M. Flom Associates, Inc. - Global Compliance Center
3356 North San Marcos Place, Suite 107, Chandler, Arizona 85225-7176
www.mflom.com general@mflom.com (480) 926-3100, FAX: 926-3598

TOTAL PAGES:	10
DATE:	September 28, 1999
VIA FAX:	1 301 344 2050
TO:	Federal Communications Commission,
ATTENTION:	Frank Coperich
APPLICANT:	BIO-MEDICAL DEVICES, INC.
EQUIPMENT:	FCC ID: OGQMOBILE2020
SUBJECT:	EA94191 Your Corresp. 9078

Frank:

We had advised the Applicant of the contents of your e-mail. They returned the E.U.T. for further testing.

In response to your request, attached please find:

1. Revised Form 731 with the change at Para. 6(b) that the operation be under Rule Part 90.217 as well as Para. 8(a) that the range be 169-172 MHz, and 8(d) to 80K0F3E.

2. Occupied Bandwidth and Transmitter Spurious Emissions Test Data to support this change are attached.

We trust the revisions are acceptable to the Commission.

If you require any further information, please contact the writer who is authorized to act as Agent.

Personal regards,

MORTON FLOM, P. Eng.

mf;mgf
encs.
cc: Applicant

cc: A2LA Corrective Action file

AMENDED: SEPTEMBER 28.1999

SECTION IV - *Enter FCC ID from Page 1, Section I* ▶ OGQ-MOBILE2020

1.(a) Instead of Applicant, FCC is authorized to mail original Grant to: *(See instructions)*

Firm name, number, street, City, State/Country, ZIP/Postal Code:
M. FLOM ASSOCIATES, INC.
3356 N. San Marcos Place, Suite 107
CHANDLER, ARIZONA, U.S.A.
85225-1571

(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)

MORTON FLOM, P. Eng., President

2.(a) Technical contact: Firm name, contact person, number, street, City, State/Country, ZIP/Postal Code:
M. FLOM ASSOCIATES, INC.
MORTON FLOM, President
3356 No. San Marcos Place, #107
CHANDLER, ARIZONA,U.S.A.
85225 1571

(b) Telephone No. (Area/Country/City code, No. and Ext.): 480 926 3100

(c) FAX No. (Area/Country/City code and No.): 480 926 3598

(d) Internet e-mail address: www.mflom.com general@mflom.com

(e) Non-Technical contact: Firm name, contact person, number, street, City, State/Country, ZIP/Postal Code:
M.FLOM ASSOCIATES, INC.
MORTON FLOM, President
3356 No. San Marcos Place, #107
CHANDLER, ARIZONA, U.S.A.
85225 1571

(f) Telephone No. (Area/Country/City code, No. and Ext.): 480 926 3100

(g) FAX No. (Area/Country/City code and No.): 480 926 3598

(h) Internet e-mail address: www.mflom.com general@mflom.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)* TNT Non-Broadcast Transmitter worn on body *Mobile Unit,

(b) Equipment will be operated under FCC Rule Part(s): 90.217

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

☑ 1. Original equipment *(See instructions)*

☐ 2. Change in identification of presently authorized equipment
ORIGINAL FCC ID | Grant date

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

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
169-172	50mW	±50 ppm	80K0F3E	-

9. Is the equipment in this application:

(a) a composite device subject to more than one type of equipment authorization? ☐ Yes ☑ No

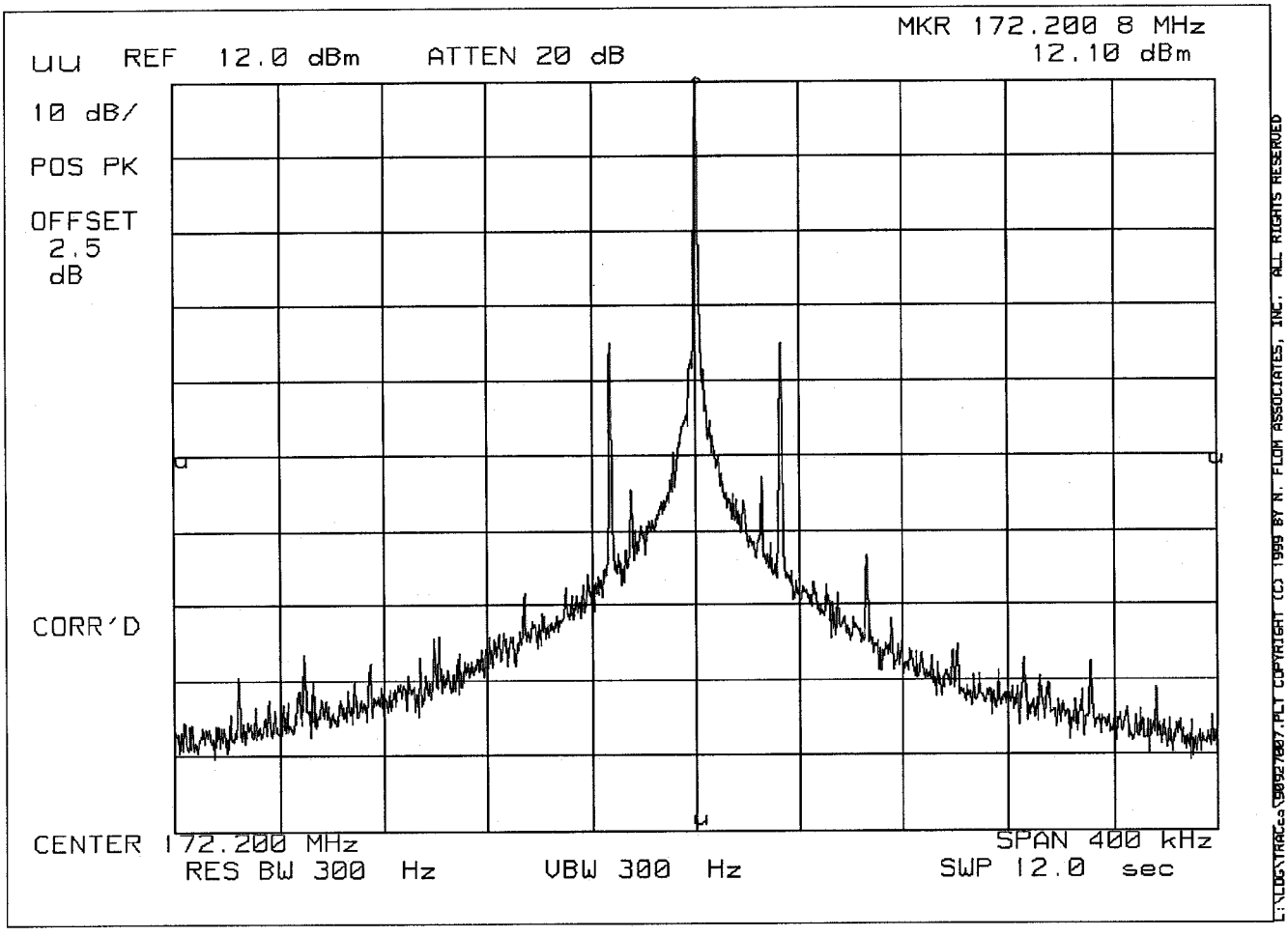
(b) part of a system that operates with, or is marketed with, another device that requires an equipment authorization? ☑ Yes ☐ No

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

COMPLETE, SIGN and DATE Page 3

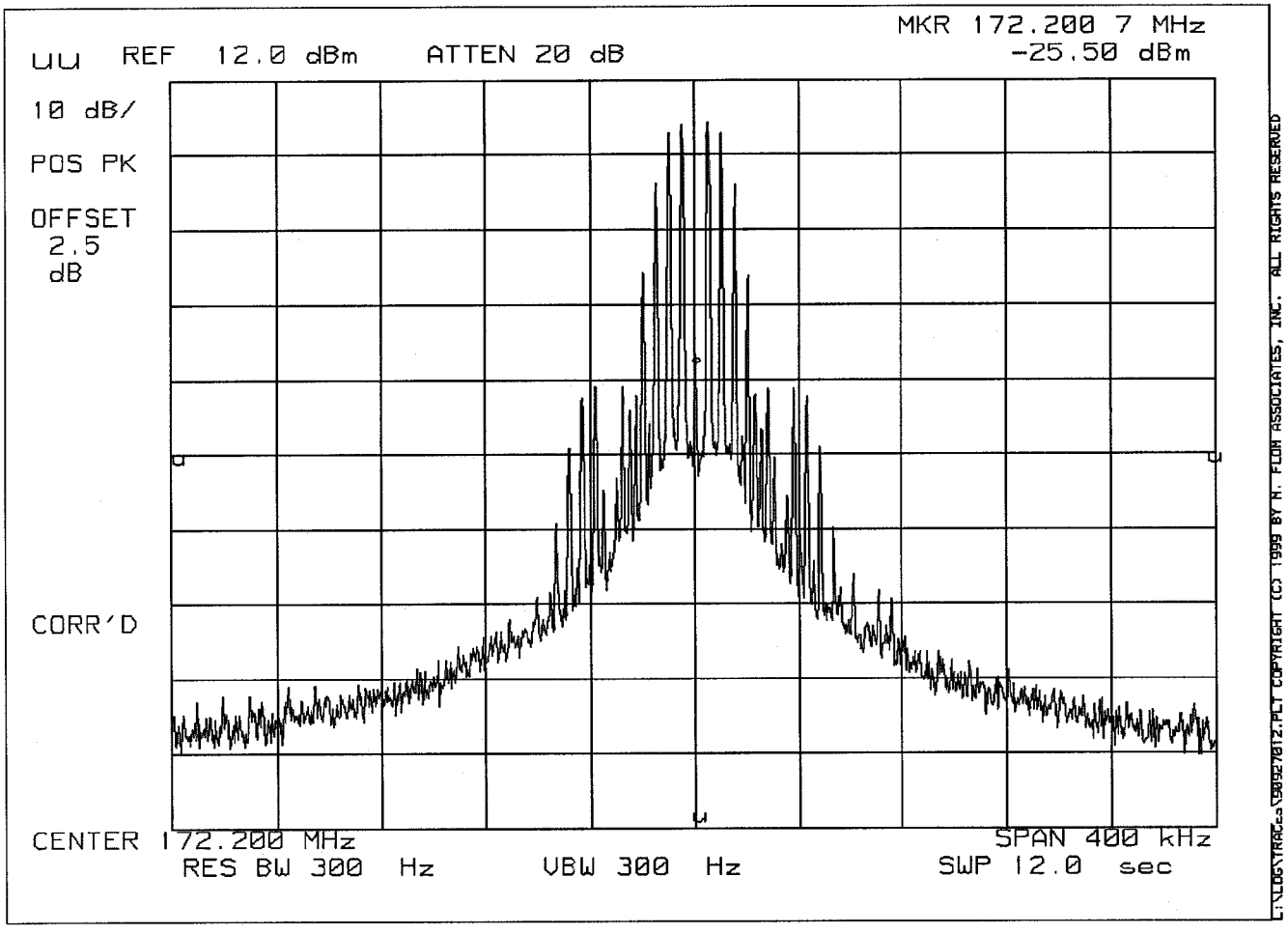
SPECTRUM ANALYZER PRESENTATION
BIO-MEDICAL, MOBILE UNIT 2020
1999-SEP-27, 15:20, MON

POWER: LOW
MODULATION: NONE



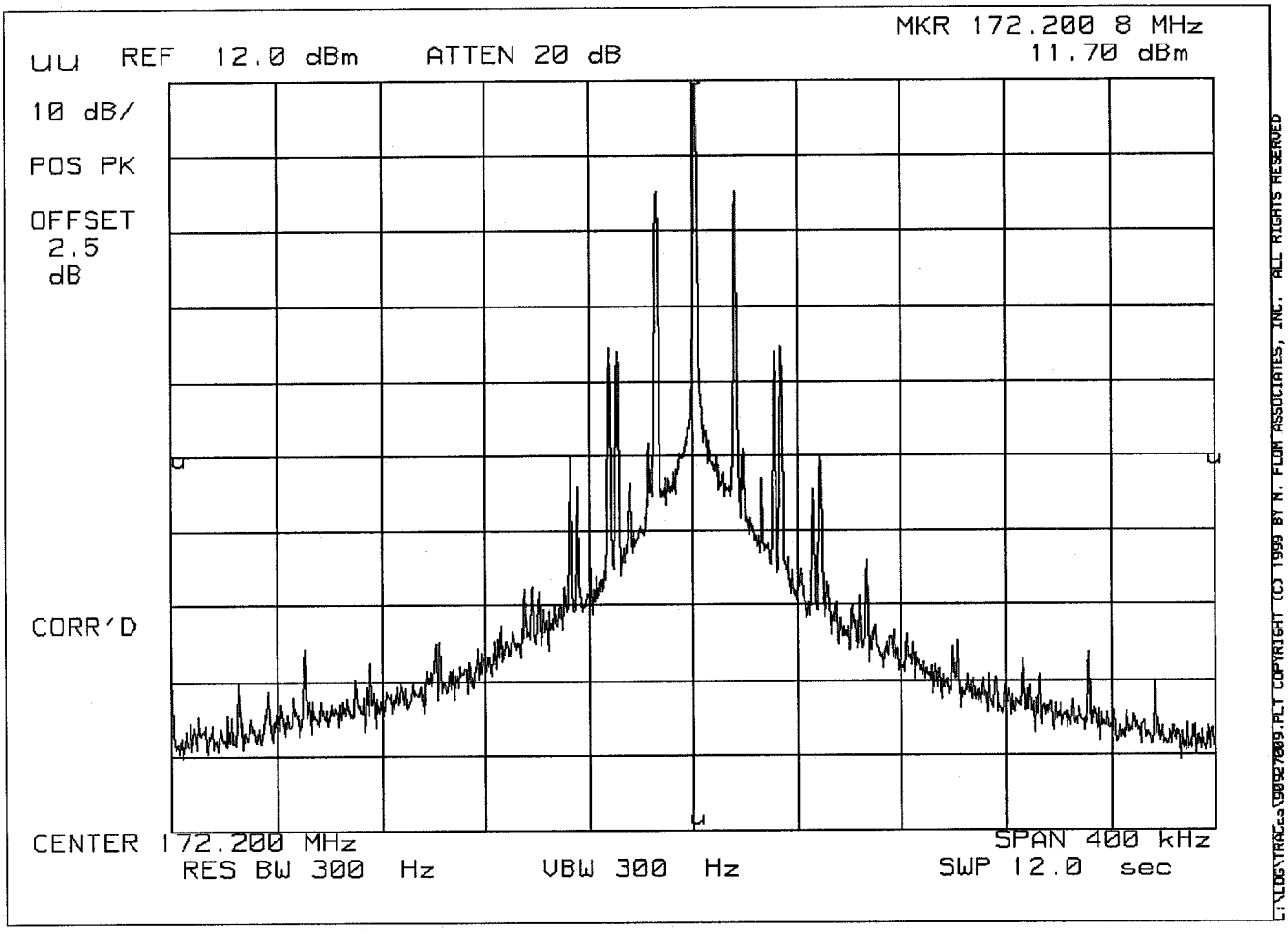
SPECTRUM ANALYZER PRESENTATION
BIO-MEDICAL, MOBILE UNIT 2020
1999-SEP-27, 15:30, MON

POWER: LOW
MODULATION: 5 KHZ 20 DB ABOVE REFERENCE LEVEL



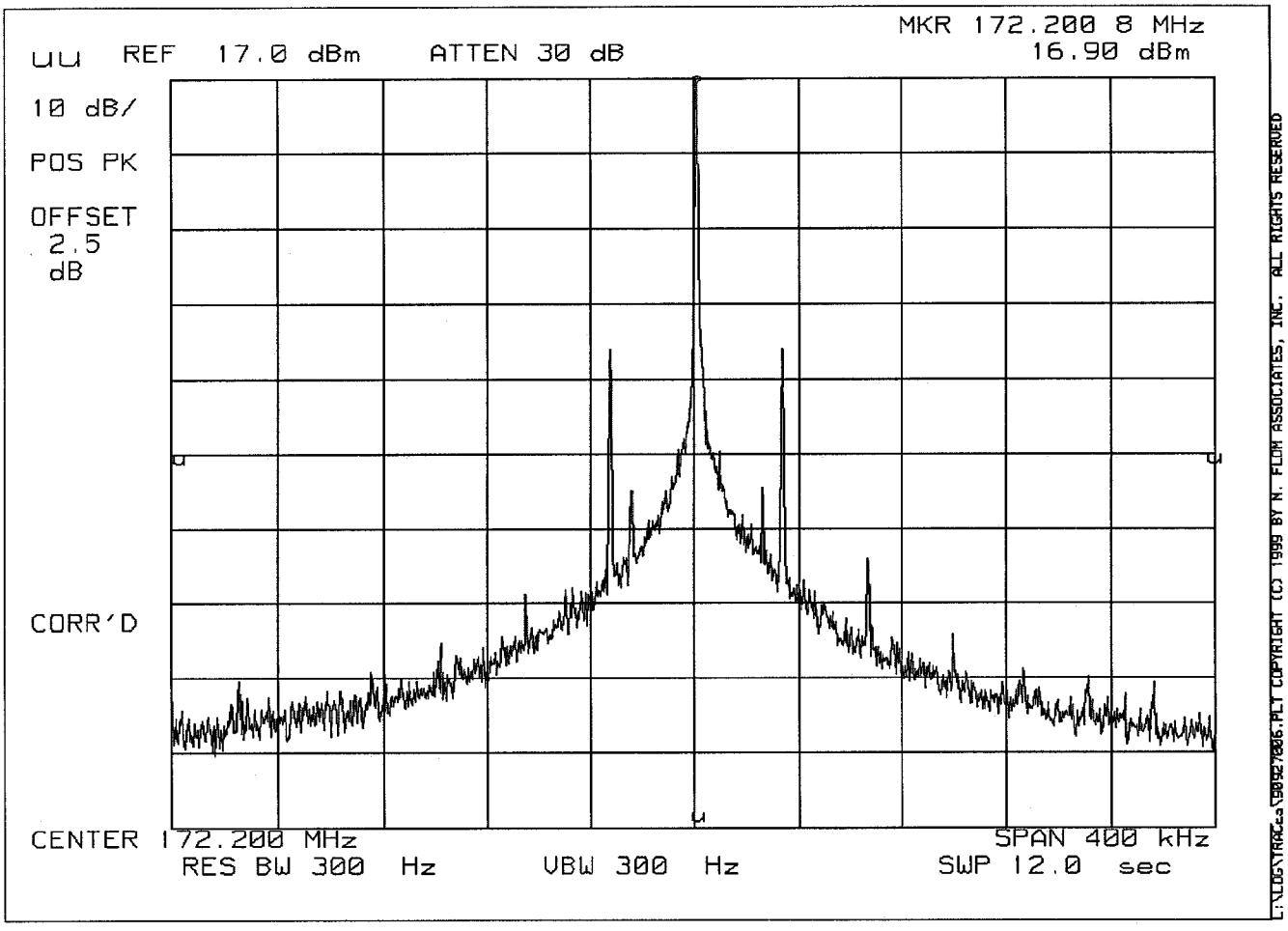
SPECTRUM ANALYZER PRESENTATION
BIO-MEDICAL, MOBILE UNIT 2020
1999-SEP-27, 15:24, MON

POWER: LOW
MODULATION: 15 KHZ 20 DB ABOVE REFERENCE LEVEL



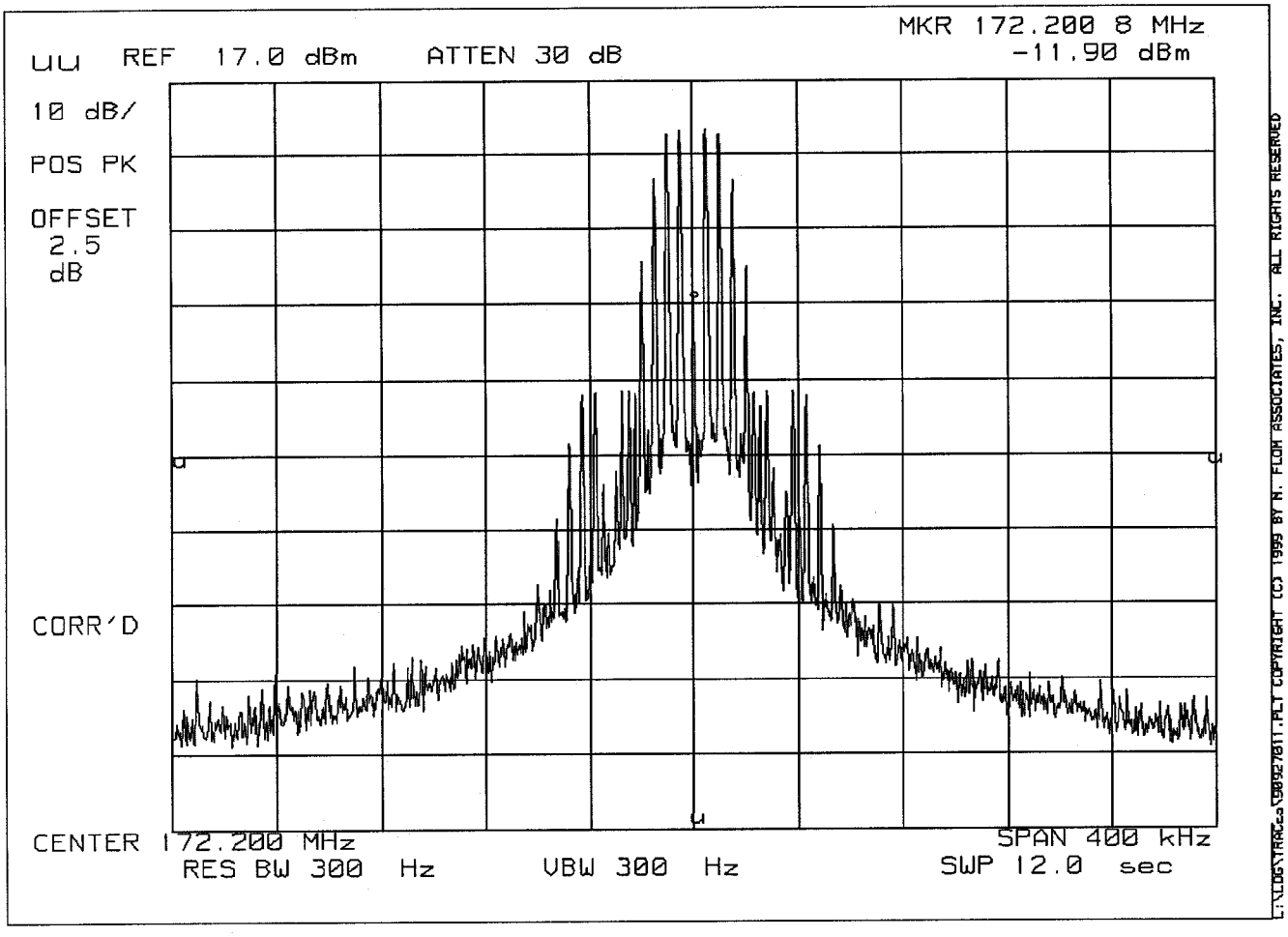
SPECTRUM ANALYZER PRESENTATION
BIO-MEDICAL, MOBILE UNIT 2020
1999-SEP-27, 15:13, MON

POWER: HIGH
MODULATION: NONE



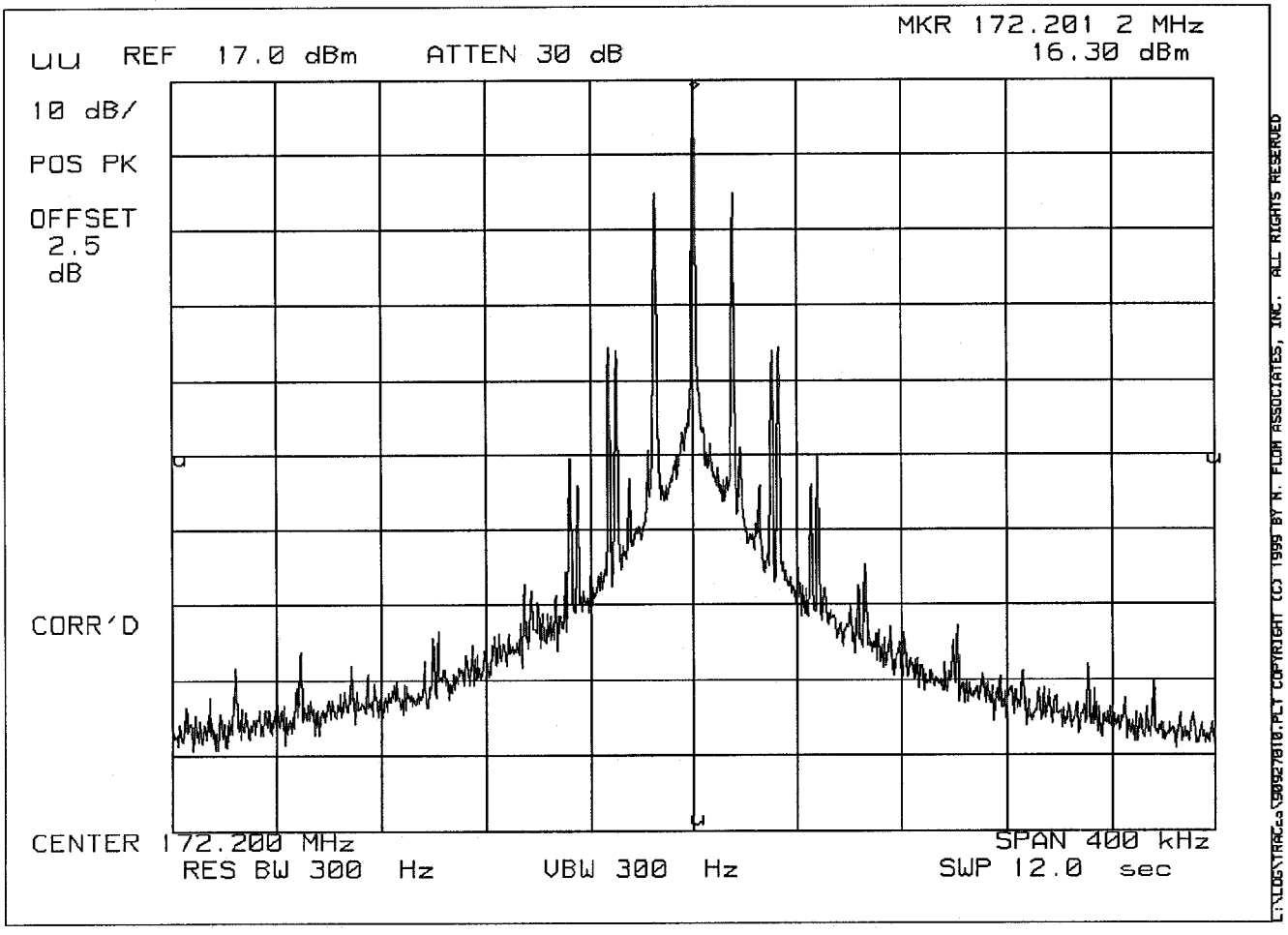
SPECTRUM ANALYZER PRESENTATION
BIO-MEDICAL, MOBILE UNIT 2020
1999-SEP-27, 15:27, MON

POWER: HIGH
MODULATION: 5 KHZ 20 DB ABOVE REFERENCE LEVEL



SPECTRUM ANALYZER PRESENTATION
BIO-MEDICAL, MOBILE UNIT 2020
1999-SEP-27, 15:26, MON

POWER: HIGH
MODULATION: 15 KHZ 20 DB ABOVE REFERENCE LEVEL



EMISSIONS (TX3)
BIO-MEDICAL, MOBILE UNIT 2020
1999-SEP-03, 11:05, FRI

TUNED MHz	EMISSION MHz	LEVEL dBuV/m	@m	C.F. dB	CALC. dBuV/m	@m	ERP dBm	FLAG
172.200	172.195000	75.9	3	15.7	91.6	3	-5.8	PR

EMISSIONS (TX1)
BIO-MEDICAL, MOBILE UNIT 2020
1999-SEP-03, 11:23, FRI

TUNED MHz	EMISSION MHz	LEVEL dBuV/m	@m	C.F. dB	CALC. dBuV/m	@m	ERP dBm	FLAG
172.200	344.398000	25.9	3	20.9	46.8	3	-50.6	P-
172.200	516.601000	38.3	3	5.9	44.2	3	-53.1	P-
172.200	688.803000	36.5	3	28.3	64.8	3	-32.6	P-
172.200	860.966000	31.3	3	30.1	61.4	3	-36.0	P-
172.200	1033.183000	27.5	3	32.3	59.7	3	-37.7	PR
172.200	1205.408000	24.0	3	34.4	58.4	3	-39.0	PR
172.200	1377.603000	21.3	3	36.3	57.6	3	-39.8	PR
172.200	1549.811000	10.8	3	38.0	48.8	3	-48.6	PR
172.200	1722.006000	10.2	3	39.6	49.8	3	-47.6	PR