



Attn: Director of Certification

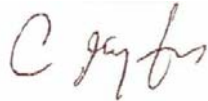
Authority to Act as Agent

I appoint Max Light Technology Co., Ltd 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 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 American TCB, still resides with SKYTECH II, INC.
9230 CONSERVATION WAY, Ft. WAYNE, IN 46809, U.S.A .

Dated this 30 day of November 2007.

Agency Agreement Expiration Date: (Typically 8-12 months)

By:  Christopher Flick
(Signature) (Print name)

Title: CEO

On behalf of: SKYTECH II, INC.
(Company Name)

Telephone: 260-459-1703