         |          |                                                                                                                                                                                   |                  |  |
|                                                                                                                                                                                                                                                                                                                                                                             |               |   |   |   |   |   |                                                                                                                                                                                                                                                                                                                                                                                                                                             |              |  |  |  |   |   |   |   |                                                                                                                                                                                                                                |                                         |          |                                                                                                                                                                                   |                  |  |

**SECTION II - Use only when you are requesting concurrent actions which result in a requirement to list more than one Fee Type Code.**

| (A)<br>FEE TYPE CODE                                                                                                                   |  |  | (B)<br>FEE MULTIPLE |   |   |   | (C)<br>FEE DUE FOR FEE TYPE<br>CODE IN COLUMN (A)                 |  |
|----------------------------------------------------------------------------------------------------------------------------------------|--|--|---------------------|---|---|---|-------------------------------------------------------------------|--|
| (2)                                                                                                                                    |  |  | 0                   | 0 | 0 | 1 | \$                                                                |  |
| (3)                                                                                                                                    |  |  | 0                   | 0 | 0 | 1 | \$                                                                |  |
| (4)                                                                                                                                    |  |  | 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<br>\$ 45.00 |  |

FOR FCC USE ONLY

FOR FCC USE ONLY

(5) NAME AND TITLE OF PERSON AT ABOVE ADDRESS FOR CONTACT, OR TO RECEIVE GRANT  
(THIS ITEM MUST BE COMPLETED):

John P. Rothgeb, Specialist Regulatory Programs

FEDERAL COMMUNICATIONS COMMISSION  
**FCC REMITTANCE ADVICE**

Approved by OMB  
3060-0589  
Expires 2/28/97

PAGE NO. 1 OF 1

(RESERVED)

SPECIAL USE

FCC USE ONLY

(Read instructions carefully BEFORE proceeding.)

**PAYOR INFORMATION**

(1) FCC ACCOUNT NUMBER

Did you have a number prior to this? Enter it.

(2) TOTAL AMOUNT PAID (dollars and cents)

8 0 4 5 2 8 7 4 7 6

\$ 45.00

(3) PAYOR NAME (If paying by credit card, enter name exactly as it appears on your card)

ERICSSON GE MOBILE COMMUNICATIONS INC.

(4) STREET ADDRESS LINE NO. 1

MOUNTAIN VIEW ROAD

(5) STREET ADDRESS LINE NO. 2

(6) CITY

LYNCHBURG

(7) STATE  
VA

(8) ZIP CODE

24502

(9) DAYTIME TELEPHONE NUMBER (Include area code)

(804) 528-7476

(10) COUNTRY CODE (if not U.S.A.)

**ITEM #1 INFORMATION**

(11A) NAME OF APPLICANT, LICENSEE, REGULATEE, OR DEBTOR

FCC USE ONLY

(12A) FCC CALL SIGN/OTHER ID

(13A) ZIP CODE

(14A) PAYMENT TYPE CODE

(15A) QUANTITY

(16A) FEE DUE FOR  
PAYMENT TYPE CODE  
IN BLOCK 14

AXATR-329-A2

E A T

1

\$ 45.00

(17A) FCC CODE 1

(18A) FCC CODE 2

(19A) ADDRESS LINE NO. 1

(20A) ADDRESS LINE NO. 2

(21A) CITY/STATE OR COUNTRY CODE

**ITEM #2 INFORMATION**

(11B) NAME OF APPLICANT, LICENSEE, REGULATEE, OR DEBTOR

FCC USE ONLY

(12B) FCC CALL SIGN/OTHER ID

(13B) ZIP CODE

(14B) PAYMENT TYPE CODE

(15B) QUANTITY

(16B) FEE DUE FOR  
PAYMENT TYPE CODE  
IN BLOCK 14

(17B) FCC CODE 1

(18B) FCC CODE 2

(19B) ADDRESS LINE NO. 1

(20B) ADDRESS LINE NO. 2

(21B) CITY/STATE OR COUNTRY CODE

**CREDIT CARD PAYMENT INFORMATION**

(22)

MASTERCARD/VISA ACCOUNT NUMBER:

☐ Mastercard

EXPIRATION DATE:

☐ ☐ ☐ ☐

☐ Visa

Month Year

AUTHORIZED SIGNATURE DATE



December 7, 1994

Federal Communications Commission  
Authorization & Evaluation Division  
7435 Oakland Mills Road  
Columbia, Maryland 21046

Attention: Equipment Authorization Branch

Subject: Modification of AXATR-329-A2

Gentleman,

Ericsson GE Mobile Communications Inc. requests a Modification of Type Acceptance for the following Base Station transceiver. This Base Station operates in the 851-870 Mhz range, and is capable of operating in either conventional or trunked mode. The modification is to the Power Amplifier. The power limits originally requested on AXATR-329-A2 has been changed to 10-100 watts. The new Power Amplifier has been modified to reflect this change.

New radiated and conducted curves and other material pertinent to the modification is included.

Since the transmitter and receiver utilize common printed circuit boards, a single identifier will be used for both.

Sincerely

A handwritten signature in black ink, appearing to read "John P. Rothgeb", is written over the word "Sincerely". The signature is fluid and cursive.

John P. Rothgeb  
Specialist Regulatory Programs  
Telephone: (804) 528-7476  
Fax: (804) 948-6510

| SECTION III                                                                                                                                                                                                                                                                                                        |                                                              |                                                                             |                                                                                                                                   | Bureau Use Only                                                         |                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|-----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|----------------------------------------|
| <b>1.(a) INSTEAD OF APPLICANT, FCC IS AUTHORIZED TO MAIL ORIGINAL GRANT TO (See instructions):</b><br>Firm name,<br>number, street,<br>city,<br>state,<br>and ZIP Code                                                                                                                                             |                                                              |                                                                             |                                                                                                                                   | LI<br><br>DN<br><br>DM<br><br>RG<br><br>Code<br><br>Reviewer            |                                        |
| <b>(b) NAME AND TITLE OF PERSON AT ABOVE ADDRESS TO RECEIVE GRANT:</b>                                                                                                                                                                                                                                             |                                                              |                                                                             |                                                                                                                                   |                                                                         |                                        |
| <b>2. INFORMATION CONTACT, IF DIFFERENT FROM ITEM 5, PAGE 1 (See instructions):</b><br>Firm name,<br>contact person,<br>number, street,<br>city,<br>state,<br>and ZIP Code                                                                                                                                         |                                                              |                                                                             |                                                                                                                                   |                                                                         |                                        |
| <b>3.(a) TELEPHONE NUMBER (include area code and extension - USA ONLY):</b>                                                                                                                                                                                                                                        |                                                              |                                                                             | <b>3.(b) FAX NUMBER (include area code and extension - USA ONLY):</b>                                                             |                                                                         |                                        |
| <b>4. 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? (See instructions)</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                      |                                                              |                                                                             |                                                                                                                                   |                                                                         |                                        |
| <b>5. Does the applicant desire the Commission to defer grant of this application pursuant to 47 CFR 0.457(d)(1)(ii)? (See instructions)</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                   |                                                              |                                                                             |                                                                                                                                   |                                                                         |                                        |
| <b>6. Kind of equipment authorization requested (check ONE box only):</b> <input type="checkbox"/> Certification <input checked="" type="checkbox"/> Type Acceptance <input type="checkbox"/> Type Approval <input type="checkbox"/> Notification                                                                  |                                                              |                                                                             |                                                                                                                                   |                                                                         |                                        |
| <b>7.(a) Kind of equipment:</b><br><br>Station Transceiver                                                                                                                                                                                                                                                         |                                                              |                                                                             | <b>(b) Equipment will be operated under FCC Rule Part(s):</b><br><br>90                                                           |                                                                         |                                        |
| <b>8. Application is for (Check ONE box only):</b><br><br><input type="checkbox"/> 1 Original equipment <input type="checkbox"/> 2 Change in identification of presently authorized equipment * <input checked="" type="checkbox"/> 3 Class II permissive change or modification of presently authorized equipment |                                                              |                                                                             |                                                                                                                                   | <b>9.(a) FCC ID before change in identification:</b><br><br>N/A         |                                        |
| * If box 2 is checked, complete items 9(a) and (b).                                                                                                                                                                                                                                                                |                                                              |                                                                             |                                                                                                                                   | <b>(b) Grant date of FCC ID in 9(a) above:</b><br><br>N/A               |                                        |
| <b>10. EQUIPMENT SPECIFICATIONS:</b>                                                                                                                                                                                                                                                                               |                                                              |                                                                             |                                                                                                                                   |                                                                         |                                        |
| <b>(a) Frequency range in MHz</b><br><br>851-870 MHz                                                                                                                                                                                                                                                               | <b>(b) Rated RF power output in watts</b><br><br>10-100 Watt | <b>(c) Frequency tolerance % , Hz, ppm</b><br><br>+1.0 ppm                  | <b>(d) Emission designator</b><br><br>16K0F3E 14K0F3E<br>15K0F2D 13K0F2D<br>15K0F2B 13K0F2B<br>16K0F1D 15K0F1D<br>16K0F1E 15K0F1E |                                                                         | <b>(e) Microprocessor model number</b> |
| <b>11. Type of equipment tested:</b> <input type="checkbox"/> Production <input checked="" type="checkbox"/> Pre-Production <input type="checkbox"/> Prototype                                                                                                                                                     |                                                              |                                                                             |                                                                                                                                   |                                                                         |                                        |
| <b>12.(a) Is the equipment, or section(s) thereof, subject to more than one equipment authorization?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><i>If YES, complete items 12(b), (c), (d), or (e) as appropriate.</i>                                                              |                                                              |                                                                             |                                                                                                                                   |                                                                         |                                        |
| <b>(b) Additional equipment authorization(s) required for equipment:</b> <input type="checkbox"/> Certification <input type="checkbox"/> Type Acceptance <input type="checkbox"/> Type Approval <input type="checkbox"/> Notification                                                                              |                                                              |                                                                             |                                                                                                                                   |                                                                         |                                        |
| <b>(c) Granted FCC ID or FCC ID listed on RX or RX section application:</b>                                                                                                                                                                                                                                        |                                                              | <b>(d) Granted FCC ID or FCC ID listed on TX or TX section application:</b> |                                                                                                                                   | <b>(e) Granted FCC ID or FCC ID listed on other device application:</b> |                                        |

APPLICANT:  
ERICSSON GE MOBILE COMMUNICATIONS INC.

FCC ID NO.  
AXATR-329-A2

EXHIBIT LIST

---

| <u>EXHIBIT</u> | <u>PARA. REF.</u> | <u>DESCRIPTION</u>                                           |
|----------------|-------------------|--------------------------------------------------------------|
| 1              | 2.909 (d)         | Certification of Data                                        |
| 3E             | 2.983 (d) (6)     | Function of Active Circuit Devices                           |
| 4              | 2.983 (d) (7)     | Circuit Diagrams                                             |
| 5              | 2.983 (d) (8)     | Instruction Book (Draft)                                     |
| 8              | 2.985 (a)         | RF Power Output                                              |
| 11A-I          | 2.991, 2.993      | Spurious Emissions                                           |
| 14A            | 2.983 (g)         | External view of Power Area and wiring and cables.           |
| 14B            | 2.983 (g)         | Same as 14A except cooling fans are shown.                   |
| 14C            | 2.983 (g)         | Outside view showing heat sinking and fans.                  |
| 14D            | 2.983 (g)         | Inside view with covers removed showing P.A. component side. |

APPLICANT:  
ERICSSON GE MOBILE COMMUNICATIONS INC.

FCC ID NO.  
AXATR-329-A2

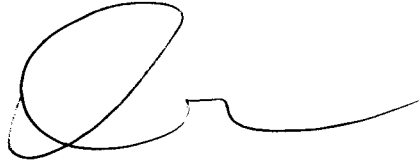
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CERTIFICATION OF DATA

---

The technical data contained in this application has been taken under my supervision and is certified true and correct.

NAME



POSITION:

David Bing  
Consulting Engineer

DATE

Dec - 5, 1994

I certify that this application was made at my direction. The data and statements made herein are to the best of my knowledge true and accurate.

NAME:



For Hamlet

POSITION:

Hamlet Sarokhanian  
Manager, Base Station Transceiver

DATE:

Dec 5, 1994



APPLICANT:  
ERICSSON GE MOBILE COMMUNICATIONS INC.

FCC ID NO.  
AXATR-329-A2

FUNCTION OF ACTIVE CIRCUIT DEVICES

---

POWER AMPLIFIER BOARD

| <u>SCHEMATIC<br/>DESIGNATION</u> | <u>DEVICE</u> | <u>FUNCTION</u>   | <u>GE DRAWING NO.</u> |
|----------------------------------|---------------|-------------------|-----------------------|
| U101                             | RF IC         | RF Pre-Amp        | RYT1016155/1          |
| U2                               | RF Module     | RF Driver         | RYT9016074/1          |
| Q4                               | Transistor    | DC Amp            | RYN121634/1           |
| Q6                               | Transistor    | DC Amp            | RYN121634/1           |
| Q7                               | Transistor    | DC Amp            | RYN121634/1           |
| Q5                               | Transistor    | RF Final          | RYN121655/1           |
| U4                               | IC            | Voltage Regulator | 19A704971P10          |
| U5                               | IC            | Voltage Regulator | 19A704971P10          |
| U7                               | IC            | Voltage Regulator | RYT1136080/1          |
| U1                               | IC            | Linear Op-Amp     | 19A701789P4           |
| U3                               | IC            | Linear Op-Amp     | 19A701789P4           |
| Q3                               | Transistor    | DC Switch         | 19A134577P2           |
| Q1                               | Transistor    | DC Switch         | 19A700076P2           |
| Q2                               | Transistor    | DC Switch         | 19A700076P2           |

APPLICANT:  
ERICSSON GE MOBILE COMMUNICATIONS INC.

FCC ID NO.  
AXATR-329-A2

CIRCUIT DIAGRAMS

---

DRAWING NUMBER

DESCRIPTION

188D5792

Power Amplifier

Schematic Diagram

APPLICANT:  
ERICSSON GE MOBILE COMMUNICATIONS INC.

FCC ID NO.  
AXATR-329-A2

DRAFT INSTRUCTION BOOK

---

2.983 (d) (8)      Instruction Book (Draft)

See attached draft instruction book.

APPLICANT:  
ERICSSON GE MOBILE COMMUNICATIONS INC.

FCC ID NO.  
AXATR-329-A2

RF POWER OUTPUT

---

2.985 (a)            The RF power measured at the output terminals:

AXATR-329-A2

100 Watts

The measurement was made per EIA RS-152B using the following equipment:

Radio Frequency 50 ohm load attached to the output terminal through directional coupler P-910-20. The power is measured on a HP436A power meter.

APPLICANT:  
ERICSSON GE MOBILE COMMUNICATIONS INC.

FCC ID NO.  
AXATR-329-A2

---

SPURIOUS EMISSIONS

---

Reference 2.991 spurious emissions at the antenna terminals (conducted) when properly loaded with an appropriate artificial antenna were measured per EIA RS-152B, Paragraph 4.3.

Results are as shown in the following Exhibits:

| <u>Exhibit</u> |              | <u>Carrier Frequency</u> |
|----------------|--------------|--------------------------|
| 11B            | AXATR-329-A2 | 851 MHz, 10 Watts        |
| 11C            | AXATR-329-A2 | 851 MHz, 100 Watts       |
| 11D            | AXATR-329-A2 | 870 MHz, 10 Watts        |
| 11E            | AXATR-329-A2 | 870 MHz, 100 Watts       |

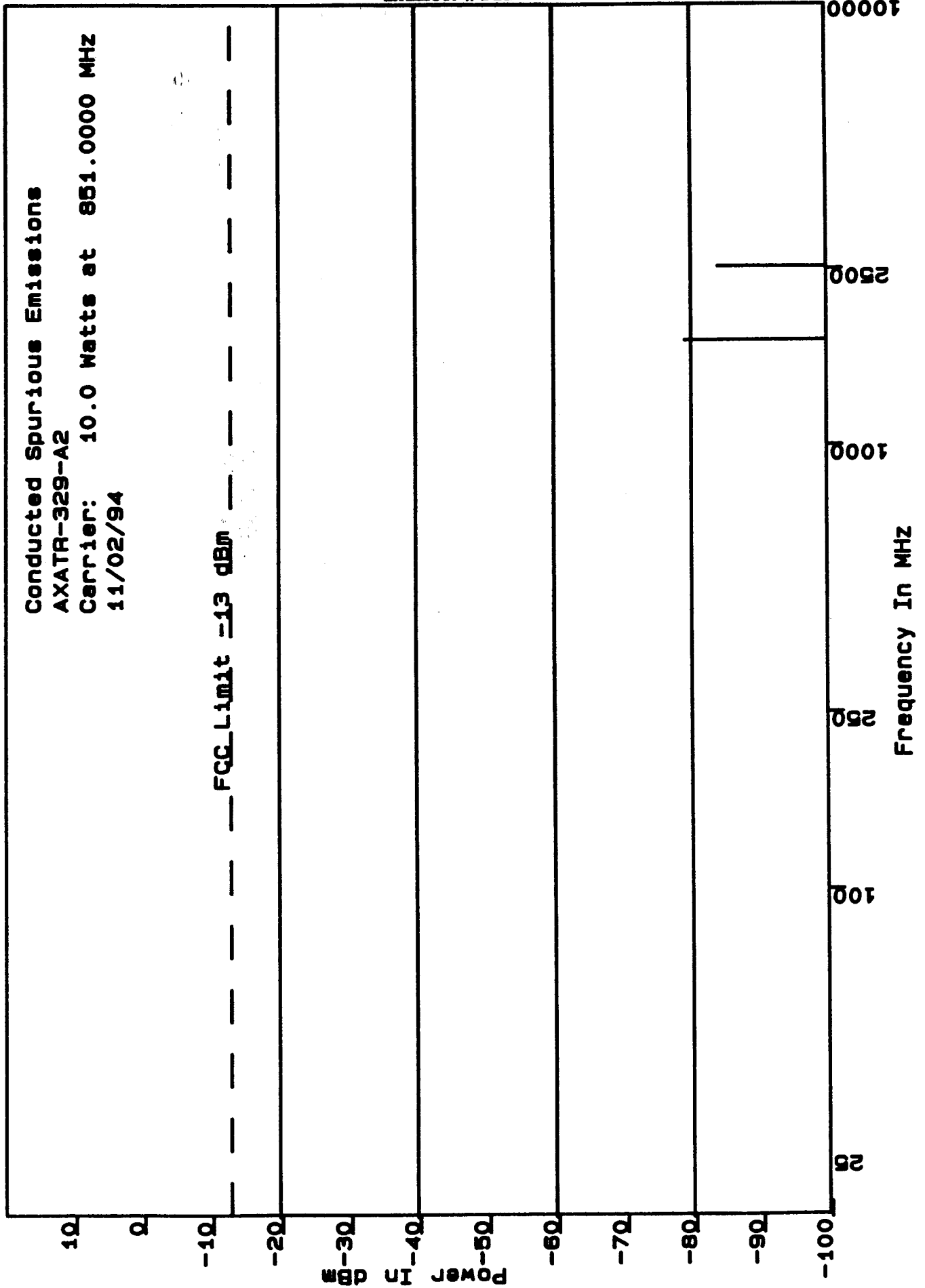
Equipment used was:

Hewlett Packard Spectrum Analyzer 8566B.

Reference 2.993 field strength of spurious radiations was measured on our three meter range. The site and equipment are described in the site description and attenuation measurements for the Ericsson/GE three meter radiation site #2 filed with the FCC in Columbia, Maryland, in November of 1990. The measurement procedure is per EIA RS-152B, but done on a three meter test site. Results are shown on the following Exhibits:

| <u>Exhibits</u> |              | <u>Carrier Frequency</u> |
|-----------------|--------------|--------------------------|
| 11F             | AXATR-329-A2 | 851 MHz, 10 Watts        |
| 11G             | AXATR-329-A2 | 851 MHz, 100 Watts       |
| 11H             | AXATR-329-A2 | 870 MHz, 10 Watts        |
| 11I             | AXATR-329-A2 | 870 MHz, 100 Watts       |

Exhibit #11B



**Conducted Spurious Emissions**

**AXATR-329-A2**

**Carrier: 10.0 Watts at 870.0000 MHz**  
**11/02/94**

**FCC Limit -13 dBm**

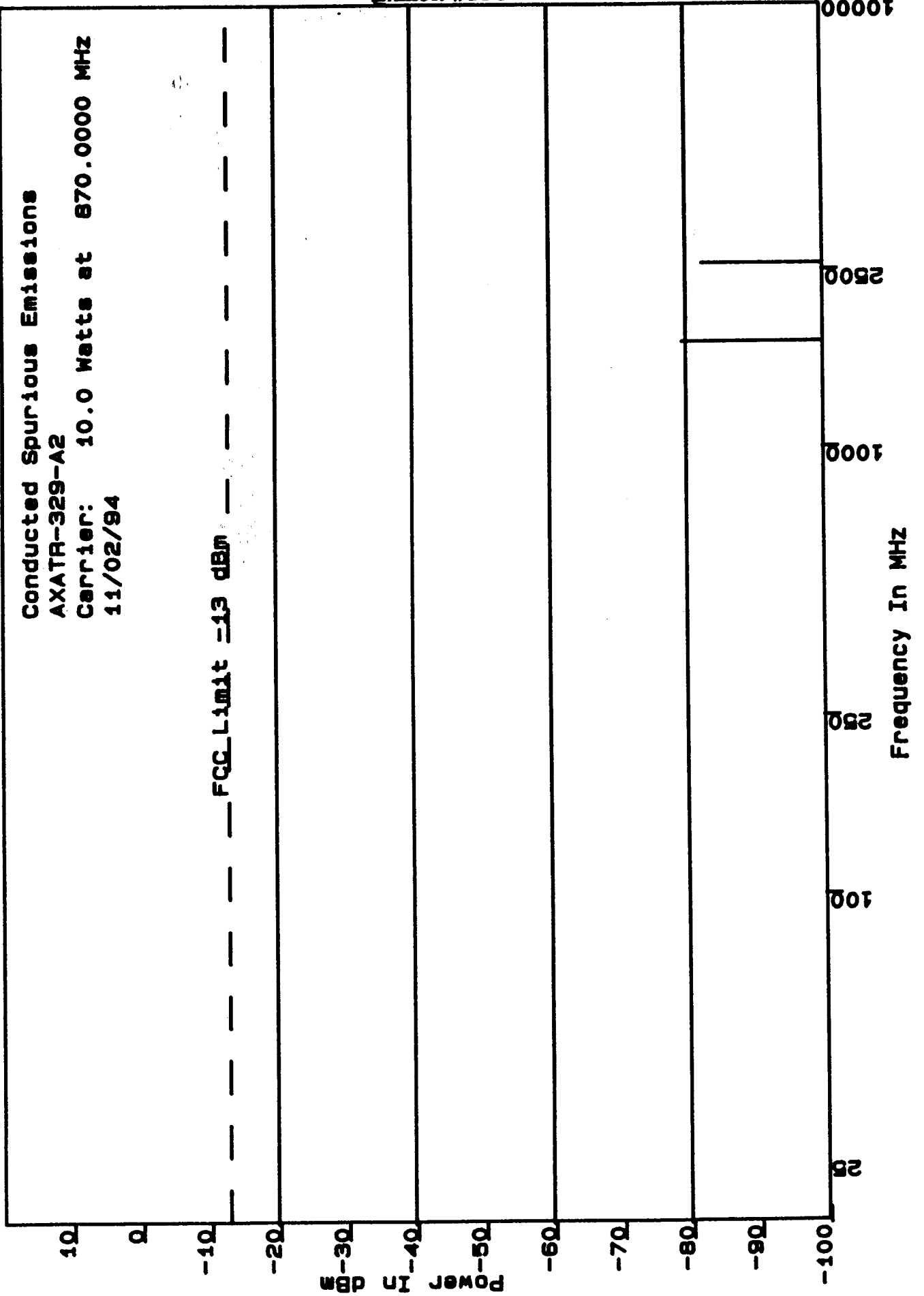
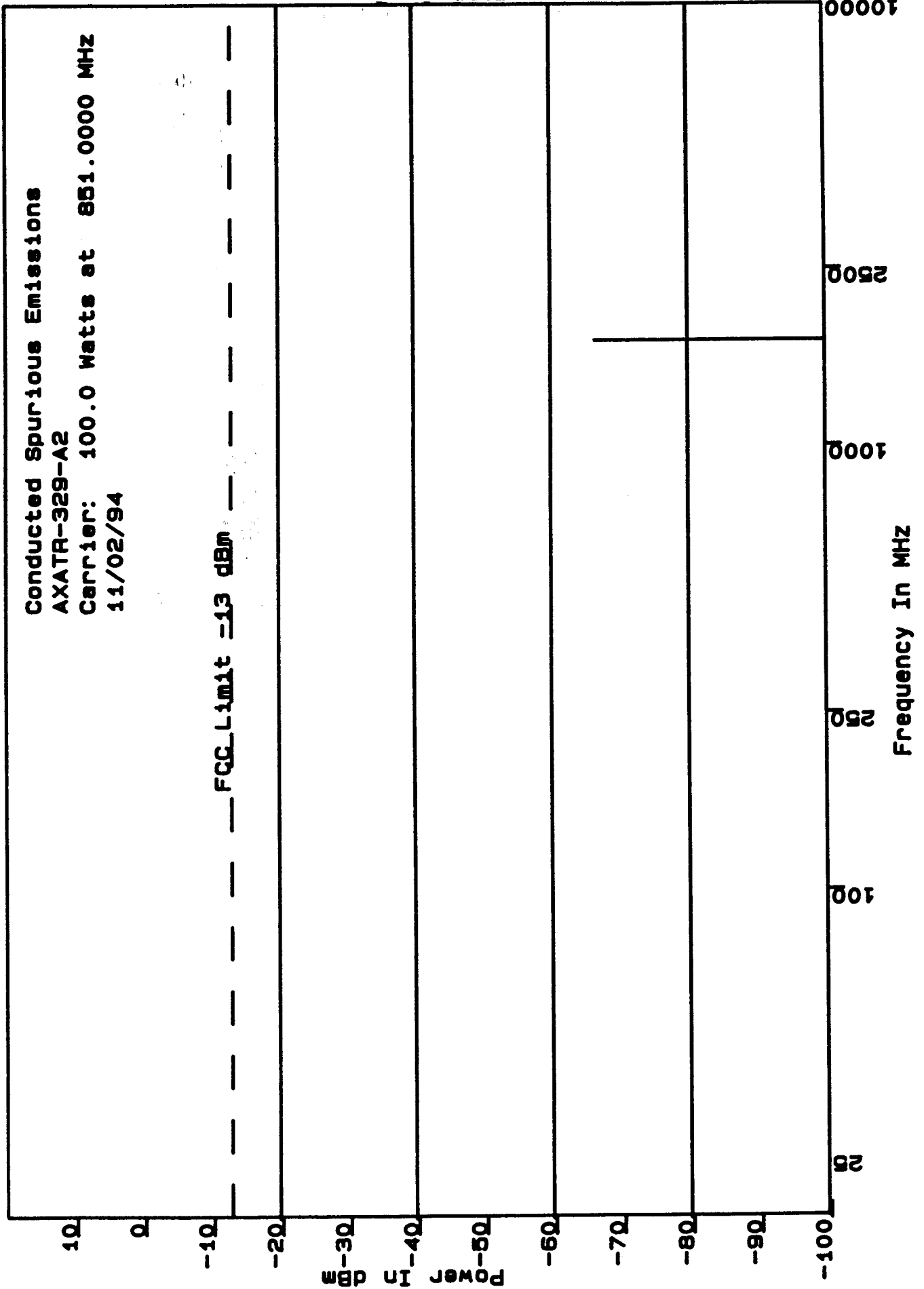


Exhibit #11D





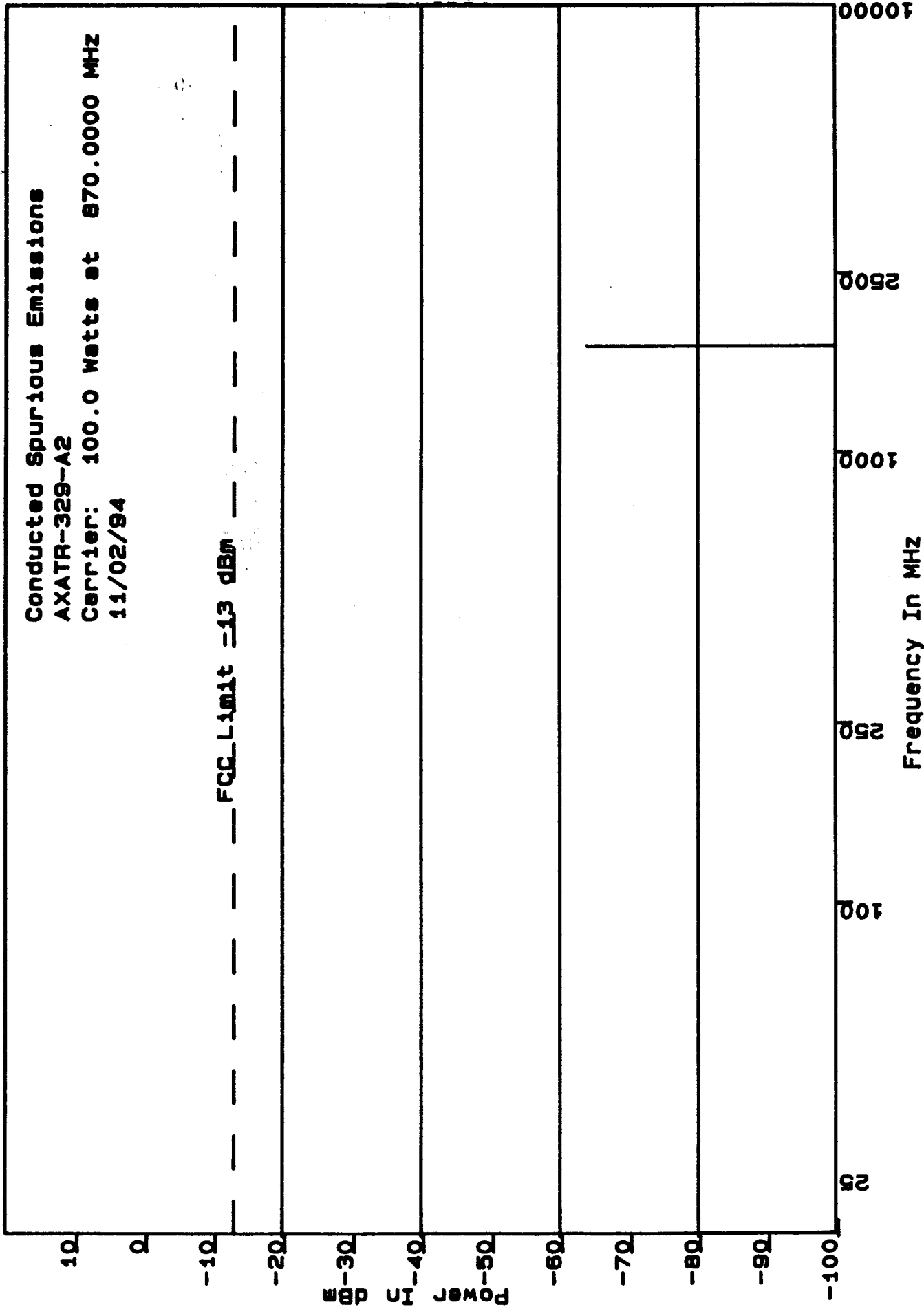


Exhibit #11F

**Radiated Spurious Emissions**

**AXATR-329-A2**

**Carrier: 10.0 Watts at 851.0000 MHz**  
**11/07/94**

Effective Radiated Power In dBm

10  
0  
-10  
-20  
-30  
-40  
-50  
-60  
-70  
-80  
-90  
-100

--- FCC Limit -13 dBm ---

10000

2500

1000

250

100

25

Frequency In MHz  
Three Meter Transmitter

# Radiated Spurious Emissions

AXATR-329-A2

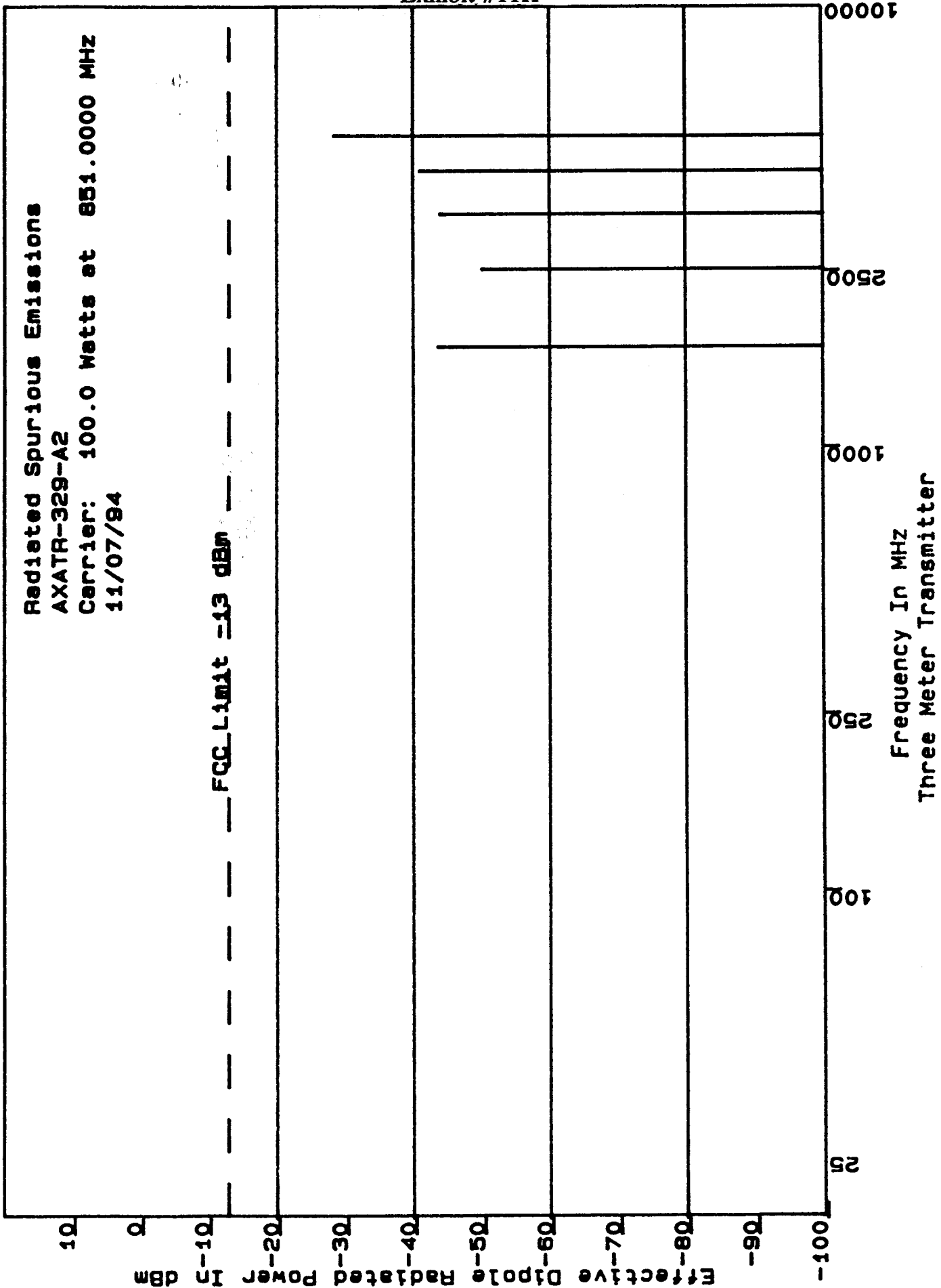
Carrier: 10.0 Watts at 870.0000 MHz  
11/07/94

FCC Limit -13 dBm

Effective Radiated Power In dBm  
-100  
-90  
-80  
-70  
-60  
-50  
-40  
-30  
-20  
-10  
0  
10

Frequency In Mhz  
25 100 250 1000 2500 10000

Three Meter Transmitter

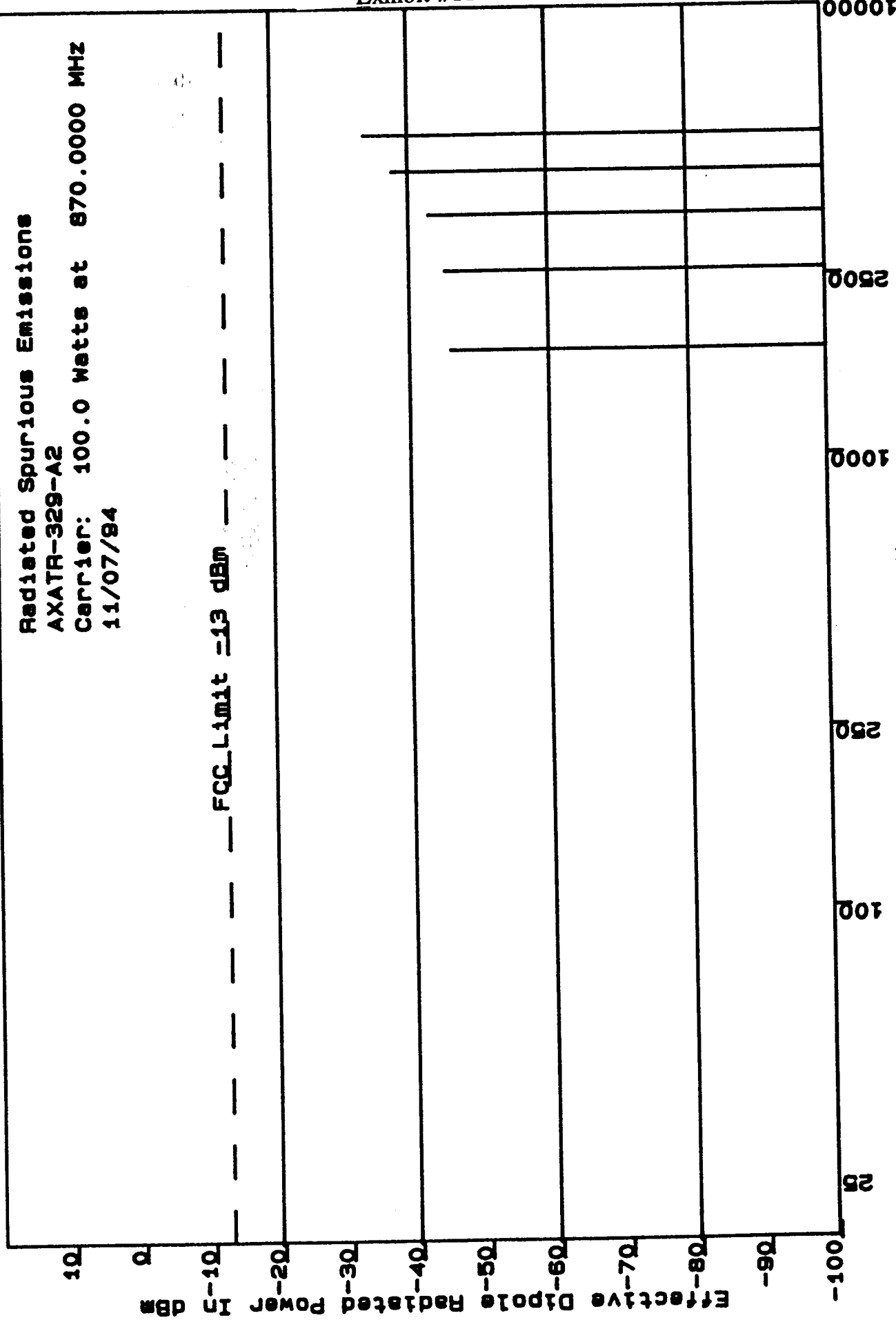


**Radiated Spurious Emissions**

**AXATR-329-A2**

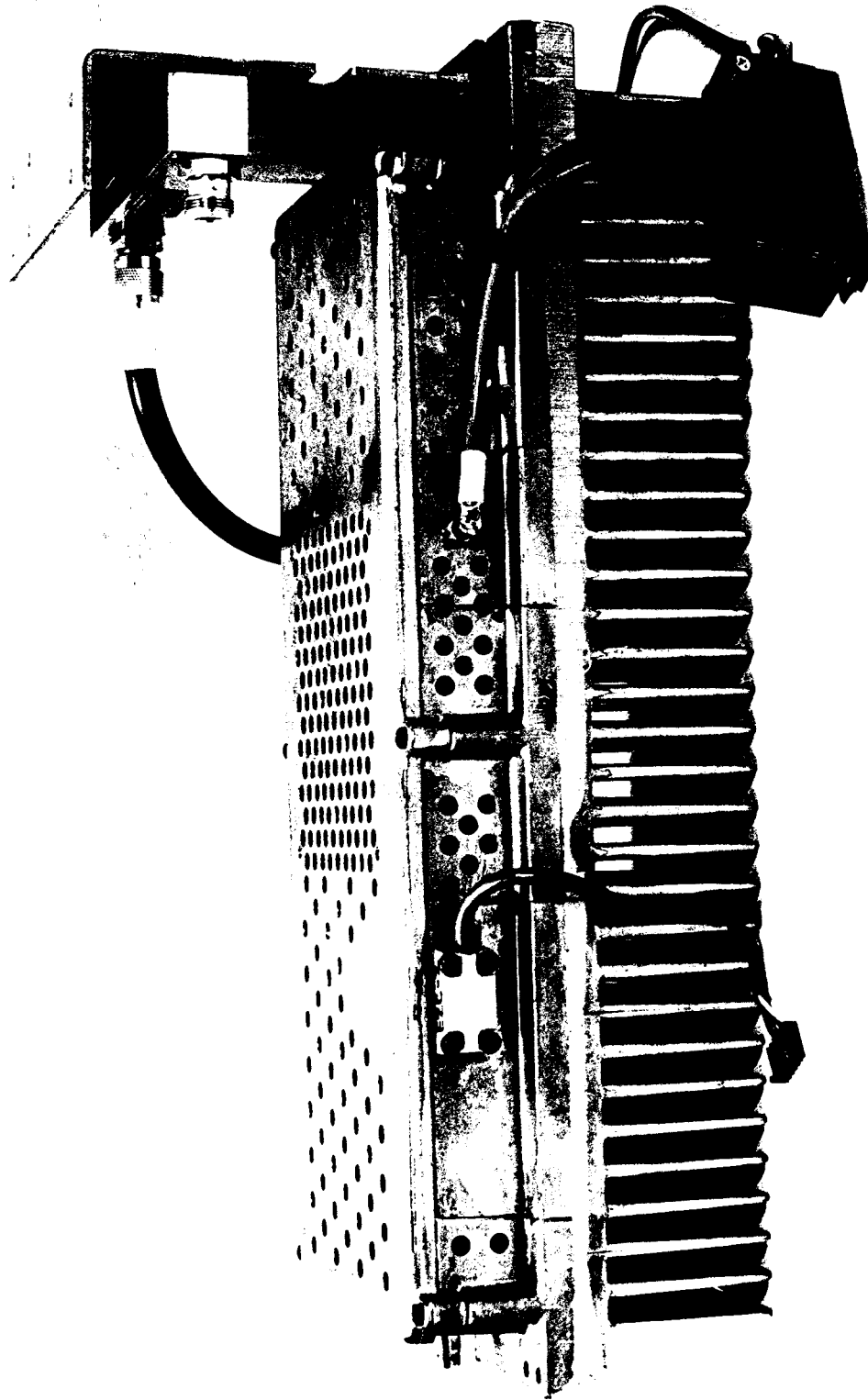
**Carrier: 100.0 Watts at 870.0000 MHz  
11/07/94**

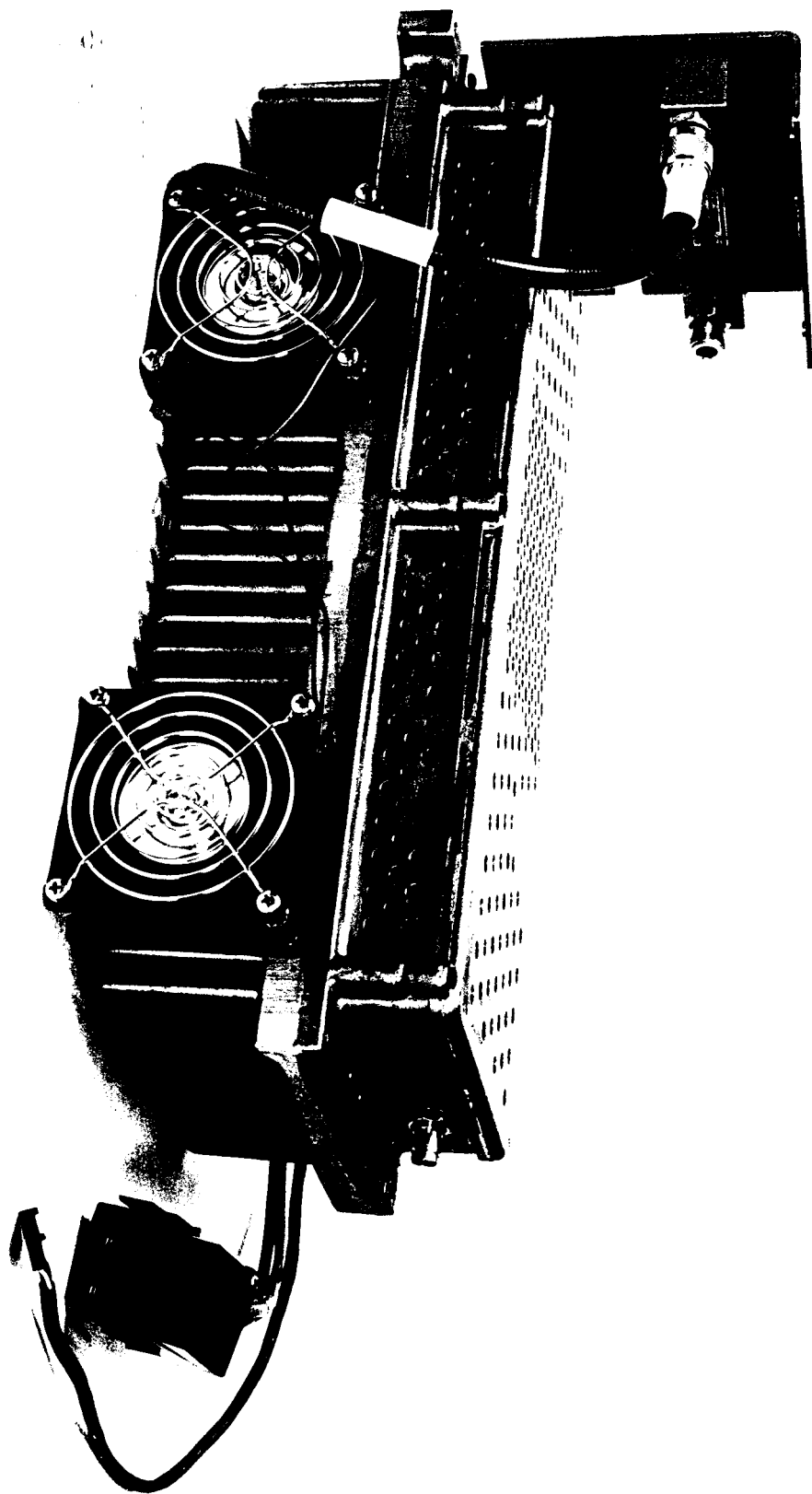
**FCC Limit -13 dBm**



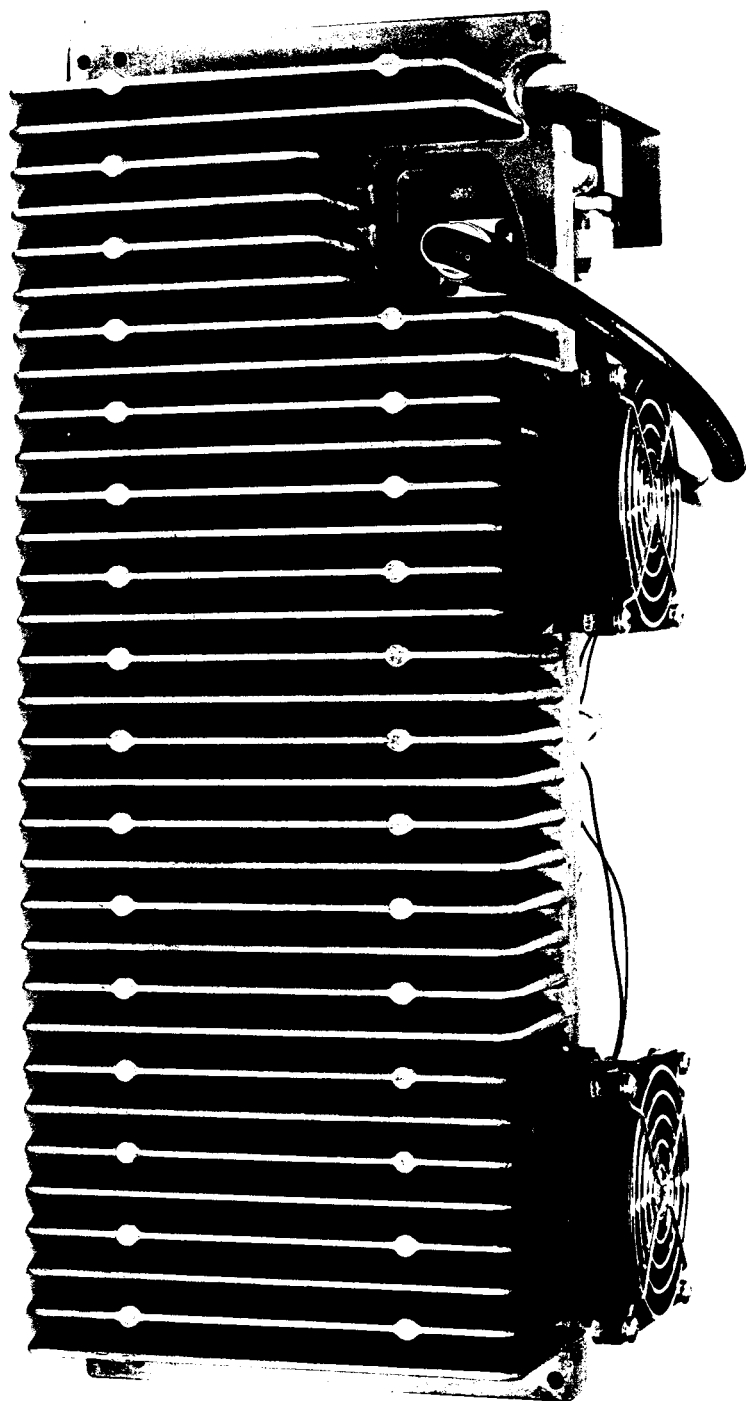
**Frequency In MHz  
Three Meter Transmitter**

14A



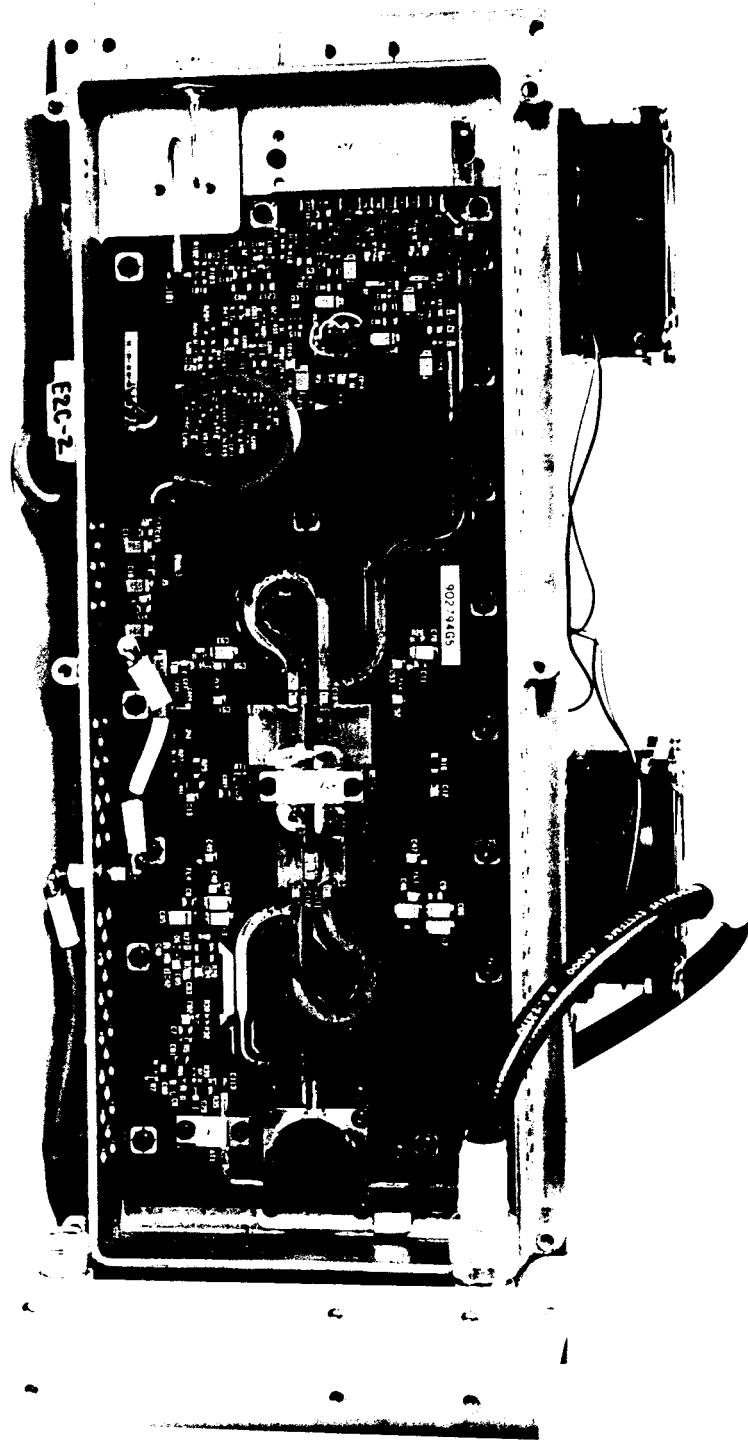


14B



14C





14D