## **Declaration of Authorization**

We
Nama

Name: < iHealth Labs Inc. >

Address: 719 N. Shoreline Blvd Mountain View .....

City: Shoreline Blvd Mountain View.....

Country: United States .....

Declare that:

Name Representative of agent: xuewen wu<sup>1)</sup>

Agent Company name: Shenzhen BALUN Technology Co., Ltd

Address: Block B, FL 1, Baisha Science and Technology Park, Shahe

Xi Road, Nanshan District

City: shenzhen Country China

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

Product description: ...Blood Pressure Monitor

Type designation: .....BPM1 .....

Trademark: ... iHealth.....

on our behalf.

Date: ...2016.08.29.....

City: ....Shoreline Blvd Mountain View

Li 2 A systrat

Name: Jeff Li (2)

Function: Manager

Signature:

Notes:

(1): Required for FCC application

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