

American Certification Body, Inc. TO: 313 Park Avenue

Suite 300

Falls Church, VA 22046

ATTENTION: FCC Certification - Section 2.911(d)(7) Information

This letter is to confirm that the Applicant will also serve as the U.S. Agent for Service of Process as required by 47 CFR 2.911(d)(7). The Applicant acknowledges that they must maintain an agent for no less than one year after terminating all marketing and importation OR the conclusion of any Commission-related proceeding involving the equipment. The Applicant further acknowledges their responsibility to inform the FCC whenever the Designated U.S. Agent information changes.

Applicant

Company name: Bluewind Medical

FRN #: 0028874311 Grantee Code: 2BAXD Contact Name: Roni Diaz

Street Address: 1389 Center Drive, Suite 200 City/Province/Zip: Park City, UT 84098 Telephone No: +1-(888) 715-2080

Email: roni.diaz@bluewindmedical.com Applicant Signature 1: Ami Daz

Date: 05-Aug - 2023

Signed by (Printed Name/Title): Roni Diaz, VP Clinical & Regulatory Affairs

^{1 -} Letters must be placed on appropriate letterhead. The signee for the applicant must be one of the following: Applicant (grantee) contact of record in the FCC's authorization system, or authorized officers or employee of the applicant (grantee).