

Declaration of Authorization

We

Name: ONYX Healthcare Inc.
Address: 2F, No. 135, Lane 235, Pao chiao Rd., HSIN-Tien City, Taipei, Taiwan 231
City: HSIN-Tien City, Taipei
Country: Taiwan

Declare that:

Name Representative of agent: Murphy Wang
Agent Company name: A Test Lab Techno Corp.
Address: NO. 140-1, Changan Street
City: Bade City,
Country: Taiwan R.O.C.

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

Product description: Medical Station
Type designation: ONYX-1521DTT-C1-1010
ONYX-1521DTy-xxxxxxx (Where "y" T or blank, "x" in 0~9, A~Z or blank)
Trademark: ONYX Healthcare

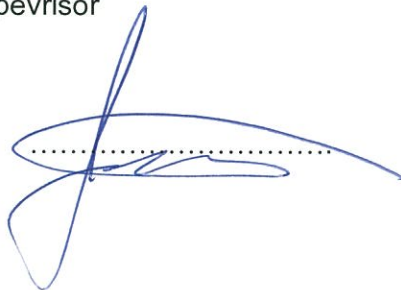
on our behalf.

Date: 2015/03/13

City: 2F, No. 135, Lane 235, Pao chiao Rd., HSIN-Tien City, Taipei, Taiwan 231

Name: James Chen
Function: Tech Supervisor

Signature:



Notes:

(1): Required for FCC application

(2): For FCC it must be the Grantee Code "owner" or the authorized agent.