Safety & Compliance Consulting 29 Sweetman Lane West Milford, NJ 07480-2932 Tel/Fax (973) 728-5141

> January 19, 2000 QTK2000-F003 731 Confirmation Number EA96539

Federal Communications Commission Equipment Approval Services P.O. Box 358315 Pittsburgh, PA 15251-5315

Subject:

Original Application for Class B Computing Device Peripheral

FCC ID: MQ4UH400B / USB Hub, Model UH400B Series

## Gentlemen:

Enclosed, please find AboCom System, Inc's application for equipment authorization dated January 19, 2000. This device is in compliance with Part 15, Subpart B of the FCC Rules.

The subject device is a Universal Serial Bus Hub for connection between host PC and USB plug and play peripheral devices. This device is marketed with such features as: (1) USB controller type M01-UH400-X20 that operates at 6 MHz; (2) one upstream and four downstream USB ports; (3) detachable 1.5m shielded USB interface cable without any ferrite core; and (4) Direct Plug-In AC Adaptor with DC cable without any ferrite core by Dee Van Ent, type DSA-0151A-05A.

This EUT was system tested in accordance with ANSI C63.4-1992 to show compliance with CISPR Pub 22 Class B limits.

Should you have any questions or comments, please contact the undersigned. Thank you for your attention and cooperation in this matter.

Sincerely yours,

Richard Mullen

Manager

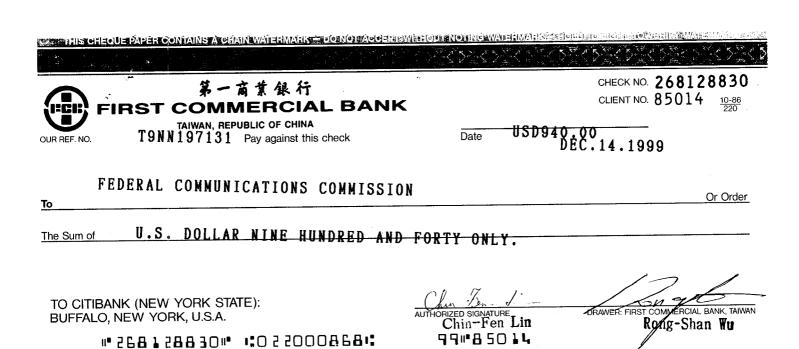
Safety & Compliance Consulting

| READ INSTRUCTIONS<br>CAREFULLY BEFORE  | FEDERAL COMMUNICATIONS COMMISSION        |                       |   | APPROVED BY OMB 3060-058 SPECIAL USE    |  |  |
|--|--|-----------------------|---|---|--|--|
| PROCEEDING   | REMITTANCE ADVICE  PAGE NO OF            |                       |   | PECUSEONIA                              |  |  |
| (1) LOCKBOX #358315  | TAOL NO                                  | ,                     | man and the second |   |  |  |
|  | SECTION A                                | A - Payer Information |   |   |  |  |
| (2) PAYER NAME (if paying by   | credit card, enter name exactly as it ap | ppears on your card)  | (3) T cents   | OTAL AMOUNT PAID (dollars and           |  |  |
| Safety and Compliance Con  | nsulting                                 |                       | \$940   |   |  |  |
| (4) STREET ADDRESS LINE N  | IO. 1                                    |                       |   |   |  |  |
| 29 Sweetman Lane   |  |                       |   |   |  |  |
| (5) STREET ADDRESS LINE N  | IO. 2                                    |                       |   |   |  |  |
| (6) CITY   |  |                       | (7) STATE   | (8) ZIP CODE                            |  |  |
| West Milford   |  |                       | NJ  | 07480                                   |  |  |
| 1  | UMBER (INCLUDING AREA CODE               | E)                    | (10) COUNTRY CODE (   | IF NOT IN U.S.A.)                       |  |  |
| (973) 728-5141   | anolican viante ure differen a complete  |                       |   | distribution the set (F. 131 SQ 10      |  |  |
| 11.10018.110118.000.1181   |  | NB - Applicant Info   |   |   |  |  |
| (11) APPLICANT NAME (if paying by credit card, enter name exactly as it appears on your card)  |  |                       |   |   |  |  |
| Abocom Systems Inc   |  |                       |   |   |  |  |
| (12) STREET ADDRESS LINE   |  |                       |   |   |  |  |
| 1F, No. 21, R & D Road II<br>(13) STREET ADDRESS LINE  |  |                       |   |   |  |  |
| Science Based Industrial P   |  |                       |   |   |  |  |
| (14) CITY  |  |                       | (15) STATE  | (16) ZIP CODE                           |  |  |
| Hsin-Chu   |  |                       |   | 141                                     |  |  |
| (17) DAYTIME TELEPHONE N<br>886 3 578-9090   | NUMBER (INCLUDING AREA COI               |                       | (18) COUNTRY CODE (<br>Taiw   | IF NOT IN U.S.A.)                       |  |  |
| SECTION C - Payment Information  |  |                       |   |   |  |  |
| (19A) FCC Call Sign/Other ID   | (20A) Payment Type Code(PTC)<br>EGC      |                       | (22A) Fee Due for (PTC) in<br>20A   | Block FCC Use Othy                      |  |  |
|  |  |                       | \$940.00  |   |  |  |
| (23A) FCC CODE 1 (24A) FCC CODE 2  |  |                       |   |   |  |  |
| (19B) FCC Call Sign/Other ID   | (20B) Payment Type Code(PTC)             | (21B) Quantity        | (22B) Fee Due for (PTC)<br>20B  | in Block PCC Use Only                   |  |  |
| (23B) FCC CODE 1   |  | (24B) FCC COL         |   |   |  |  |
| (19C) FCC Call Sign/Other ID   | (20C) Payment Type Code(PTC)             | (21C) Quantity        | 20C   | in Block FCC Use Only                   |  |  |
| (23C) FCC CODE 1   |  | (24C) FCC COI         | DE 2  |   |  |  |
| (19D) FCC Call Sign/Other ID   | (20D) Payment Type Code(PTC)             | (21D) Quantity        | (22D) Fee Due for (PTC)<br>20D  | in Block FCC Use Only                   |  |  |
| (23D) FCC CODE 1 (24D) FCC CODE 2  |  |                       |   |   |  |  |
| (25)  SECTION D + Texpayer Information (Required)  (26) Complete this block only if applicant name in B-11 is different from payer name in A-2 |  |                       |   |   |  |  |
| (25)   | i ·                                      | -                     |   | -11 is different from payer name in A-2 |  |  |
| PAYER TIN 0  |  | PLICANT T             |   |   |  |  |
| SECTION E - Certification  |  |                       |   |   |  |  |
| (27) CERTIFICATION STATEMENT  I, Richard Mullen / S&CC, 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   |  |                       |   |   |  |  |
| SECTION F. Credit Card Payment Information   |  |                       |   |   |  |  |

QTk 2000 - F003 Richard Mullen, Manager Safety & Compliance Consulting 29 Sweetman Lane West Milford, NJ 07480-2932

| (28)         | MASTERCARD/VISA ACCOUNT NUMBER:   | EXPIRATION DATE: |
|--------------|---|------------------|
| MASTERCARD   |   | MONTH YEAR       |
| VISA MASTERO | thorize the FCC to charge my VISA or AUTHORIZED SIGNATURE  AUTHORIZED SIGNATURE | DATE             |

FCC FORM 159 JULY 1997 (REVISED)



QTK2000-F003 /FCCIO; MQ44H400B