



## Declaration of Authorization

We

Name: ONYX Healthcare Inc.  
Address: 2F, No. 135, Lane 235, Pao Chiao Rd. Hsin-Tien Dist,  
City: New Taipei City,  
Country: Taiwan, ROC.

Declare that:

Name Representative of agent: Vincent Lin  
Agent Company name: DEKRA Testing and Certification Co., Ltd.  
Address: No. 5-22, Ruishukeng, Linkou Dist.,  
City: New Taipei City 24451,  
Country: Taiwan, R.O.C.

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

**Product Name:** Mobile Medical Assistant Tablet  
**Model:** MP3  
**FCC ID:** RZ5-MP3  
**Trademark:** medDV

on our behalf.

This is valid until 2018.07.11, or until FCC and IC certification are completed, whichever comes sooner.

Date: 2017.07.11  
City: New Taipei City,  
Name: Andrew Wang  
Function: Manager  
Signature: 