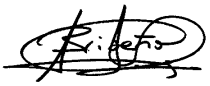
FCC GRANT OF EQUIPMENT AUTHORIZATION APPLICATION

Complete and return to: certifications@metlabs.com

1. Applicant's complete, legal business name:	Logitech Inc.
2. Applicant's Mailing Address:	6505 Kaiser Drive, Fremont, California 94555, USA
3.Applicant Technical Point of Contact:	*Name/Title:* Mr. Bharat Shah *Telephone:* +1 510 795 85 00 *E-mail Address:* Bharat_Shah@logitech.com
4. Manufacturer's complete, legal business name: (if different from applicant)	
5. Manufacturer's mailing address (if different from applicant):	
6. Grantee Code: (All applicants must have one - if you do not, we will assist you in obtaining one)	DZL
7. Equipment Product Code (14 characters max - only use capital letters and numbers):	201938
8. Class II Permissive Change? (Applies only if the equipment listed in the application has been previously authorized by the FCC.)	*YES
*Provide details of what has changed on this previously approved equipment (complete Appendix A.3: FCC Permissive Change 1 Application Letter)	
9. Is CONFIDENTIALITY requested?	*YES
*If yes, then attach formal letter of request which details the items to be held confidential. The type of information that the FCC allows to be held confidential is proprietary information that the customer could not obtain by purchasing the equipment. (Example - internal photos are not held confidential due to the customer being able to open the device and take internal pictures). An example of the required letter is attached, as is the FCC Rule Section detailing what the letter should include (be sure to quote this particular rule section in your letter.)	
10. *Agent Authorization Letter (*required* - an example is attached)	
11. Description of Product as Marketed (*required* - attach as separate document or use space provided below):	
io2 Digital Pen with Bluetooth	
12. Equipment will be operated under FCC Rule Part(s): 15C *(list all rule parts)*	
13. In applying for this application the applicant agrees to comply with the requirements for certification and to supply any information needed for evaluation of the product to be certified. Applicant's Signature: P.A.  Date: October 18, 2005	
Complete and return to: certifications@metlabs.com	