

## Declaration of Authorization

We

Name: HEALTH & LIFE CO., LTD

Address: 9F No.186, Jian Yi Road, Zhonghe District, New Taipei City, Taiwan  
.....

Declare that:

Name Representative of agent: Valentina Wu

Agent Company name: QuieTek Corporation

Address: No.5-22, Ruishukeng, Linkou Dist., New Taipei City 24451, Taiwan, R.O.C.

is authorized to act as our agent for the following equipment certification, including the signing of all documents relating to these matters.

**Product Name: Automatic Wrist Blood Pressure Monitor**

**Model: HL158LD**

**FCC ID: 2ABTAHNL15LD**

Date: ...Oct. 18, 2016.....

City: ...New Taipei City.....

Name: ...Albert Lee.....<sup>(1)</sup>

Function: ... President.....

Signature:



Notes:

(1): For FCC it must be the Grantee Code "owner" or the authorized agent.