

(Print this on your official headed company note paper.

## Power of Attorney

Name or model type of  
the Specified Radio Equipment:

VP POS Puck

Applicant's company name:

Valid Fill LLC

Applicant's company address:

4914 Lam Rd, Suite 106  
Bradenton, FL 34211 USA

Applicant's name:

Jeremy Wade

Date and Applicant's Signature:

7-17-18

Job Title and Department:

COO

*It is necessary, that the person registered with 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:

TÜV NORD Hochfrequenztechnik GmbH & Co. KG

Attorney's Company address:

Rottland 5 a

51429 Bergisch Gladbach

Attorney's Name:

Mrs. Anja Hittig-Rademacher  
Mr. Tariq Maqbool

Date and Attorney's Signature:

Tariq Maqbool

08, 22, 2018

Job Title and Department:

Homologation Manager, Homologation Department