Authority to Act as Agent

Date: ____ 22 September 2023_____

TUV Rheinland of North America, Inc.
1279 Quarry Lane., Suite. A
Pleasanton, CA 94566

To Whom It May Concern:

I appoint TUV Rheinland of North American Inc., 1279 Quarry Lane, Suite A, Pleasanton, CA 94566, USA to act as our agent in the preparation of this application for equipment certification. I certify that submitted documents properly describe the device or system for which equipment certification is sought. I also certify that each unit manufactured, imported or marketed, as defined in the FCC or Industry Canada's regulations will have affixed to it a label identical to that submitted for approval with this application.

For instances where our authorized 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 TUV Rheinland Group, still resides with ____ SHOKZ (SINGAPORE) PTE. LTD. and 11 NORTH BUONA VISTA DRIVE #16-09, THE METROPOLIS _____.

For TCB applications, We certify that we are not subject to denial of federal benefits, that includes FCC benefits, pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. 862. Further, no party, as defined in 47 CFR 1.2002 (b), to the application is subject to denial of federal benefits, that includes FCC benefits.

Thank you,

Agency Agreement Date: ____22 September 2023_____

Agreement is valid for 12 months from the above date.

By:

Ann Xi

_____ _____ _____ Ann Xi_____
(Signature) (Print name)

_____ Certification Engineer _____ _____+65 653996668_____
(Title) (Telephone)

On behalf of:

_____SHOKZ (SINGAPORE) PTE. LTD._____
(Company Name)