Neurona LLC

FCC Declaration of Conformity

Number: CF302 Version: V03

Date: 22-08-2011

A declaration of conformity can only be issued by a U.S. entity based on a test report from an accredited laboratory. Accredited laboratories are located in the US, or in a country where the FCC has signed an MRA with. For a full list of accredited laboratories recognized by the FCC, please go to the FCC website https://figalifoss.fcc.gov/oetcf/eas/reports/TeslFirmSearch.cfm and for Test Firm Type, select "Accredited". Additional information on administrative requirements for Declaration of Conformity can be found in KDB Publication Number 349827.

We,							Doc								
(responsible party n	aust be a le	egal entity registered	within the U.S.,	see <u>FCC rule part 2</u>	.909 (2), must a U.S. add	dress, such	n as importer or local manufacturer)								
Company Name:	Neuror	na II C													
Address:	300 International Drive														
Addiess.	Suite 100														
Postal/Zip:	14221 City: Amherst State/Province: New York Country: United States														
Contact Person:			ne: John Mar			allan. B									
	_		ne. John Wai	COIIII		_	Manager								
Email:	john@n	nyneurona.com	Web:	www.myneuron	a.com Phone:	1(408)	505-1317 Fax:								
declare for the	equipme	nt identified by:													
Product Descripti	ion	ConnectedLife Wi-Fi Booster													
Type or Model(s)		AX821													
Tradename or Brand(s)		Neurona													
that:															
This device complies with Part 15 of the FCC Rules. Operation is subject to the following two conditions: (1) this device may not cause harmful interference, and															
										(2) this device	e must accep	ot any interfe	ence received, ir	ncluding	3
								(if the DoC test repo	rts are au	interference t	nat may cau	se unaesirea	operation.		
		t reports, issued	ibv an FCC a	ccredited Labo	ratory, are subject t	o this de	claration:								
		,,	_,		,,										
Accredited Test Fi	irm or Lai	boratory name:		Test Report Number:			Date of issue:								
					HI										
		THE													
(if we then the state of the st	4 (=			20- D		,,									
					ade in item b below, plea		em b below) g in an FCC accredited								
					redited Test Firm w										
Accredited Test Fi	rm or Lat	ooratory name:													
		Services Inc. (Tain:	an Lab.)												
Attestation:															
In addition to ou manufacturer ar	r declarand mode	ation above, we I number, as req	also will ensu Juired by the <u>F</u>	re to label the e	equipment with the 5.19.	FCC log	o, the name of the								
City and Coun	try:	Date:	Name: (this must be a		Function:	8	Signature: or official company stamp)								
Amherst, United	States	08/07/2014	John Marcol	lini	Manager		MA								
		_1					100								