

November 20, 2000

Ms. Jaunice Green  
Mr. Steve Dayhoff  
Federal Communications Commission  
Equipment Authorization Division  
7435 Oakland Mills Road  
Columbia, MD 21406

Re: *Schlumberger Resource Management Services, Inc.*  
Response to Request for Further Information  
FCC ID: F9C-26112495  
Reference Nos.: 16372 and 16395.

Dear Ms. Green and Mr. Dayhoff:

We are writing in response to your separate requests for further information concerning the application to transfer the FCC Identification number of device F9C-26112495. On behalf of Schlumberger Resource Management Services, Inc. ("Applicant"), in August, 2000, we submitted applications to change all of the FCC Identification numbers held by CellNet Data Systems, Inc. ("CellNet"), grantee code H6N, to Applicant's grantee code, F9C. The purpose of these applications was to notify the Commission that Applicant purchased the assets of CellNet, including the equipment authorizations. Pursuant to the direction of Mr. Richard Fabina, Chief, Equipment Authorization Branch, the submissions consisted of a separate Form 731 for each of the devices and a single Form 159, which included payment for a single fee intended to cover all of the FCC Identification number transfers.

On September 28, 2000, we received e-mail correspondence from Ms. Green requesting further information regarding F9C-26112495. Ms. Green requested that we submit a completed Form 731 and "remaining application information" needed to process the application. After further discussion with Mr. Fabina, we now provide additional information pursuant to section 2.933 of the Commission's rules. Specifically, we enclose an exhibit responding to section 2.933

Ms. Jaunice Green  
Mr. Steve Dayhoff  
November 22, 2000  
Page 2

with related attachments, including a copy of an external photograph of the device, a copy of the Form 731 previously filed electronically with an exhibit describing

the transaction, a copy of the Form 159 filed on behalf of Applicant and submitted for all of the equipment authorizations related to the transaction, and a copy of the e-mails sent to us requesting further information. We are also submitting all of the above materials and a copy of this letter electronically.

Regarding section 2.933(b)(5), referencing the requirements for photographs in section 2.1033(b)(7), we are endeavoring to obtain additional photographs of the exterior appearance, as well as an updated photograph or sketch illustrating the new label to be used in future production. We will provide this information as soon as it becomes available.

In addition to also requesting the submission of an external photograph of the device, Mr. Dayhoff has asked for an RF evaluation in his e-mail dated September 29, 2000. However, section 1.1307(b)(1), which is referenced by section 15.247(b)(4), categorically excludes Applicant from the requirement to conduct a routine environmental evaluation for RF exposure for the subject device. The device, a Part 15 Spread Spectrum Transmitter, is not listed in subsection 1.1307(b)(1) Table 1 or in subsection 1.1307(b)(2), and therefore falls into the excluded category. Accordingly, the Commission's rules do not require the submission of an RF evaluation.

Should you have any questions regarding this matter please contact Zachary Zehner at (202) 383-3424, to expedite resolving any outstanding issues regarding the pending applications.

Sincerely,

WILKINSON BARKER KNAUER, LLP

A handwritten signature in black ink, appearing to read "Jeffrey S. Cohen".

By: Jeffrey S. Cohen  
Zachary A. Zehner

Enclosures

### **Exhibit**

The following exhibit represents the “attached statement” and information required by section 2.933(b) of the Commission’s rules for an application for an equipment authorization where no change in design, circuitry, or construction is involved:

1) Original Identification Used Prior to Change in Identification (section 2.933(b)(1)):

H6N-26112495.

2) The Date of the Original Equipment Authorization (section 2.933(b)(2)):

August 12, 1997. See attachment for copy of original equipment authorization.

3) How the Equipment Bearing Modified Identification Differs from Original Equipment (section 2.933(b)(3)):

The equipment bearing the modified identification does not differ from the original equipment.

4) Whether the Original Test Results Continue to be Representative of and Applicable to the Equipment Bearing Changed Identification (section 2.933(b)(4)):

The original test results continue to be representative of and applicable to the equipment bearing the changed identification.

5) The Photographs Showing Exterior of Appearance of Equipment (section 2.933(b)(5)):

See attachment.

**FEDERAL COMMUNICATIONS  
COMMISSION**  
WASHINGTON, D.C. 20554

**GRANT OF EQUIPMENT  
AUTHORIZATION**  
Certification

CellNet Data Systems  
125 Shoreway Road  
  
San Carlos, CA 94070

Date of Grant: 08/12/1997

Application Dated: 05/19/1997

Attention: Forrest Fulton

**NOT TRANSFERABLE**

EQUIPMENT AUTHORIZATION is hereby issued to the named GRANTEE, and is VALID ONLY for the equipment identified hereon for use under the Commission's Rules and Regulations listed below.

FCC IDENTIFIER  
Name of Grantee

H6N-26112495  
CellNet Data Systems

Equipment Class: Part 15 Spread Spectrum  
Transmitter

Notes: Utility Company Data  
Collection Transceiver  
Maximum output power:  
600mW. This device must be  
professionally installed.

| <u>Grant Notes</u> | <u>FCC Rule Parts</u> | <u>Frequency<br/>Range (MHZ)</u> | <u>Output<br/>Watts</u> | <u>Frequency<br/>Tolerance</u> | <u>Emission<br/>Designator</u> |
|--------------------|-----------------------|----------------------------------|-------------------------|--------------------------------|--------------------------------|
| 16 37              | 15                    | 905 - 923                        |                         | %                              |                                |

- 16: If the subject device requires shielded interface cables to ensure compliance, the user's manual must advise the user of this requirement.
- 37: This device has shown compliance with new rules adopted under Docket 87-389 and is not affected by Section 15.37, transition rule.

Mail To:  
Mike I Kuo,  
Compliance Engineering Services Inc.  
1366 Bordeaux Drive  
Sunnyvale, CA 94089

9705218315246003

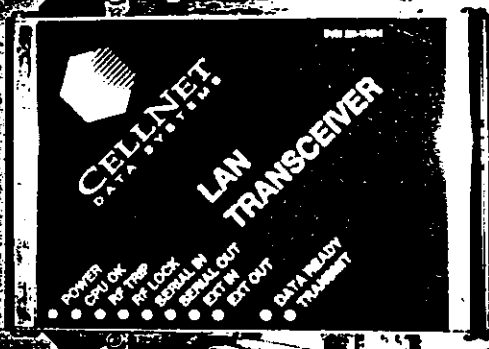
Installation Dates

4/22/90 764  
20 4/22/90

TYPE 1  
ENCLOSURE

TYPE 1  
ENCLOSURE

TESTER



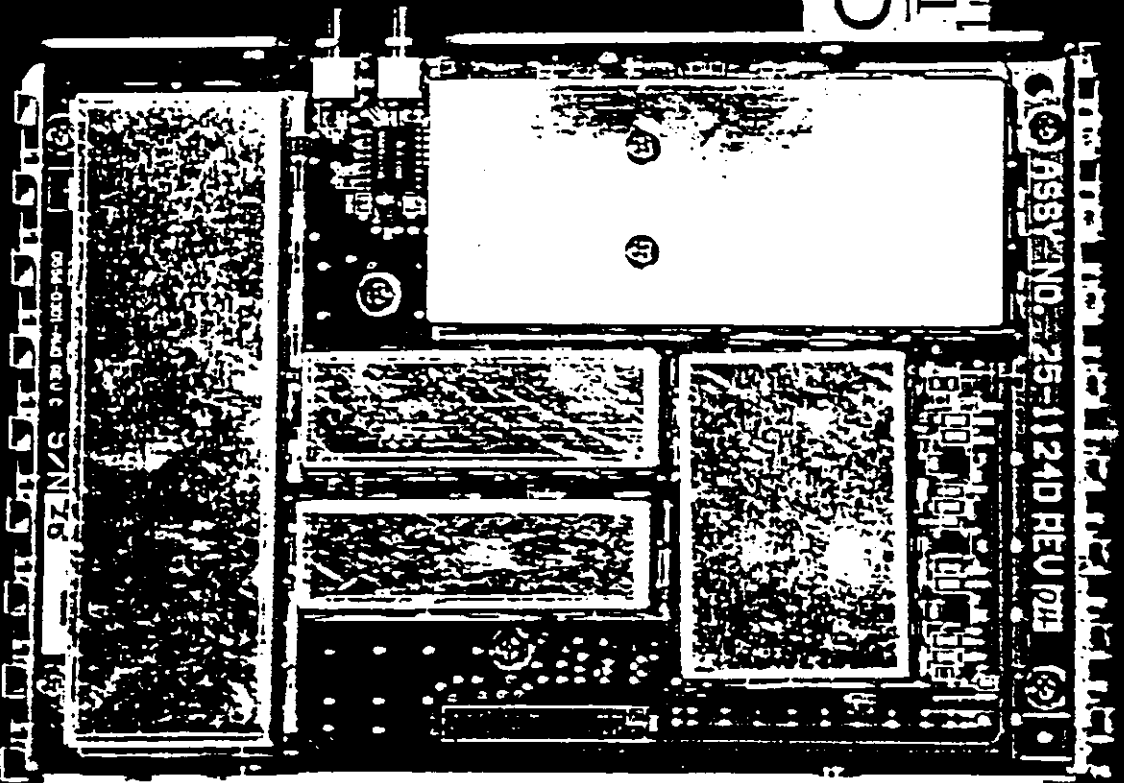
9394 REMOTE RPT 10  
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11 12 13 14 15 1

100-1000



HOME D



100-1000 No. 25-11240 REV 02H

004-0201-AD CUC 5/NZ6

21 22 23

PAINTS

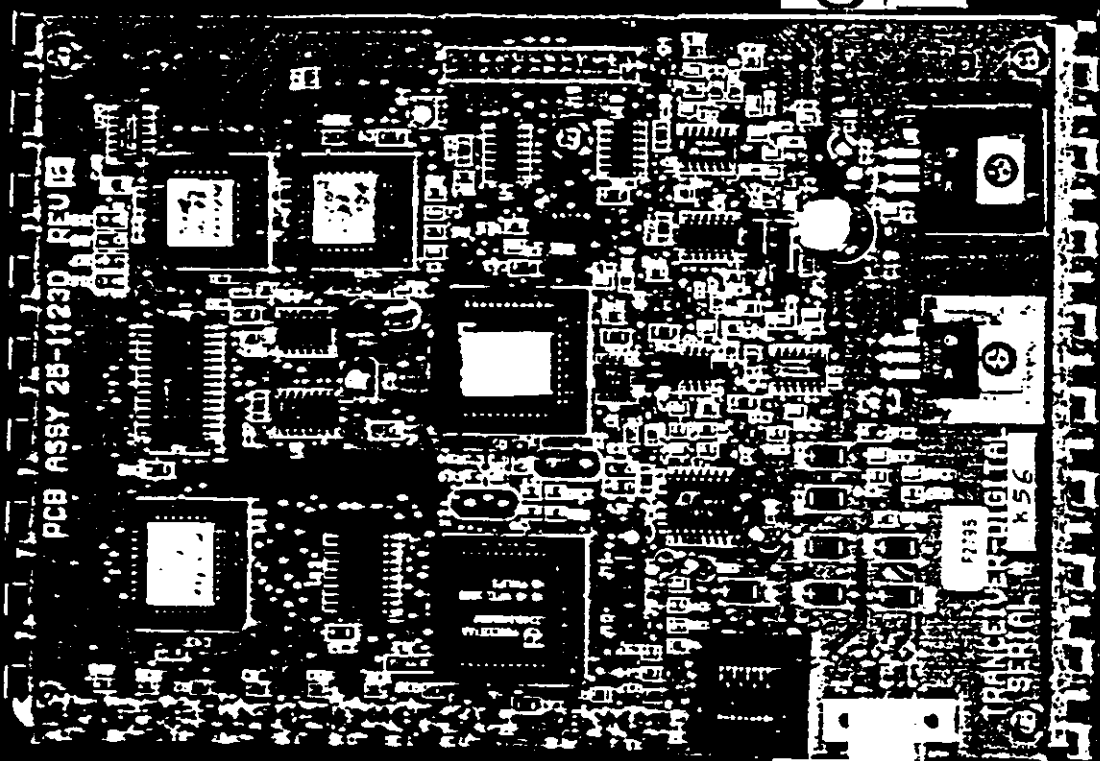


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PAINTS

21 22



# Federal Communications Commission

## The Form 731 Application You Just Entered Has Been Submitted Successfully to the Laboratory Division. Please Record The Following Information For Future Reference:

If any information has been entered incorrectly on the 731 or 159 form, please contact [btaube@fcc.gov](mailto:btaube@fcc.gov) for correction rather than submitting a second 731 or 159.

|                                                                                                |                                                                                                             |
|------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| Form 731 Confirmation Number:                                                                  | EA98587                                                                                                     |
| FCC ID:                                                                                        | F9C26112495                                                                                                 |
| Date of Submission:                                                                            | Aug 28 2000 4:46PM                                                                                          |
| <p>Press this button to begin document submission process.</p> <p>Proceed to Exhibits Form</p> | <p>Press this button to go directly to FCC Remittance Form (Form 159).</p> <p>Proceed to Fee Form (159)</p> |

[FCC Home Page](#) | 
 [Search](#) | 
 [Commissioners](#) | 
 [Bureaus/Offices](#) | 
 [Finding Info](#)

*Mail your comments or suggestions (To: [btaube@fcc.gov](mailto:btaube@fcc.gov))*  
**FCC - Federal Communications Commission - FCC\_731**

**FEDERAL COMMUNICATIONS COMMISSION - FCC FORM 731  
APPLICATION FOR EQUIPMENT AUTHORIZATION****Approved  
3060 - 005  
Expires 9/**

You will be presented with the FCC FORM 159, Fee Remittance Advice after submitting your application and obtaini FCC Form 159, must currently be submitted in paper form along with payment to the address indicated in the FCC Fe is not currently available.

**Item 1. Applicant's complete, legal business name:** Schlumberger Resource Management Services Inc.

**Item 2. Applicant's mailing address**

**Line 1:** 1600 Alabama Highway 229

**Line 2:**

**P.O.Box:**

**City:** Tallassee

**State:** AL **Country(if foreign address):** **Zip/Postal Code:** 36078

**Item 3. FCC ID: Grantee code:** F9C **\* Equipment Product Code (14 characters maximum):** 26112495

**Item 4. Person at the applicant's address to receive grant or for contact:**

**First Name:** Jim

**Last Name:** Brennan

**Title:**

**E-mail:**

**Ma  
Te  
Fa**

**Item 5. Instead of Applicant, FCC is authorized to mail original Grant to:**

**Firm Name:**

**Address Line 1:**

**P.O.Box:**

**Address Line 2:**

**City:**

**Country(if foreign address):**

**Zip/Postal Code:**

**Person at above address to receive Grant:**

**First Name:**

**Last Name:**

**Title:**

**Mail Stop:**

**Item 6. Technical Contact:**

**Firm Name:**

**Telephone:**

**Ext:**

**Fax**

**First Name:**

**Middle Initial:**

**Last Name:**

**Address Line 1:**

**P.O.Box:**

**Address Line 2:**

**City:**

**Country(if foreign address):**

**Zip/Postal Code:**

**E-mail:**

**Item 7. Non-Technical Contact:**

**Firm Name:**

**Telephone:**

**Ext:**

**Fax**

Wilkinson Barker Knauer, LLP

202-783-4141

202

**First Name:**

**Middle Initial:**

**Last Name:**

Jeffrey

S

Cohen

|                                                          |                                       |
|----------------------------------------------------------|---------------------------------------|
| <b>Address Line 1:</b><br>2300 N Street, N.W., Suite 700 | <b>P.O.Box:</b><br>                   |
| <b>Address Line 2:</b><br>                               | <b>City:</b><br>Washington            |
| <b>Country(if foreign address):</b><br>                  | <b>Zip/Postal Code:</b><br>20037-1128 |
| <b>E-mail:</b><br>jcohen@wbklaw.com                      |                                       |

**Item 8. \* 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 Rules? If "Yes" see instructions.** ☐ Yes ☐ No

**Item 9. \* Does the applicant request that the Commission defer grant of this application pursuant 47 CFR § 0.457(d)(1)(ii)? (See instructions)** ☐ Yes ☐ No

If so, specify date when grant may be issued (MM/DD/YYYY format):

|                                                                             |                                                                                                   |
|-----------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| <b>Item 10. Equipment Code:</b><br>DSS -Part 15 Spread Spectrum Transmitter | <b>* Description of Product as it is Marketed:</b><br>utility company data collection transceiver |
|-----------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|

**\* Equipment will be operated under FCC Rule Part(s):**  
15

**Item 11. \* Application is for:**

☐ Original Equipment (See instructions)

☒ Change in identification of presently authorized equipment: Original FCC ID: H6N26112495 Grant D

☐ Class II permissive change or modification of presently authorized equipment (See instructions)

| Item 12 . EQUIPMENT SPECIFICATIONS: (See instructions) |     |                                   |                         |               |
|--------------------------------------------------------|-----|-----------------------------------|-------------------------|---------------|
| Frequency range in MHz                                 |     | Rated RF power output<br>in watts | Frequency tolerance     | E<br>(See 47) |
| 905                                                    | 923 | 0.6                               | <div></div> <div></div> |               |
|                                                        |     |                                   | <div></div> <div></div> |               |
|                                                        |     |                                   | <div></div> <div></div> |               |
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|                                                        |     |                                   | <div></div> <div></div> |               |

**Item 13. Is the equipment in this application:**

\* (a) a composite device subject to an additional equipment authorization? ☐ Yes ☐ No

\* (b) part of a system that operates with, or is marketed with, another device that requires an equipment authorization? ☐ Yes ☐ No

If either of the above questions is answered "Yes" complete section 13(c).

**(c) The related application:**

☐ has been filed at same time as this application under the FCC ID listed to the right

☐ has been granted under the FCC ID listed to the right

☐ is in the process of being filed under the FCC ID listed to the right

☐ is pending with the FCC under the FCC ID listed to the right

**Item 14. Name of test firm and contact person on file with the FCC, if different from applicant or contact person:**

**Firm Name:**

|                    |             |                   |                |
|--------------------|-------------|-------------------|----------------|
| <b>First Name:</b> |             | <b>Last Name:</b> |                |
| <b>Telephone:</b>  | <b>Ext:</b> | <b>Fax No:</b>    | <b>E-mail:</b> |

**Read each certification carefully before answering and signing this**

**WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTITUTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).**

**Item 15. 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 b 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. § 862 because of a conviction for possession or distribution of a co definition of a "party" for these purposes.

Does the applicant or authorized agent so certify? ☒ Yes ☐ No

**Item 16. APPLICANT/AGENT CERTIFICATION:**

I certify that I am authorized to sign this application. All of the statements herein and the exhibits attached hereto, are IN accepting a Grant of Equipment Authorization issued by the FCC as a result of the representations made in this ap equipment with the exact FCC ID specified in this application, (2) compliance statement labeling pursuant to the appli applicable technical rules. If the applicant is not the actual manufacturer of the equipment, appropriate arrangements 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 remain

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

|                                                                   |                                  |
|-------------------------------------------------------------------|----------------------------------|
| <b>* Signature of Authorized Person Filing:</b><br>Colin Flannery | <b>Title of au</b><br>Legal Coun |
|-------------------------------------------------------------------|----------------------------------|

**Complete items below if an agent signs the application**

|                        |                        |                                     |            |
|------------------------|------------------------|-------------------------------------|------------|
| <b>Firm Name:</b>      | <b>Telephone:</b>      | <b>Ext:</b>                         | <b>Fax</b> |
| <b>First Name:</b>     | <b>Middle Initial:</b> | <b>Last Name:</b>                   |            |
| <b>Address Line 1:</b> | <b>P.O.Box:</b>        |                                     |            |
| <b>Address Line 2:</b> |                        |                                     |            |
| <b>City:</b>           | <b>State:</b>          | <b>Country(if foreign address):</b> | <b>Zip</b> |
| <b>E-mail:</b>         |                        |                                     |            |

**NOTE: An asterisk '\*' preceding a field indicates it must be completed before this app**

### Description of Transaction

On July 17, 2000, we notified the Commission, pursuant to section 2.929(d) of the Commission's rules, 47 C.F.R. § 2.929(d), of the transfer of the equipment authorizations listed below from CellNet Data Systems, Inc. ("CellNet") to Schlumberger Resource Management Services, Inc. ("SRMS").

On May 16, 2000, SRMS consummated its purchase of the assets of CellNet. Accordingly, all equipment authorizations under CellNet's grantee code, H6N, should be transferred to SRMS. SRMS is presently a grantee of equipment authorizations, with grantee code F9C, that are used for purposes very similar to the CellNet authorizations. Specifically, both Schlumberger and CellNet have manufactured equipment designed to provide automatic utility meter reading services using fixed and mobile data networks. Therefore, SRMS can adequately ensure and accept responsibility for continued compliance of the CellNet authorizations with the FCC's regulations.

Pursuant to FCC staff instruction from Mr. Richard Fabina, we have prepared a separate Form 731 application for each FCC ID number. We are also submitting a single fee, in the amount of \$940, with the first application, which serves to cover all application fee requirements with respect to all FCC ID numbers involved with this transaction.

The following equipment authorizations are to be transferred to SRMS:

H6N-26112495  
H6N-26113097  
H6N-262101296  
H6N-CCM-92-STD  
H6N-CMM1100  
H6N-CMM1101  
H6N-CMM1102  
H6N-CMM1200  
H6N-CMM1301  
H6N-CMM1305  
H6N-CMM1400  
H6N-CMM1401  
H6N-CMM2100  
H6N-CMM2200  
H6N-CRR-95-STD  
H6N-CRR-96-STD  
H6N-RTOMM-9  
H6N-SCM3100  
H6N-TOMM-11E  
H6N-TOMM-44E

STAMP AND RETURN

|                                                                                                                                                                                                                                                                  |                                     |                                                                                                                             |                                                  |                                                                   |                            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-------------------------------------------------------------------|----------------------------|
| READ INSTRUCTIONS CAREFULLY BEFORE PROCEEDING<br>(1) LOCKBOX #358315                                                                                                                                                                                             |                                     | FEDERAL COMMUNICATIONS COMMISSION<br><b>REMITTANCE ADVICE</b><br>PAGE NO. _____ OF _____<br>FCC/MELLON                      |                                                  | APPROVED BY OMB 3060-058<br>AUG 3 1 15 PM '00<br>STAMP AND RETURN |                            |
| SECTION A - Payer Information                                                                                                                                                                                                                                    |                                     |                                                                                                                             |                                                  |                                                                   |                            |
| (2) PAYER NAME (if paying by credit card, enter name exactly as it appears on your card)<br>Wilkinson Barker Knauer, LLP                                                                                                                                         |                                     |                                                                                                                             |                                                  | (3) TOTAL AMOUNT PAID (dollars and cents)<br>\$940.00             |                            |
| (4) STREET ADDRESS LINE NO. 1<br>2300 N Street, N.W., Suite 700                                                                                                                                                                                                  |                                     |                                                                                                                             |                                                  |                                                                   |                            |
| (5) STREET ADDRESS LINE NO. 2                                                                                                                                                                                                                                    |                                     |                                                                                                                             |                                                  |                                                                   |                            |
| (6) CITY<br>Washington                                                                                                                                                                                                                                           |                                     |                                                                                                                             |                                                  | (7) STATE<br>DC                                                   | (8) ZIP CODE<br>20037-1128 |
| (9) DAYTIME TELEPHONE NUMBER (INCLUDING AREA CODE)<br>202-783-4141                                                                                                                                                                                               |                                     |                                                                                                                             |                                                  | (10) COUNTRY CODE (IF NOT IN U.S.A.)                              |                            |
| If payer name and the applicant name are different, complete Section B. If more than one applicant, use continuation sheets (Form 159-10).                                                                                                                       |                                     |                                                                                                                             |                                                  |                                                                   |                            |
| SECTION B - Applicant Information                                                                                                                                                                                                                                |                                     |                                                                                                                             |                                                  |                                                                   |                            |
| (11) APPLICANT NAME (if paying by credit card, enter name exactly as it appears on your card)<br>Schlumberger Resource Management Service                                                                                                                        |                                     |                                                                                                                             |                                                  |                                                                   |                            |
| (12) STREET ADDRESS LINE NO. 1<br>1600 Alabama Highway 229                                                                                                                                                                                                       |                                     |                                                                                                                             |                                                  |                                                                   |                            |
| (13) STREET ADDRESS LINE NO. 2                                                                                                                                                                                                                                   |                                     |                                                                                                                             |                                                  |                                                                   |                            |
| (14) CITY<br>Tallahassee                                                                                                                                                                                                                                         |                                     |                                                                                                                             |                                                  | (15) STATE<br>AL                                                  | (16) ZIP CODE<br>36078     |
| (17) DAYTIME TELEPHONE NUMBER (INCLUDING AREA CODE)<br>334-283-6555                                                                                                                                                                                              |                                     |                                                                                                                             |                                                  | (18) COUNTRY CODE (IF NOT IN U.S.A.)                              |                            |
| SECTION C - Payment Information                                                                                                                                                                                                                                  |                                     |                                                                                                                             |                                                  |                                                                   |                            |
| (19A) FCC Call Sign/Other ID                                                                                                                                                                                                                                     | (20A) Payment Type Code(PTC)<br>EGC | (21A) Quantity<br>1                                                                                                         | (22A) Fee Due for (PTC) in Block 20A<br>\$940.00 | FCC USE ONLY                                                      |                            |
| (23A) FCC CODE 1<br>F9C26112495                                                                                                                                                                                                                                  |                                     | (24A) FCC CODE 2<br>13EA98587                                                                                               |                                                  |                                                                   |                            |
| (19B) FCC Call Sign/Other ID                                                                                                                                                                                                                                     | (20B) Payment Type Code(PTC)        | (21B) Quantity                                                                                                              | (22B) Fee Due for (PTC) in Block 20B             | FCC USE ONLY                                                      |                            |
| (23B) FCC CODE 1                                                                                                                                                                                                                                                 |                                     | (24B) FCC CODE 2                                                                                                            |                                                  |                                                                   |                            |
| (19C) FCC Call Sign/Other ID                                                                                                                                                                                                                                     | (20C) Payment Type Code(PTC)        | (21C) Quantity                                                                                                              | (22C) Fee Due for (PTC) in Block 20C             | FCC USE ONLY                                                      |                            |
| (23C) FCC CODE 1                                                                                                                                                                                                                                                 |                                     | (24C) FCC CODE 2                                                                                                            |                                                  |                                                                   |                            |
| (19D) FCC Call Sign/Other ID                                                                                                                                                                                                                                     | (20D) Payment Type Code(PTC)        | (21D) Quantity                                                                                                              | (22D) Fee Due for (PTC) in Block 20D             | FCC USE ONLY                                                      |                            |
| (23D) FCC CODE 1                                                                                                                                                                                                                                                 |                                     | (24D) FCC CODE 2                                                                                                            |                                                  |                                                                   |                            |
| SECTION D - Taxpayer Information (Required)                                                                                                                                                                                                                      |                                     |                                                                                                                             |                                                  |                                                                   |                            |
| (25) PAYER TIN<br>0521264167                                                                                                                                                                                                                                     |                                     | (26) Complete this block only if applicant name in B-11 is different from payer name in A-2<br>APPLICANT TIN<br>0 510204865 |                                                  |                                                                   |                            |
| SECTION E - Certification                                                                                                                                                                                                                                        |                                     |                                                                                                                             |                                                  |                                                                   |                            |
| (27) CERTIFICATION STATEMENT<br>I, Jeffrey S. Cohen, certify under penalty of perjury that the foregoing and supporting information (PRINT NAME)<br>are true and correct to the best of my knowledge, information, and belief. SIGNATURE <i>Jeffrey S. Cohen</i> |                                     |                                                                                                                             |                                                  |                                                                   |                            |
| SECTION F - Credit Card Payment Information                                                                                                                                                                                                                      |                                     |                                                                                                                             |                                                  |                                                                   |                            |

Wilkinson Barker Knauer, LLP  
2300 N Street N.W., Suite 700  
Washington, D.C. 20037-1128

16-3 00012  
540

58726

Date 08/29/00

\$940.00

PAY Nine Hundred Forty and 00/100 Dollars

TO THE  
ORDER  
OF

FEDERAL COMMUNICATIONS COMMISSION

RIGGS BANK, N.A.  
LINCOLN OFFICE  
WASHINGTON, D.C. 20006

AUTHORIZED SIGNATURE

⑈058726⑈ ⑆054000030⑆ 08451252⑈

## Constantine, Jason

---

From: oetech@fccsun07w.fcc.gov  
Sent: Friday, September 29, 2000 3:48 PM  
To: jcohen@wbklaw.com  
Subject: Technical Exhibits

To: Jeffrey Cohen, Wilkinson Barker Knauer, LLP  
From: Steve Dayhoff  
sdayhoff@fcc.gov  
FCC Application Processing Branch

Re: FCC ID F9C26112495  
Applicant: Schlumberger Resource  
Management Services Inc.  
Correspondence Reference Number: 16395  
731 Confirmation Number: EA98587  
Date of Original E-Mail: 09/29/2000

Please submit a photograph of the general appearance of the referenced equipment, and a copy of the RF Exposure Evaluation pursuant to Section 2.1091 of the FCC Rules.

The items indicated above must be submitted before processing can continue on the above referenced application. Failure to provide the requested information within 60 days of the original e-mail date may result in application dismissal pursuant to Section 2.917 (c) and forfeiture of the filing fee pursuant to section 1.1108.

DO NOT reply to this e-mail by using the Reply button. In order for your response to be processed expeditiously, you must upload your response via the Internet at [www.fcc.gov](http://www.fcc.gov), Electronic Filing, OET Equipment Authorization Electronic Filing. If the response is submitted through Add Attachments, in order to expedite processing, a message which informs the processing staff that a new exhibit has been submitted must also be submitted via Submit Correspondence. Also, please note that partial responses increase processing time and should not be submitted.

Any questions about the content of this correspondence should be directed to the e-mail address listed below the name of the sender.

## Constantine, Jason

---

**From:** oetech@fccsun07w.fcc.gov  
**Sent:** Thursday, September 28, 2000 11:42 AM  
**To:** jcohen@wbklaw.com  
**Subject:** The Change of Identification

**To:** Jeffrey Cohen, Wilkinson Barker Knauer, LLP  
**From:** Jaunice Green  
jygreen@fcc.gov  
FCC Application Processing Branch

**Re:** FCC ID F9C26112495  
**Applicant:** Schlumberger Resource  
Management Services Inc.  
**Correspondence Reference Number:** 16372  
**731 Confirmation Number:** EA98587  
**Date of Original E-Mail:** 09/28/2000

We have received a letter preparing the stage for a change of identification for the SRM code from the H6N. I must have the completed 731 application and the remaining applications information needed to complete the transactions.

The items indicated above must be submitted before processing can continue on the above referenced application. Failure to provide the requested information within 60 days of the original e-mail date may result in application dismissal pursuant to Section 2.917 (c) and forfeiture of the filing fee pursuant to section 1.1108.

DO NOT reply to this e-mail by using the Reply button. In order for your response to be processed expeditiously, you must upload your response via the Internet at [www.fcc.gov](http://www.fcc.gov), Electronic Filing, OET Equipment Authorization Electronic Filing. If the response is submitted through Add Attachments, a message which informs the processing staff that a new exhibit has been submitted must also be submitted via Submit Correspondence. Also, please note that partial responses increase processing time and should not be submitted.

Any questions about the content of this correspondence should be directed to the e-mail address listed below the name of the sender.