

Power of Attorney

To: Phoenix Testlab GmbH

Name or model type of the Specified Radio Equipment:

Applicant's company name:

Applicant's company address:

Applicant's name:

Date and Applicant's Signature:

Job Title and Department:

D-78604 Rietheim-Weilheim

i.V. Thomas Schwarz Dipl.Ing. (FH)

2009/12/09

Marquardt GmbH

Schloss-Str.16

Executive Manager Central Development Automotive

It is necessary, that the person registered witht FCC, signs this form.

I hereby authorize the following person as a representative and all rights regarding the application to obtain Type Certification for the Specified Radio Equipment (mentioned above) are delegated.

Attorney's Company name:

Attorney's Company address:

Attorney's Name:

Date and Attorney's Signature: Job Title and Department: m. dudde hochfrequenz-technik

Rottland 5 a

51429 Bergisch Gladbach

Mr. Andreas Morsbach Mrs. Anja Hittig-Rademacher

denis Amil

homologation department