

(On manufacturer's company letter heading)

## Declaration of Authorization

We

Name: Taiwan Biophotonic Corporation  
Address: 4F-1, No.6-1, Sec.2, Shengyi Rd., Zhubei City  
City: Hsinchu County  
Country: Taiwan, R.O.C.

Declare that:

Name Representative of agent: Willis Chen <sup>(1)</sup>  
Agent Company name: SGS Taiwan Ltd.  
Address: No. 134, Wu Kung Road  
City: New Taipei City  
Country: Taiwan

is authorized to apply for Certification of the following product(s):

Product description: oCare Wrist-worn Pulse Oximeter  
Type designation: Pro 100  
Trademark: tBPC  
Validity/ expiry date


on our behalf.

Date: .....

City: Hsinchu County

Name: Jyh-Chern Chen <sup>(2)</sup>

Function: President

Signature: .....  .....

Notes:

(1): Required for FCC application

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