

## Declaration of Authorization

We

Name: Given Imaging Inc.  
 Address: 15 Hampshire Street,,.....  
 City: Mansfield MA 02048.....  
 Country: USA .....

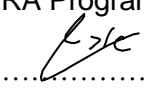
Declare that:

Name Representative of agent: .....<sup>(1)</sup>  
 Agent Company name: Hermon Laboratories Ltd.....  
 Address: Harakevet Industrial Zone .....  
 City: Binyamina 30500.....  
 Country: Israel .....

is authorized to apply for Certification of the following product(s):

Product description: Bravo System  
 Type designation: Bravo Reflux Capsule .....  
 Trademark: NA.....  
 Validity/ expiry date: October 28, 2021

on our behalf.

Date: November 4, 2020  
 City: Yokneam .....  
 Name: Avishag Metzger .....<sup>(2)</sup>  
 Function: RA Program Manager.....  
 Signature:  .....

Notes:

(1): Required for FCC application

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