



Attn: Director of Certification

Authority to Act as Agent

I appoint Joseph D. Brunett on behalf of Willow Run Test Labs, LLC to act as our agent in the preparation of this application for equipment certification. I certify that submitted documents properly describe the device or system for which equipment certification is sought. I also certify that each unit manufactured, imported or marketed, as defined in Industry Canada's regulations will have affixed to it a label identical to that submitted for approval with this application.

For instances where our authorized agent signs the application for certification on our behalf, I acknowledge that all responsibility for complying with the terms and conditions for Certification, as specified by American Certification Body, Inc., still resides with Advantage PressurePro, 205 West Wall Street, Harrisonville MO, 64701.

Agency Agreement Expiration Date: None

Dated this ____9th____ day of ____March____, 2017.

By:  Jason Zaroor

Title: CEO

email: jason@pressurepro.us

On behalf of: Advantage PressurePro

Telephone: 816-887-3505

Fax: 816-887-3705



Federal Communications Commission
Applications Processing Branch
7435 Oakland Mills Road
Colombia, MD 21046

American Certification Body, Inc
6731 Whittier Avenue
Suite C110
McLean, VA 22101

To Whom It May Concern:

Joseph D. Brunett on behalf of Willow Run Test Labs, LLC is authorized to act on our behalf, until otherwise notified, for applications to American Certification Body, Inc. (ACB).

We certify that we are not subject to denial of federal benefits, that includes FCC benefits, pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. 862. Further, no party, as defined in 47 CFR 1.2002 (b), to the application is subject to denial of federal benefits, that includes FCC benefits.

Dated this _____ 9th _____ day of ___ March _____, 2017.

By:

Jason Zaroor

Title: _____ CEO _____

email: _____ jason@pressurepro.us _____

On behalf of: _____ Advantage PressurePro _____

Telephone: _____ 816-887-3505 _____

Fax: _____ 816-887-3705 _____