Declaration of Authorization

| We Name: Address: City: Country: | Unimax communications 18201 McDurmott St.West Suite E,Irvine,CA 92614 Irvine |
|---|--|
| Declare that: | |
| Name Representativ Agent Company nan Address: City: Country | - |
| is authorized to apply for Certification of the following product(s): | |
| • | SmartphoneU504TLUMX |
| on our behalf. | |
| Date: | 2018.11.27 |
| City: | USA |
| Name: | Dan Gannon ⁽²⁾ |
| Function: | BOM |
| Signature: | Dan Gannon |

Notes:

^{(1):} Required for FCC application

^{(2):} For FCC it must be the Grantee Code "owner" or the authorized agent.