



## Declaration of Authorization

We

Name: Taiwan Aulisa Medical Devices Technologies, Inc  
Address: 10F, No.3-2, YuanQu St., Nangang Dist.,  
City: Taipei City,  
Country: Taiwan 115

Declare that:

Name Representative of agent: .....<sup>(1)</sup>  
Agent Company name: International Standards Laboratory Corp.  
Address: No. 120, Lane 180, Hsin Ho Rd., Lung-Tan Dist.,  
City: Tao Yuan City 325  
Country: Taiwan.

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

Product description: Oximeter Box  
Type designation: GA-OB0003  
Trademark: AULISA  
Validity/ expiry date

on our behalf.

Date: 2022/08/16

City: Taipei City

Name: Dr Augustine Lien

Function: CEO

Signature:

A handwritten signature in blue ink that reads "Augustine Lien". The signature is written in a cursive style with a large initial 'A'.

Notes:

(1): Required for FCC application

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