

Declaration of Authorization

We

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

Declare that:

Name Representative of agent: ⁽¹⁾
Agent Company name: Hermon Laboratories Ltd.....
Address: Harakevet Industrial Zone

City: Binyamina 30500.....
Country: Israel

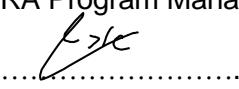
is authorized to apply for Certification of the following product(s):

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 Metzer ⁽²⁾
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.