

# FEELLIFE HEALTH INC.

Federal Communications Commission  
Authorization and Evaluation Division  
Equipment Authorization Branch  
7435 Oakland Mills Road  
Columbia, MD 21046

2024-01-02

## U.S. Agent Designation

**FEELLIFE HEALTH INC.** acknowledges their consent for the following contact located in the United States to act as their agent for service of process for the equipment for which authorization is sought (**FCC ID:2BAA2-AIRT1**):

Name and company of U.S. agent: {PAPA HEALTH INC}  
Physical U.S. address of agent: {202 N. CALIFORNIA AVE.City Industry, California, 91744,  
UNITED STATES}  
FRN of U.S. agent: {0033568817}  
Email address of U.S. agent: {finance5@feellife.com}

**PAPA HEALTH INC.** acknowledges their obligation to accept service of process on behalf of **FEELLIFE HEALTH INC.**

**FEELLIFE HEALTH INC.** with the **FRN 0033411877** accepts its obligation to maintain an agent for service of process in the United States for no less than one year after either the grantee has permanently terminated all marketing and importation of the applicable equipment within the U.S., or the conclusion of any Commission-related administrative or judicial proceeding involving the equipment, whichever is later.

By signing this form, we confirm the above and that we are aware of the application requirements listed under § 2.911(d)(7).

The information provided in this letter is based on the referenced rule parts of Title 47 of the CFR as well as KDB 986446 D01.

An expiration date for this letter does not exist. In case the U.S. agent changes, the grantee is obligated to notify the FCC within 30 days via the granting TCB.

Sincerely,

Mandy Wang

Rita

Signature

{Mandy Wang}  
{RA manager}  
{FEELLIFE HEALTH INC.}

Signature

{Rita}  
{Finance manager}  
{PAPA HEALTH INC.}