Declaration of Authorization

We Name: Address: City: Country:	TriplePlus 5 HaMada street Yokneam 2069200
Declare that:	
Name Representativ Agent Company nan Address: City: Country	·
is authorized to apply for Certification of the following product(s):	
Product description: Repeater Type designation: CLM-RNAMAP-3-02. Trademark: Triple+ CLM ™ Validity/ expiry date November 03, 2020	
on our behalf.	
Date:	November 03, 2019
City:	Yokneam
Name:	Michael Isakov ⁽²⁾
Function:	CEO
Signature:	