

Date: 05/26/2015

## Letter of Authorization

To: TÜV Rheinland LGA Products GmbH or TÜV Rheinland Group

Applicant      Company name:                    OMRON HEALTHCARE Co., Ltd.  
                    Address:                                    53, Kunotsubo, Terado-cho, Muko, KYOTO, 617-0002 JAPAN  
                    Department & Title:                CUSTOMER SATISFACTION MANAGEMENT HQ ASSISTANT MANAGER  
                    Name of Responsible person:        Toshiaki Yuasa  
                    TEL:                                        +81-75-925-2045  
                    FAX:                                        +81-75-925-2046

  
Signature or seal...

I appointed the individual specified below as the applicant's agent and authorize her/him to perform the acts set forth below. I grant her/him complete authority and entrust her/him complete responsibility for the performance of these acts.

Deputy          Company name:                    KRELL PRECISION (YANG ZHOU) CO.,LTD  
                    Address:                                    NO.28,XING YANG ROAD,ECONOMIC DEVELOPMENT ZONE,YANGZHOU,JIANGSU,CHINA  
                    Department & Title:                Manager QA  
                    Name of Responsible person:        Yongmei hu  
                    TEL:                                        +86-514-87961819  
                    FAX:                                        +86-514-87961918

Signature or seal...

1. Details of entrustment  
- FCC/IC application

2. Period of entrustment  
 Until the entrusted business is finished.  
 Set the period from.....until

**Note: The period set shall be within one(1) year.**

**For every application during the period set, please provide a copy of this Letter of Authorization.**