



Date: 04/09/2018

TO: Federal Communication Commission  
Equipment Authorization Branch  
7435 Oakland Mills Road  
Columbia, MID 21046

Regarding: 2AOWB-OPA

To whom it may concern:

We, the undersigned, hereby authorize Christine Delgado to act on our behalf in all manners relating to application for equipment authorization with respect to the FCC ID above, including signing of all documents relating to these matters. Any and all acts carried out by the agent on our behalf shall have the same effect as acts of our own.

We, the undersigned, hereby certify that we are not subject to a denial of federal benefits, that includes FCC benefits, pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. 853(a).

Where our 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 SGS North America, Inc., still resides with Persona Medical.

This authorization is valid until further written notice from the applicant.

Name Sagar Chari

Title: Director of Engineering

Signature:

*Sagar Chari*

On behalf of Company: Persona Medical  
170 North Cypress Way  
Casselberry, Florida 32707

Telephone: 407 339 2422