

iHealth Lab Inc.

Address: 719 N. Shoreline Blvd Mountain View, CA 94043, USA
Telephone: 1-650-265-8459 Email: jeff@ihealthlabs.com

Attn: Director of Certification

Authority to Act as Agent

I appoint SGS-CSTC Standards Technical Services (Shanghai) Co., Ltd 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. (ACB), still resides with iHealth Lab Inc. at 719 N. Shoreline Blvd Mountain View, CA 94043, USA.

Dated this 23th day of May, 2013.

Agency Agreement Expiration Date: (Typically 8-12 months)

By:


(Signature)

Jeff Li

(Print name)

Title:

Vice President

On behalf of:

iHealth Lab Inc.
(Company Name)

Telephone:

1-650-265-8459