

DoC

We,

(legal entity within the US, such as importer or manufacturer)

Company Name: Amtek system Co., Ltd.

Address: 14F-11, No.79, Sec.1, Hsin Tai Wu Rd., His Chih City

Postal/Zip: 221 City: Taipei City State/Province: _____ Country: Taiwan

Contact Person: ☒ Mr. ☐ Ms. Name: Dick Lien Function: Safety Manager

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declare for the equipment identified by:

Product Description Gaming Tablet

Type or Model(s) X210ARM

Tradename or Brand(s) X2 Computing

that:

This device complies with Part 15 of the FCC Rules.

Operation is subject to the following two conditions:

- (1) this device may not cause harmful interference, and**
- (2) this device must accept any interference received, including interference that may cause undesired operation.**

The following documents are subject to this declaration:

Test Firm or Laboratory:
Cerpass Technology Corporation

Test Report Number:
TEFD1209168

Date of issue:
Oct. 08, 2012

Attestation:

City and Country:	Date:	Name: (this must be a person)	Function:	Signature: (or official company stamp)
<u>Taipei City, Taiwan</u>	<u>2012/11/28</u>	<u>Dick Lien</u>	<u>Safety Manager</u>	