
SCHOOL ZONE PUBLISHING COMPANY

Attn: Director of Certification

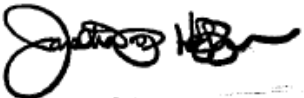
POWER OF ATTORNEY

I appoint SGS-CSTC Standards Technical Services Co., Ltd. (SGS) and Vicky Yuan in SGS-CSTC Standards Technical Services Co., Ltd. (SGS) to act as our agent in the preparation of this application for equipment certification. I certify that submitted documents properly describe the device or system for which equipment certification is sought. I also certify that each unit manufactured, imported or marketed, as defined in Industry Canada's regulations will have affixed to it a label identical to that submitted for approval with this application.

For instances where our authorized agent signs the application for certification on our behalf, I acknowledge that all responsibility for complying with the terms and conditions for Certification, as specified by TCB still resides with School Zone Publishing Company.

Dated this 2015/5/29

Agency Agreement Expiration Date: (Typically 8-12 months)



By:

(Signature)

Jonathan Hoffman

(Print name)

Title: President

On behalf of: School Zone Publishing Company
(Company Name)

Telephone: 616 846-5030