REXING INC.

34 Ludwig St, Little Ferry New Jersey United States

UNII Device Declaration Letter

| 10 | whom it may cond | cern: | | | | | | | | | | | |
|--|---|--|--|--|---|---|---|---------------------------------------|---|----------------------------------|------------------------------------|-------------|--|
| | have declared be vice FCC ID: 2AW | | ed for FCC | equipmen | t authoriza | tion, | | | | | | | |
| (1) | DFS Device: | | ☐ Master☐ Client with Radar detection capability☐ N/A☐ Client without radar detection capability, | | | | | | | | | | |
| (2) | Active / Passive | Scanning , | adhoc mo | de access | point capal | bility | | | | | | | |
| | Frequency Band (MHz) | Active Scanning (the device can transmit a probe (beacon)) | | (where the de | | rice Ad Hoc Mod | | | | Access poir capability | | | |
| | 5745-5825 | Yes | ⊠ No | | No | | Yes | \geq | No | | Yes | | |
| | 5755-5795 | Yes | No | | ☐ No | | Yes | \geq | | | Yes | \boxtimes | |
| | 5775-5775 | Yes | ⊠ No | | ☐ No | | Yes | \geq | No | | Yes | \boxtimes | |
| (3) | Country code sel | | |] Yes nted: | ⊠ No | | | | | | | | |
| | Meet 15.202 requiples check below A master devitransmit without initiate a networ A client device device are under | : ice is defina receiving a k by sendir e is defined | ed as a de an enabling ng enabling d as a devi | g signal. In g signals to ce operatir | this mode other devi ng in a mod | it is a ces le in v | ible to which t | seled he tr | ct a cha ansmis | anne ssion | I and | e | |
| (5) | For client device scanning in som equipment class configure the mooperations descriptoper operation Apply (If apply, pls help | ne and pass ses or those odes of ope ription on h ns modes c | sive scanning that operations through the soft annot be n | ing in other ate on non rough softw itware and nodified by Does not | rs) in difference of the control of | ent ba lencie oplica are is or an | ands (des) or retion milition implerentiation in implerentiation in implementation in installed | devic nodu ust p nent er. | es with ular dev provide ed to e | n mul vices softv ensur | tiple which ware a e that | nd | |
| Should you have any questions or comments regarding this matter, please have my attention. | | | | | | | | | | y best | | | |
| | Sincerely, | | | | | | | | | | | | |
| | Yuhe | Sun | | | | | | | | | | | |
| | (Signed) Name/Title: Company: Address: Phone: Fax: E-Mail: | REXIN 34 Lud 203214 001 20 | G INC. wig St, Litt | ral Manage le Ferry Ne | | Unite | d State | es: | | | | | |