



To: Joe Dichoso
FCC Application Processing Branch
C: John Rothgeb/Ericsson

From: Jim Sponsler
Ericsson Inc.

Date 1-7-99

Re: FCC ID AXATR-394-A2
Applicant: Ericsson Inc
Correspondence Reference Number: 5491
731 Confirmation Number: EA92241

Subject: Response to your query of 1/7/99

Attached is a copy of the cover sheet and 159 form for your reference. The payment was submitted on November 9, 1998 and cashed on November 12, 1998. This has been verified by the FCC Fee Control Group. They indicated the Fee Control number that you could reference is: 9811128315534003.

If you have any questions, feel free to contact me.

Sincerely,

Jim Sponsler
Jim.sponsler@ericsson.com
919-472-6460



November 9, 1998

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

Subject: Enclosed check for Certification (Type Acceptance) and Confidentiality follows; filing
filed electronically as indicated on form 159

FCC ID

FEE

AXATR-394-A2

\$610.00

A handwritten signature in black ink, appearing to read "John P. Rothgeb", written over a horizontal line.

John P. Rothgeb
Specialist Regulatory Programs
Room 2630
Tel. (804) -592-7476
Fax no. (804) -592-6510

Enclosures: check
Filing for Equipment Approval Branch



Certificate Number FM 11374EUSL

Ericsson Inc.
Private Radio Systems
Mountain View Road
Lynchburg, Virginia 24502

Telephone: (804) 528-7000

READ INSTRUCTIONS CAREFULLY BEFORE PROCEEDING		FEDERAL COMMUNICATIONS COMMISSION REMITTANCE ADVICE		APPROVED BY OMB 5060-0549	
(1) LOCKBOX # _____		PAGE NO. <u>1</u> OF <u>1</u>		SPECIAL USE _____ FCC USE ONLY _____	
SECTION A - PAYER INFORMATION					
(2) PAYER NAME (If paying by credit card, enter name exactly as it appears on your card) <u>ERICSSON INC.</u>				(3) TOTAL AMOUNT PAID (dollars and cents) <u>\$ 610.00</u>	
(4) STREET ADDRESS LINE NO. 1 <u>1 MOUNTAIN VIEW ROAD</u>					
(5) STREET ADDRESS LINE NO. 2 _____					
(6) CITY <u>LYNCHBURG</u>		(7) STATE <u>VA.</u>		(8) ZIP CODE <u>24522</u>	
(9) DAYTIME TELEPHONE NUMBER (Include area code) <u>804 592 7476</u>		(10) COUNTRY CODE (If not in U.S.A.) <u>USA</u>			
IF PAYER NAME AND THE APPLICANT NAME ARE DIFFERENT, COMPLETE SECTION B IF MORE THAN ONE APPLICANT, USE CONTINUATION SHEETS (FORM 159-C)					
SECTION B - APPLICANT INFORMATION					
(11) APPLICANT NAME (If paying by credit card, enter name exactly as it appears on your card) _____					
(12) STREET ADDRESS LINE NO. 1 _____					
(13) STREET ADDRESS LINE NO. 2 _____					
(14) CITY _____		(15) STATE _____		(16) ZIP CODE _____	
(17) DAYTIME TELEPHONE NUMBER (Include area code) _____		(18) COUNTRY CODE (If not in U.S.A.) _____			
COMPLETE SECTION C FOR EACH SERVICE. IF MORE BOXES ARE NEEDED, USE CONTINUATION SHEETS (FORM 159-C)					
SECTION C - PAYMENT INFORMATION					
(19A) FCC CALL SIGN/OTHER ID <u>AXATR-394-A2</u>		(19B) PAYMENT TYPE CODE (PTC) <u>E F T</u>		(20) QUANTITY <u>1</u>	
(21A) FCC CODE 1 _____		(22A) FEE DUE FOR PTC IN BLOCK 20A <u>\$ 475.00</u>		FCC USE ONLY _____	
(19B) FCC CALL SIGN/OTHER ID <u>AXATR-394-A2</u>		(19C) PAYMENT TYPE CODE (PTC) <u>E B C</u>		(20) QUANTITY <u>1</u>	
(21B) FCC CODE 1 _____		(22B) FEE DUE FOR PTC IN BLOCK 20B <u>\$ 135.00</u>		FCC USE ONLY _____	
(19C) FCC CALL SIGN/OTHER ID _____		(19D) PAYMENT TYPE CODE (PTC) _____		(20) QUANTITY _____	
(21C) FCC CODE 1 _____		(22C) FEE DUE FOR PTC IN BLOCK 20C _____		FCC USE ONLY _____	
(19D) FCC CALL SIGN/OTHER ID _____		(19E) PAYMENT TYPE CODE (PTC) _____		(20) QUANTITY _____	
(21D) FCC CODE 1 _____		(22D) FEE DUE FOR PTC IN BLOCK 20D _____		FCC USE ONLY _____	
(19E) FCC CALL SIGN/OTHER ID _____		(19F) PAYMENT TYPE CODE (PTC) _____		(20) QUANTITY _____	
(21E) FCC CODE 1 _____		(22E) FEE DUE FOR PTC IN BLOCK 20E _____		FCC USE ONLY _____	
SECTION D - TAXPAYER INFORMATION (REQUIRED)					
(23) PAYER TIN <u>06111-9960</u>		(24) APPLICANT TIN _____			
SECTION E - CERTIFICATION					
(25) CERTIFICATION STATEMENT <u>I, JOHN P. ROTHGEB</u> , Certify under penalty of perjury that the foregoing and supporting information (PRINT NAME) are true and correct to the best of my knowledge, information and belief. SIGNATURE <u>[Signature]</u>					
SECTION F - CREDIT CARD PAYMENT INFORMATION					
(26) MASTERCARD/VOYA ACCOUNT NUMBER _____		EXPIRATION DATE MONTH YEAR _____			
(27) VISA I hereby authorize the FCC to charge my VISA or MASTERCARD for the services/fees/taxation herein described.		AUTHORIZED SIGNATURE DATE _____			